Martha's Table

Hi Volunteers,

Thank you for your interest in volunteering with our Children's Programs! To volunteer with our Children's Programs there is a certain amount of paperwork that needs to be completed. Please understand this is in regulation with OSSE's requirements and must be completed in order to begin volunteering in our Education Programs.

For People 18 years or Older:

- OSSE's Staff Health Certificate filled out by your Doctor **OR** a copy of a physical examination, with a negative TB test, from the last year.
    - You can find a copy of the form on volunteer hub, under the education tab.
- Child Protection Register Check (CPR Check)
    - Form is provided by Martha's Table but must be notarized and *the original* must be **mailed** to the address listed on the form.
    - Please follow up with CPR to make sure they have received your application.
- Division of Early Learning Licensing and Compliance Unit form filled out and sent to volunteer@marthastable.com.
    - You only need to fill out the top part of the form, where it says "Staff Member"
- A criminal background check
    - This can be obtained at the Police Headquarters 300 Indiana Ave NW for $7

For People under 18:

- Copy of OSSE's Staff Health Certificate filled out by your doctor **OR** a copy of a physical examination, with a negative TB test, from the last year.
    - If you are not in possession of your current TB information, you can be screened at any CVS with a MinuteClinic for $27. For more information, visit:
    - http://www.minuteclinic.com/services/wellnessandprevention/tuberculosistesting/ (must be able to return to clinic 48 hours after test to have results confirmed)

Please also remember to dress comfortably and wear closed toed shoes. Thank you! If you have any questions or concerns, please contact **Anna Hartman** at **202.328.6608** or e-mail her at **ahartman@marthastable.org.**

DOCTOR NEEDS TO FILL OUT

Office of the
State Superintendent of Education

STAFF HEALTH CERTIFICATE

Name: _____ Sex: ☐ Male ☐ Female

Date of Birth: _____ Telephone No: _____

Address: _____

I have examined the above-named person and certify that he/she is:

- Free from disease in communicable form.
- Appears to be in satisfactory physical and mental health condition, capable of doing physical household tasks, supervise and give care to adults.

In addition to a general physical health examination, the following tests have been done:

Tuberculin test (Check One): ☐ Tine ☐ PPD

Date: _____ Result: _____

Chest X-Ray: Date: _____ Result _____

Remarks: _____

_____

_____

_____ MD/NP Date of Examination: _____
Signature of Examining Physician/Nurse Practitioner

_____ Telephone No.: _____
Address (Area Code)

810 First Street, NE, 4th floor, Washington, DC 20002
Phone: 202.727.1839 • Fax: 202.727.8166 • www.osse.dc.gov

DIVISION OF EARLY LEARNING
Licensing and Compliance Unit

PHONE: (202) 727-1839•FAX: (202) 741-5304 MAILING ADDRESS: 810 FIRST STREET, NE•4th FLOOR•WASHINGTON DC 20002

CHILD CARE EMPLOYEE APPOINTMENT, PROMOTION OR SEPARATION NOTIFICATION

Pursuant to Title 29 of the District of Columbia Municipal Regulations, Chapter 3, Child Development Facilities § 327.1, this form must be completed and sent to the Division of Early Childhood Education, Child Care Licensing Unit for each newly hired (appointed) staff, staff promotion or separation in your facility.

Martha's Table 2114 14th St. NW Washington D.C. — Name and Address of Facility

Simone Johnson: Child Development Center
Timothy Jones: Elementary to Career — Director

STAFF MEMBER:

Name: _____

Date of Birth: _____ Telephone: _____

Home Address: _____

Title of Position: Volunteer Date Appointed: N/A

Brief Description of Duties: Assisting Education Program w/ various duties as assigned

EDUCATION (High School Diploma, GED and College Degree):

High School: _____ (Name and Address) _____ (Date Attended)

GED: _____ (Name of Educational Institution) _____ (Date Received)

College: _____ (Name and Address) _____ (Date Attended)

Degree: _____ (Name of Degree) _____ (Date Received)

SPECIAL TRAINING (specify): _____

EXPERIENCE: _____

STAFF CHANGES: Date: ☐ Promotion ☐ Termination

Termination Reason: _____

_____ (Signature of Employee) _____ (Signature and Title of Employer/Designee) _____ (Date)

RETURN TO: Child Care Licensing Unit, 810 First Street, NE., 4th Floor, Washington, DC 20002. Ph: (202) 727-1839.
PLEASE RETAIN A COPY FOR YOUR RECORDS

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Request for a Child Protection Register Check (CPR Check)

INSTRUCTIONS: *Please **TYPE** or **PRINT LEGIBLY**, filling in all requested information, and date and sign or initial in the places marked "Applicant Signature" or "Initial." Thoroughly review the entire application before submitting to the CFSA CPR Office. **Allow 30 days for results to be processed.** Applications with incomplete or illegible information will be returned to the applicant resulting in delayed processing.*

PART I: Applicant Source and Type

SOURCE:

☐ CFSA ☐ Self ☐ DC/State Government Agency: _____

☐ Collaborative: _____

☐ Private Agency: _____

TYPE:

☐ Applicant/New Hire[1]	☐ Existing Employee	☐ Individual[2]	☐ Court Order
☐ Licensing (Foster Parent)	☐ Adoption	☐ Visitation	☐ Other

PART II: Applicant Information. *Please indicate your full first, middle and last name, unless your legal first or middle name consists of only an initial.*

FULL NAME: _____
FIRST NAME MIDDLE NAME LAST NAME

D.O.B. _____ _____ _____ Social Security No. _____--_____--_____
Month Day Year

Race: _____ Gender: ☐ Male ☐ Female

List **all** names ever used *(maiden name, married name, alias, etc.; continue on additional pages if needed)*:

_____
FIRST NAME MIDDLE NAME LAST NAME

_____
FIRST NAME MIDDLE NAME LAST NAME

_____
FIRST NAME MIDDLE NAME LAST NAME

[1] *Allows access to substantiated reports of child maltreatment, to chief executive officers (CEO) or directors of day care centers, schools, or any public or private organization working directly with children, for the purposes of making employment decisions.*
[2] *Results from requests by individuals for CPR checks may not be used for employment purposes. Employing entities must request CPR clearance for existing employees or applicants.*

PART II: Applicant Residency. *In chronological order beginning with your current address, list all addresses (exclude zip code) where you resided during the past eighteen (18) years and include the dates lived there. Complete street addresses are required in addition to P.O. Box numbers. Continue on additional pages if needed.*

No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency
No. & Street (include apt. number if applicable)	City	State	Dates of Residency

PART III: Household Information. *List all persons living at the current address. Print full name, date of birth, and relationship to the applicant below.*

NAME (first name, middle name, last name)	D.O.B	RELATIONSHIP TO APPLICANT

PART IV: Applicant Release. ***Go to Part IV-B if Part IV-A is not applicable.***

Part IV-A. For use only by individuals requesting a CPR check in person.

Please READ, SIGN and DATE below: I request access to the Child Protection Register ("CPR") for the limited purposes to determine if my name appears in the CPR as being responsible for the abuse or neglect of a child. I have shown photo identification (driver's license, state-issued identification card or valid US passport) that is satisfactory to the CFSA CPR staff listed below.

_____ _____

Applicant's Signature Date

CFSA USE ONLY: *Identification has been shown to me that I have deemed satisfactorily identifies the applicant:*

Type of ID _____ *ID #* _____

_____

Signature

Name of CFSA employee (print): _____

Title: _____ _____

Part IV-B. For use by individuals to consent to a CPR check and authorize CFSA to release information to:

1. a CEO or director of a day care center, school, or any public or private organization working directly with children, for purposes of making an employment decision regarding employees and volunteers or prospective employees and volunteers.
2. a child-placing agency licensed in the District of Columbia for purposes of a child placement decision. Instead of the consent below, the child-placing agency may attach the consent for release of information previously received in compliance with D.C. Official Code § 4-1407.01.
3. The applicant requesting a CPR check via mail. Mailed applications must be notarized prior to submission.

Please READ, CHECK the appropriate box, SIGN, DATE, and have NOTARIZED below:

I hereby consent and authorize the D.C. Child and Family Services Agency to provide the above-named agency/organization or me information concerning me that is contained in the Child Protection Register ("CPR"). The information contained in the CPR (whether I am "in" or "not in") may be released as indicated below:

☐ 1. to my employer or prospective employer. A written request from the CEO or director is attached and it states the reasons for the request.

☐ 2. to the child-placing agency.

☐ 3. I am requesting the CPR check for myself and the information may be mailed or faxed to me at the address indicated in Part V, below.

_____
Name of Applicant

_____ _____
Applicant's Signature (must be signed in the presence of a Notary) Date

STATE: _____

Subscribed and affirmed or sworn to me, in my presence,
on this _____day of _____, 20____.

Signature of Notary Public

_____
Notary Public, _____(State)

My commission expires on ___/___/____.

PART V: Agency Information (Please review entire application before submitting to the CFSA CPR Office)
MAIL OR DELIVER COMPLETED ORIGINAL FORM TO:

Child and Family Services Agency
200 I Street, SE
Washington, DC 20003
Attn: Child Protection Register
202-727-8885

PART VI: Select Form of Response

Please READ and INITIAL below:
I understand that I will not receive an original copy in the mail if I request a faxed or emailed copy. FA (Initials)

- **To be completed by the referring agency only if requesting response via *secure or encrypted email*.** (Responses may be sent only to secure or encrypted email accounts. This option is not available to individuals):

Please email response(s) to:

Organization: _____ Attention: _____ (First and Last Name of Recipient)

Secure Email Address: _____ Phone Number: _____

- **To be completed by the referring agency only if requesting response via fax:**

Please fax response(s) to:

Organization: _____ Attention: _____ (First and Last Name of Recipient)

Fax Number: _____ Phone Number: _____

- **To be completed by referring agency/individual only if requesting response via mail:**

Address: 2114 14th St. NW

City: Washington State: DC Zip Code: 20009

Attention: Francisca Alba (First and Last Name of Recipient) Contact Info: falba@marthastable.org (Email address or phone number)

Thank you. Please allow 30 days for general processing. Expedited requests will be processed according to guidelines established in the current policy or business process or in existing agreements between agencies.

CFSA STAFF ONLY BELOW THIS LINE

****

☐ EXPEDITE ☐ RETURN ☐ OTHER ACTION: _____

- *All in-person applicants are required to present **one** of the following valid photo identifications: Driver's License, State Identification Card, or Passport.*
- *All requests for a CPR check in accordance with Part IV-B (1) shall have Parts I, II, III and IV-B completed and shall have attached a written request from the CEO or director that clearly articulates the basis for the request.*
- *All requests for a CPR check in accordance with Part IV-B (2) and (3) shall have Parts I, II, III, IV-B, and V completed. Note: If a request for a child-placing agency is accompanied by consent to release information from the CPR as required by D.C. Official Code § 4-1407.01(1), then PART IV-B of this form does not need to be filled out by the applicant.*