Child Abuse Clearance Instructions

Before you start, you should have the following information readily available to help you complete your application:

- Addresses where you have previously lived since 1975
- Names of all individuals with whom you have lived since 1975 (parents, guardians, siblings, spouses, children, etc.)
- Any previous names you have used or have been known by (maiden name, nicknames, etc.)
- Credit/Debit Card information to pay the \$10 application fee

https://www.compass.state.pa.us/CWIS

| pennsylvania <mark>PA</mark> | PA STATE AGENCIES - PA ONLINE SERVICES - |
|--|--|
| CHILD WELFARE INFORMATION SOLUTION | FAQ 🛛 Contact Us 🛛 |
| If the child you would like to report on is in immediate dange | r, please call 911 immediately. = |
| WELCOME TO THE Child Welfare Portal Our service provides a means for mandated reporters to report child abuse in Pennsylvania and for users to apply for a PA Child Abuse in Story Clearance online. CREATE A NEW ACCOUNT 0 LOGIN | |

Create your own unique ID and answer required fields. When you click on "Finish", it will inform you if your ID is taken. If taken, create a new ID and click "Finish" again.

| Keystone ID | | (must be 6 to 10 characters) | |
|---|--|--|--|
| First Name | | | |
| Last Name | | | |
| Date Of Birth | (MM/DD/YYYY) | | |
| E-mail | | | |
| Confirm E-mail | | | |
| ecurity Question Ti oose questions for wh swers must be typed e oid using special chara u cannot use the sam swer cannot be any pf | <u>DS</u> lich you will easily recall the answers; do noi exactly the same way, every time. So, if you acters (\$=\$\@) and punctuation (",) in y le question more than once. hrase directly from the question. | t write down the questions and answers, as this undermines their usefulness as a security tool. u capitalize "Philadelphia" or if you write "Philadelphia PA" here, you must do so every time you use the question. our answers. | |
| ecurity Question 1 | Please select a security question | · · · · · · | |
| nswer | | | |
| Security Question 2 | Please select a security question | • • | |
| nswer | | | |
| Security Question 3 | Please select a security question | • | |
| | | | |

When you have successfully completed creating an ID, you will get this screen.



Once you have received your temporary password, login.

| CHILD WELFARE INFORMATION SOLUTION | FAQ Contact Us O |
|--|----------------------|
| URECOME TO THE Child Welfare Portal Our service provides a means for mandated reporters to report child abuse in Pennsylvania and for users to apply for a PA Child Abuse History Clearance online. CREATE A NEW ACCOUNT or LOGIN | all 911 immediately. |
| CHILD WELFARE INFORMATION SOLUTION | FAQ Contact Us 🔮 |
| What Would You Like To Do Today? | |

Please select which account you would like to access.
ACCESS MY CLEARANCES



Enter your ID and temporary password.

| PA penn | nsylvania |
|---|--|
| Keystone Key | Self-service for Citizens |
| Username | Forgot Password |
| Password | Lett Profile |
| LOGIN | Self-service for Commonwealth Employees |
| | Change CWOPA Password or Hint Questions |
| WARNING! US GOVERNMENT SYSTEM and DEPARTMENT OF PUBLIC 99.474 "The Computer Fraud and Abuse Act of 1986". Use of this system c subject to AIV expectation of privacy. Unauthorized use of or access to thi federal law. This statement is being posted by the Department of Public We Copyright© 2014 by the Commonwealth of Pennsylvania. All Rights Reserve | WELFARE SYSTEM. Unauthorized access is prohibited by Public Law onstitutes CONSENT TO MONITORING AT ALL TIMES and is not system may subject you to civil or criminal penalties under state or flare Security and Audits Unit. ed |

You will be required to change your password. It will log you out. You will have to login with your new password.





Application Purpose - select School Employment



Application Information – fill in all required fields.

| Please provide some basic ir address where you wish to r | formation about yourself and eceive all emails regarding thi | l confirm that the email addres s application. | s listed below is the email |
|--|---|--|---|
| First Name (required) | Middle Name | Last Name (required) | Suffix |
| Eg., John | Eg., Scott | Eg., Smith | Select |
| Date of Birth (required) | | | |
| | Select | | |
| having contact with children register to determine wheth However, please note that d having your Social Security n request without your Social : Would you like to provide a @ Yes 		No SSN The email address below will like to use a different email <i>a</i> profile link provided at the t |). The department will use you er you are listed as the perpet isclosure of your Social Securi number verified or used for ch Security number. • Social Security Number (SSN I be used for all emails regard address, return to your PA Chi op of the screen. This applicat | rr Social Security number to sea rator in an indicated or founde y number is voluntary and the ecking your child abuse history]?]? Ing the submission and status Id Abuse History Clearance Acco on will be available for you to o | arch the statewide central d report of child abuse. refore, if you do not consent t , we will still process your by our application. If you wou ount and click the Account continue from your account |
| Email Address | names or nicknames that you | have used in the past or that | you may be known by? _{(required} |
| Previous Names/N Please enter any nicknam ADD PREVIOUS NA | icknames nes or previous names that yo MES/NICKNAMES | u have used or may have been | known by. |
| First Name | Middle Name | | EDIT DELETE |
| | | | |
| Contact Information | | | |
| | ED. | | |
| + ADD CONTACT NUMB | SER | | |
| + ADD CONTACT NUMB | Phone Ne | ımber | Extension |
| + ADD CONTACT NUMB Phone Type | Phone Nr | umber | Extension |

Current Address – fill in all required fields.

| Application Purpose Current Address Application formation Please enter your home and mailing address information on this page, and indicate your preferred certificate delivemethod below. Previous Address Please enter your home and mailing address information on this page, and indicate your preferred certificate delivemethod below. Previous Address Please enter your home and mailing address information on this page, and indicate your preferred certificate delivemethod below. Previous Address Please keep a copy of this e-Clearance ID for future reference. Home Address Home Address Part 2 Country (regared) | |
|--|------|
| Applicant Information Please enter your home and mailing address information on this page, and indicate your preferred certificate delivered method below. Previous Address Please enter your home and mailing address information on this page, and indicate your preferred certificate delivered method below. Previous Address Please keep a copy of this e-Clearance ID for future reference. Household Members Home Address Application Summary Home Address Part 2 Country pregime) | DV. |
| Previous Address Please keep a copy of this e-Clearance ID for future reference. Household Members Application Summary Home Address Country required Country required | Υ. |
| Household Members Application Summary Part 2 Country (require) | |
| Application Summary Home Address Part 2 Country (required) eSignature | |
| Part 2 Country (requires) | |
| eSignature | |
| United States | |
| Application Payment | |
| Address Line 2 | |
| Eg., 123 Main St Eg., Apartment 101 | |
| City (required) State (required) Zip Code (required) County | |
| Pennsylvania 💌Select | • |
| | |
| Mailing Address | |
| All notices and correspondences will be sent to you at the mailing address entered here. | |
| Attention We can only send notices and correspondences (including your clearance certificate) to your residential address of your personal P.O. Box. | or |
| Is your mailing address the same as your home address? prequired Yes No | |
| Certificate Delivery Method Your clearance certificate will be available from your PA Child Abuse History Clearance Account. You have the ability save and print your electronic certificate and use it as valid proof of clearance. Note The certificate will only be mailed to you if you select Yes below. | ' to |
| Would you also like to have a paper version of the certificate sent to your home or mailing address? (required | |
| Important You will continue to receive application updates and your certificate online, regardless of your answer. | |
| | |

Previous Address – enter everywhere you have lived since 1975.

| Application Purpose Please enter everywhere you have lived since 1975.If you cannot remember exact addresses, please enter information as you can. Applicant Information Image: Current Address Current Address Image: Country Household Members Country Application Summary Street Address Current Address City Street Address City Country Street Address | |
|--|-----------------|
| Previous Address Country Street Address City State Zip Code Household Members Application Summary Image: City State Image: City St | e enter as much |
| Household Members Application Summary | County |
| Darth 2 | EDIT DELETE |
| Part 2 | |

Household Members – enter everyone with whom you have ever lived since 1975.

| Part 1 | Household M | embers | | |
|--|--|--|---|-------------------------|
| Application Purpose Applicant Information | Please tell us about ever This includes, but is not | yone with whom you have ever lived since ' limited to, your parents, guardians, spouses | 1975 or anyone with whom yo and/or siblings. | u are currently living. |
| Current Address | + ADD HOUSEHOLD | MEMBER | | |
| Previous Address | Full Name | Relationshin To Applicant | Current Age | Gender |
| Household Members | | neiddonong ror ppireane | carrentinge | Gender |
| Application Summary | | | | EDIT DELETE |
| Part 2 | <pre></pre> | | | NEXT |
| eSignature | | | | |

Application Summary – review information entered. Make any edits as necessary.

| Application Purpose | Application Summary |
|---------------------------------------|--|
| Applicant Information Current Address | Below is a summary of the information you have entered so far. Please check your information for accuracy. If your information is not correct or needs to be updated, please click the edit button in the heading of the section that you would like to update and modify it as necessary. |
| Previous Address | EXPAND ALL |
| Application Summary | Application Purpose EDIT + |
| : 2 eSignature | Applicant Information |
| oplication Payment | Current Address |
| | Previous Address EDIT + |
| | Household Members EDIT + |
| | <previous next=""></previous> |

eSignature

| Part 1 | | |
|--|---|--|
| Application Purpose | eSignature | |
| Current Address | You are almost finished! To complete your application please eSign below by checking the acknowledgement and entering your first and last name as it appears on the Application Information screen. | |
| Household Members Application Summary | I hereby certify that the information entered on this report is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code), reports | |
| Part 2 | Signature | |
| Application Payment | | |
| | <previous next=""></previous> | |

Application Payment – Answer NO for question.

| Back To My Account | e-Clearance ID: 00000004197 DELETE APPLIC | CATION SAVE APPLICATION |
|--|--|-----------------------------|
| Part 1 | Application Payment | |
| Application Purpose Applicant Information | Did an organization provide a payment code for your application? record | |
| Current Address Previous Address | To submit a payment for your application please click the "Make A Payment" button at t | the bottom of this page. |
| Household Members Application Summary | You will be navigated to a secured external site to submit your payment. Once your pay application will be submitted and you will be directed to the Submission Confirmation p. | ment is received, your age. |
| Part 2 | If your application times out during your payment submission, it will be saved to your PA Clearance Account where you may quickly retrieve and submit it. | Child Abuse History |
| Application Payment | | |

Enter credit card information. You will get the following screen when you are complete.

| Success. | |
|---|--|
| Your application (e-Clearance ID: | has been successfully submitted! |
| | |
| Next Steps | |
| Thank you for your submission. Please ch confirmation, contact ChildLine and Abus | ieck your email for a confirmation notification that you may save for your own records. If you do not receive an email ie Registry's Child Abuse History Clearance Unit at 1-877-371-5422. |
| You may view or check the status of your will receive a notification via email to log | application from your PA Child Abuse History Clearance Account at any time. Once your application has been processed, yo in to your account and view the outcome/result of the application. |
| | |
| You can also log into your account at any | time from the Child Welfare Portal homepage. |

You will receive an email with the results. Provide the results to Jamie Mowrey.