

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

Password

[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

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](#).

1. Click **New Individual Registration**.

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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Login For Approved Users

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](#).

The INDIVIDUAL REGISTRATION FORM will appear:



Delaware Child Protection Registry Request Portal

INDIVIDUAL REGISTRATION FORM

First Name *	Last Name *
<input type="text"/>	<input type="text"/>
Street 1 *	Street 2
<input type="text"/>	<input type="text"/>
City *	State *
<input type="text"/>	Select State
County	Zip Code *
Select County	<input type="text"/>
Phone Number *	Email Address *
<input type="text"/>	<input type="text"/>

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I ACCEPT AND AGREE

Register Cancel

2. Complete all required * fields.

Delaware Child Protection Registry Request Portal

INDIVIDUAL REGISTRATION FORM

First Name *
Last Name *
Street 1 *
Street 2
City *
State *
County
Select County
Zip Code *
Phone Number *
Email Address *

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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

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.

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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

I ACCEPT AND AGREE

Register Cancel

4. Click Register.

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 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.

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%2Ffocusuatps-dscyfkids.cs32.force.com%2FCHUPortal%2Flogin%3F%3D3DPjaNMZ3SQ_6B07wq8KQ9Or67NVF2h1ZaRdelvtQkGWMcZwlvY63M5j3bQ1M20KrYdqecV7sXTtpButYH6TlVnJ1Q58bnPZlltr8wxf0K_zxW2lWzR4Jtgh.K2e_bkUGmacbyPPCyXGym5jEJOxPacfcikIL.P8BjxrCM5zbWzd0kaXq2e_NKVKkaV1zEonUdPlm4DuhKT.COo8b9PE.vTwdop.eV9Q%253D%253D&data=04%7C01%7Cdeidra.mcnatt%40delaware.gov%7C2278e0d5ed4e40ed850208d9b6a3fe8c%7C8c09e56951c54deebb28b99c32a4396%7C0%7C0%7C637741637730650381%7CUnknown%7CTWFpbGZsb3d8eyJWljoImCM4wLjAwMDAilCJQljoV2luMzliL280LTE%3D&reserved=0 where you will be directed to CHANGE YOUR PASSWORD. Create your own secure password for access to the web portal and click Change Password. Your login information is username deidra.mcnatt@delaware.gov 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.

REQUESTING AGENCY ID 1 ⓘ

1115

REQUESTING AGENCY CONTACT ID 1 ⓘ

22010

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 ⓘ

CONFIRM

10. Follow instructions on page for **How to upload completed consent form and complete submission**. In **Notes and Attachment** section, click **Upload Files** to upload the completed CPR consent form. ****A blank consent 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 request payment.](#)

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 criminal 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 scanned consent and save by clicking on "File" and then "Save". Click on Upload File below. Find the saved consent form related to the request. Double click on the consent form. A message across the portal screen will read Upload Files. When upload complete, click Done. Click "Review and Save", on following page click Save to submit request or Cancel to save in Pending Requests.

Reminder regarding Requesting Agency Information

If you are sharing your results with an Agency, Agency ID and Agency Contact ID are required. If you did not enter this information when creating your CPR Request, there will be a final opportunity to add this detail during Review and Save. Once saved, this information cannot be entered.

Files (0)

Upload Files

Or drop files

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

Upload Files



158 KB



1 of 1 file uploaded

Done

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

13. Top right side of page, click **Review and Save**.

Buttons: 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

* Gender
Male

Race Primary
White

Ethnicity
Not Hispanic or Latino

Alias Last Name 2

Alias First Name 2

Buttons: Cancel, **Save**

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 [Click here to create an additional CPR Request, view CPR requests status, make CPR request payment](#).

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.
3. 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** SUBMITTED REQUESTS SHARED AGENCY REQUESTS COMPLETED REQUESTS

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

Search this list...

Proceed to Payment

	CPR Record Name	First Name 1	Last Name 1	Middle Name 1
1	<input checked="" type="checkbox"/> 0000975841	JACK	SPARROW	

Proceed to Payment

3. Click Proceed to Payment.

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

	CPR Record Name	First Name 1	Last Name 1	Middle Name 1
1	<input checked="" type="checkbox"/> 0000975841	JACK	SPARROW	

Search this list..

Proceed to Payment

Proceed to Payment

4. Complete all required * fields, click Continue.

Delaware Child Protection Registry Request

Required fields are highlighted with an asterisk.

Payment Information:
Amount: * \$14.00
Agency Name: Jack
Agency ID: 28326
Agency Contact: 28330

Please enter the following information about your payment method:
Cardholder's Name: *
Cards Accepted:
Card Number: *
Card Security Code: *
Expiration Date: * (MM / YYYY)

Billing Information:
Address Line 1: *
Address Line 2:
Country: * (United States)
ZIP Code: *
City:
State: (--Select One--)

Receipt Information:
Email Address: *
Text Receipt Mobile Phone Number: * (Standard carrier charges apply)

Please check here to store the payment method for future use.

Continue | Exit

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

Is this information correct?

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.

You are receiving this email as the recipient of child protection registry details from the Delaware Department of Services for Children, Youth and Their Families. Please login to the Child Protection Registry Portal (<https://focusatps-dsccyfkids.cs32.force.com/CHUPortal>) to access results for requests submitted.

If all results are not available, they are still being processed. You will receive another email when they are available on the portal.

This is an automated message. Please do NOT reply to the sender address.

Respectfully,
Department of Services for Children, Youth and Their Families

2. Click the "COMPLETED REQUESTS" tab.

PAYMENT REQUESTS SUBMITTED REQUESTS SHARED AGENCY REQUESTS **COMPLETED REQUESTS**

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: DSCYF.CHU.Portal@delaware.gov