

Fusion <https://fusion.dss.virginia.gov/>

Move mouse to “Portfolios” in the top right corner

It will state “Please select from the list of Divisions and Portfolios below”

Human Services Portfolio is one of the headers.

Click “Family Services”

Division of Family Services home page <https://fusion.dss.virginia.gov/dfs/>

In the right-hand corner, there is a new title “DFS Home”

If you put your mouse on DFS Home, a pop-up screen will show other programs you can click on within Family Services

Click on “Resource Family”

The home page for Resource Family includes:

Contacts box to click and see VDSS home office and Regional program contacts

Three columns at the bottom of the page “Main Navigation”, “Pages by Topic”, and “Shortcuts”

Tip Sheets <https://fusion.dss.virginia.gov/dfs/DFS-Home/Resource-Family/Resource-Family-Resources-and-Job-Aids>

Sworn Statement <https://fusion.dss.virginia.gov/dfs/DFS-Home/Resource-Family/Resource-Family-Forms>


Barrier Crime Determination Guide (webinar slides and guide)
<https://fusion.dss.virginia.gov/dfs/DFS-Home/Resource-Family/Resource-Family-Resources-and-Job-Aids>

Office of Background Check Investigations


- Review national criminal fingerprint background records for barrier crimes for all employees and volunteers and contractual service workers who provide services on a regular basis and will be alone with a child at a children's residential facility, licensed or operated by the Departments of Behavioral Health and Developmental Services, and Social Services in accordance with § 63.2-1726.
- Review national criminal fingerprint background records for barrier crimes for foster and adoptive parents, relatives, birth parents, and adult household members for licensed child placing agencies and local departments of social services in accordance with § 63.2-901.1.
- Review national criminal fingerprint background records for barrier crimes for employees, volunteers, applicants, agents, and household members for licensed child day centers, licensed family day homes, or family day systems, child day center exempt from licensure pursuant to § 63.2-1716, registered family day home, family day home approved by a family day system, or child day center, family day home, or child day program that enters into a contract with the Department or a local department to provide child care services funded by the Child Care and Development Block Grant in accordance with § 22.1-289.035, 22.1-289.036, 63.2-1724, and 63.2-1725.
- Provide technical support and training regarding background investigation issues

Criminal Background Fingerprint Team: backgrounds@dss.virginia.gov

Central Registry Search Team: crs_operations@dss.virginia.gov



Where collaboration and creativity SPARK, positive change.



[VOSS NEWS](#) [BROADCASTS](#) [TOUTS](#) [PORTFOLIOS](#) [LP HOME](#) [QUICK LINKS](#)

OFFICE OF BACKGROUND INVESTIGATIONS**Background Investigations Unit - Criminal Responsibilities**

- Review national criminal fingerprint background records for barrier crimes for all employees and volunteers and contractual service workers who provide services on a regular basis and will be alone with a child at a children's residential facility, licensed or operated by the Departments of Behavioral Health and Developmental Services, and Social Services in accordance with § 63.2-1726.
- Review national criminal fingerprint background records for barrier crimes for foster and adoptive parents, relatives, birth parents, and adult household members for licensed child placing agencies and local departments of social services in accordance with § 63.2-901.1.
- Review national criminal fingerprint background records for barrier crimes for employees, volunteers, applicants, agents, and household members for licensed child day centers, licensed family day homes, or family day systems, child day center exempt from licensure pursuant to § 63.2-1716, registered family day home, family day home approved by a family day system, or child day center, family day home, or child day program that enters into a contract with the Department or a local department to provide child care services funded by the Child Care and Development Block Grant in accordance with § 22.1-289.035, 22.1-289.036, 63.2-1724, and 63.2-1725.
- Provide technical support and training regarding background investigation issues.

Background Investigations Unit - CPS Central Registry Searches Responsibilities

- Maintaining a searchable database of individuals associated with founded cases of child abuse or neglect.

Forms

- Request for Search of the Child Protective Services (CPS) Central Registry
- Adult Waiver State Contracts for Child Abuse Registries
- OBI Portal CPS Request Guide
- OBI Portal Registration Guide
- Other States - Instructions for Out of State CPS Searches
- Other States - Request for Search of the CPS Central Registry

CRS Provider Portal for Local Departments of Social Services (LDSS)

- LDSS CRS Provider Portal Notice - 12/02/2022

LDSS agencies can access the provider portal online to submit central registry search requests electronically. The link is below:

[Home \(virginia.gov\)](#)

Quick Reference Guide (QRG) for LDSS Agencies - This QRG provides step by step instructions for the new provider portal. All LDSS agencies will register as a Government Agency and are exempt from payment.

Contact Us:
Criminal Background Fingerprint Team: backgrounds@dss.virginia.gov
Central Registry Search Team: crs_operations@dss.virginia.gov

Fusion <https://fusion.dss.virginia.gov/>

Move mouse to “Portfolios” in the top right corner

Under State Programs subtitle, choose “Licensing Programs”

You will be on the Licensing home page (direct link is <https://fusion.dss.virginia.gov/lp/>)

Put your mouse over “LP Home” and the first subtitle shows the “Office of Background Investigations” that you can click on

SOFT CHECKS

Soft checks are a combination of a Virginia State Police criminal name search and a Central Registry name search. Soft checks are required as part of preliminary steps when exploring prospective kinship resource parents. You must have the clear results of the soft checks before placement can occur. The steps for these 2 processes are outlined below:

1.) VIRGINIA STATE POLICE CRIMINAL NAME CHECK

The soft checks for criminal background can **only** be done through the Virginia State Police. No other systems can be utilized (such as Accurint or Virginia Court Bar).

A relationship should be developed with your local law enforcement so that these searches can be done immediately. Obtaining hard copy verification from local law enforcement for a Virginia State Police criminal name check should be documented in the case contacts of the Resource Family record. Additionally, this search should also be documented on the Checklist for Initial Provider Approval (which IV-E utilizes to verify completion).

Another option is to open an account with the Virginia State Police's NCJI system, so that searches can be done by the LDSS. Please email ncjihelp@vsp.virginia.gov to set up an account or to access accounts that are set up by VSP (but may be outdated). Once the LDSS has a VSP account, the following link is used to perform soft criminal checks: <https://vspapps.vsp.virginia.gov/catspublic/public/publicHome.html>

Please note: If law enforcement partners run a name search, it is an immediate result. NCJI results usually come back by the next business day if there is no criminal history.

Virginia Code 63.2-901.1 Section C <https://law.lis.virginia.gov/vacode/title63.2/chapter9/section63.2-901.1/>

In emergency circumstances, each local board may obtain, from a criminal justice agency, criminal history record information from the Central Criminal Records Exchange and the Federal Bureau of Investigation through the Virginia Criminal Information Network (VCIN) for the criminal records search authorized by this section.

Within three days of placing a child, the local board shall require the individual for whom a criminal history record information check was requested to submit to fingerprinting and provide personal descriptive information to be forwarded along with the fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal record history information, pursuant to subsection B. The child shall be removed from the home immediately if any adult resident fails to provide such fingerprints and written permission to perform a criminal history record check when requested.

The individual's name is run through VCIN with Purpose Code X by a law enforcement agency (All Police Departments and Sheriff's Offices in the Commonwealth have authorization to use Purpose Code X Emergency Placement of Foster Children). Purpose Code X searches criminal history record information from the Central Criminal Records Exchange (CCRE) and National Crime Information Center (NCIC) through the Virginia Criminal Information Network (VCIN).

When a child is placed, DSS must submit fingerprints within 3 days as an applicant.

This can be done through one of the following:

Resource Family Tip Sheet

Soft Checks & Hard Checks

- (NFUF) Electronic Submission Fieldprint: will result in a Determination letter for approval from the Office of Background Investigations (OBI).
- Manual Applicant card with inked prints: these are mailed in and only used for individuals who cannot physically go to a Fieldprint location. To obtain the fingerprint card, applicants must first make a Fieldprint appointment online, then contact OBI and request a card packet be sent to the address from the appointment after giving them the reason for needing to manually roll prints. Follow the instructions included with the card packet. Use the Bio-metric form if the individual is missing fingertips or has such severe arthritis that fingerprints are unobtainable (ask your resource family consultant for the Biometric form). This option should be used as a last resort and agencies should be prepared to have significant justification for use of this form. **Each use of the Biometric form requires a conversation with your Resource Family Practice Consultant.**

If an individual has a criminal record, use the [current barrier crime list](#) or the [Barrier Crime Determination Guide](#) to determine if the kinship resource family can be approved.

2.) CHILD PROTECTIVE SERVICES NAME SEARCH IN OASIS

- The soft check process for CPS history (Central Registry) is done through OASIS
- Watch microlearning: **MICRO1502 Search & Merge in OASIS**
- Do not use the “Central Registry Search” button – use the search button only
- Less is more when searching
- Use last name only & then use the first initial followed by * if needed
- If you have a DOB and/or SS#, use this to cross-reference only (do not enter this info into your OASIS search)
- The LDSS can call the CPS hotline to request a search (using the matrix)

An example of a screen shot of a “no matches” for a Central Registry name search in OASIS is below; the no match search results should be printed and filed in the physical file of the Resource Family.

The screenshot displays the OASIS 'Client Matches' search interface. It features a table with columns for Client Type, ID, Name, SSN, Gender, and DOB. To the right of the table are buttons for Show, Cancel, Sort, Help, and a Search Time input field. Below the table is a 'Related Clients' section with columns for Client ID, Name, Status, Age, and Gender. An 'Information' dialog box is overlaid on the screen, displaying a blue information icon and the text 'No Matches Found.' with an 'OK' button.

HARD CHECKS

Hard checks are a combination of federal criminal background checks completed through FieldPrint (state approved vendor), and CPS Central Registry checks done through Office of Background Investigations (OBI) online portal. All adults in the kinship home must submit to fingerprinting within 72 hours of placement.

Important Reminder: The date that the last hard check results are returned clear is the approval start date on the Certificate of Approval which meets the 120 days requirement between checks cleared and COA.

1.) To do a hard check for criminal backgrounds, LDSS should utilize FieldPrint utilizing [Schedule a Fieldprint Appointment at Fieldprint](#) instructions on FUSION.

- For kinship resource families, FieldPrint appointments needs to be scheduled within 72 hours of the placement for all resource parents and adult household members.
- Instructions for how kinship resource families can set up a FieldPrint appointment are in the user-guide.
- Each LDSS is assigned an LDSS-specific Facility ID#, and families cannot schedule a FieldPrint appointment without this number. If you do not know your facility ID #, please call OBI at 804-726-7884.
- Please remind families to bring two forms of identification with them to the FieldPrint appointment as specified in the user-guide.
- Make sure families check the appropriate box, as described below:

FieldPrint Code:	Family Type:
FPVADSSPublicCPAFost	Non-relative AND Kinship/Fictive Kin Resource Parents (Kinship resource parents need to respond “yes” to the question “Are you a kinship foster parent?” on the Additional Information tab when making the Fieldprint appointment.)
FPVADSSPublicCPAHouse	All adult household members who are not the resource parents (relatives or not)

- OBI will electronically send the determination letter with results to the LDSS point of contact.
Determinations include:
 - Eligible: may be approved as a resource parent
 - Not Eligible: NOT eligible to be a resource parent

2.) To do a hard check for CPS central registry, LDSS should complete the Central Registry Portal for all adults in the home.

- [Quick Reference Guide for LDSS](#)
- The LDSS will be billed a \$10 processing fee upon completion of the search by OBI.
- A “no matches” determination letter will be sent electronically to the LDSS point of contact.
- If any resource parents or adult household members have resided outside of Virginia within the past 5 years, CRS searches should include those states. For kinship resource families, this process should not hold up or delay a placement. To request Adam Walsh Child Abuse Registry Checks from others states use this [link](#) from the OBI FUSION page.

SWORN STATEMENT OR AFFIRMATION FOR FOSTER AND ADOPTIVE PARENTS, ADULT HOUSEHOLD MEMBERS
Please Print

Last Name	First	Middle	Maiden	Social Security Number	
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Current Mailing Address	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Name of Agency	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Please respond to all five (5) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia?
☐ Yes (convicted in Virginia) ☐ Yes (pending in Virginia) ☐ No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia?
☐ Yes (convicted outside Virginia) ☐ Yes (pending outside Virginia) ☐ No

If yes to convicted or pending, specify crime(s) and state, or other location:

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia?
☐ Yes (in Virginia) ☐ No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia?
☐ Yes (outside Virginia) ☐ No (outside Virginia)

If yes, specify state, or other location: _____

5. In what states (other than Virginia) have you lived within the last five (5) years? _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class 1 misdemeanor.

Signature

Date

Explanation of Sworn Statement or Affirmation

- **Requirement:** Sections 63.2-901.1, 63.2-1720, 63.2-1721, and 63.2-1722 of the *Code of Virginia* (Code) require prospective foster or adoptive parents and adult household members to provide a sworn statement or affirmation prior to approval as adoptive or foster parents. A sworn disclosure or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth, or (ii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The statement or affirmation must be made available to the Department of Social Services' representative. Further dissemination of the sworn statement information by the child-placing agency is prohibited other than to the Commissioner's representative or a federal or state authority or court in order to comply with an express requirement in the law for that dissemination.
- **Consequence:** If a person required to submit a sworn statement or affirmation has been: (i) convicted of or is the subject of pending charge of a barrier crime (specified below), or (ii) convicted of any other felony in the last five years, or (iii) the subject of a founded complaint of child abuse or neglect:
 - The adoptive or foster home is not eligible for approval by a child-placing agency; and
 - A child-placing agency may revoke the approval of a foster home.

Exceptions: A child-placing agency may approve as an adoptive or foster parent:

- an applicant convicted of not more than one misdemeanor of assault and battery, as defined in §63.2-57 of the Code, not involving abuse, neglect or moral turpitude of a minor provided ten years have elapsed following the conviction;
- an applicant convicted of felony possession of drugs who has had his civil rights restored by the Governor, provided 10 years have elapsed following the conviction.

Exception: A child-placing agency may approve as a foster parent:

- an applicant convicted of statutory burglary for breaking and entering a dwelling home or other structure with intent to commit larceny, who has had his civil rights restored by the Governor provided 25 years have elapsed following the conviction.

Search Fee \$10.00

INSTRUCTIONS

Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form: (Incomplete forms will be returned)

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate "initial only" otherwise, enter a full middle name given at birth.
3. For "other names used" list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write "N/A".
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier's check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:
Virginia Department of Social Services.

Personal checks and cash will not be accepted.

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services
Office of Background Investigations - Search Unit
801 East Main Street, 6th Floor
Richmond, VA 23219-2901**

Search Fee \$10.00

Purpose of Search, Check one:					
<input type="checkbox"/> Adam Walsh Law	<input type="checkbox"/> Adoptive Parent	<input type="checkbox"/> Babysitter/Family Day Care			
<input type="checkbox"/> CASA	<input type="checkbox"/> Children's Residential Facility	<input type="checkbox"/> Custody Evaluation	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Foster Parent	
<input type="checkbox"/> Institutional Employee	<input type="checkbox"/> Other Employment	<input type="checkbox"/> School Personnel	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other	

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name			Payment/FIPS Code (Use only if assigned by OBI-CRU)		
Address					
City	State	Zip			
Contact Name		Tel.#	Ext	Mandatory if agency code has been assigned	
Contact E-Mail					

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name	First Name	Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only")			
Maiden Name (last name before marriage)	Sex	Date of Birth (MM/DD/YYYY)		Race	
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Driver's License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)			
Current Address (Include Street # and Apt #)		City	State	Zip	

Applicant's Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



Search Fee \$10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched
(Sign in presence of Notary)

Parent or Guardian signature required for minor
children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, year _____

Notary Public Signature **Botary Number**

My Commission Expires: _____

Notary Seal

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. _____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI Staff Only

CREATE A CENTRAL REGISTRY SEARCH (CRS) REQUEST

Quick Reference Guide (QRG)

OVERVIEW

This QRG provides an overview of how to register and login to CRS and how to complete and submit a request to the Central Registry System.

AUDIENCE

This QRG is for Employers, Individuals and VA EXEMPT GOVERNMENT AGENCIES.

About Completing a CRS Request: The CRS Portal is accessed via a public-facing site allowing providers, government agencies as well as individuals to complete and submit a CRS request, upload signed documentation and submit a payment for the application being submitted.

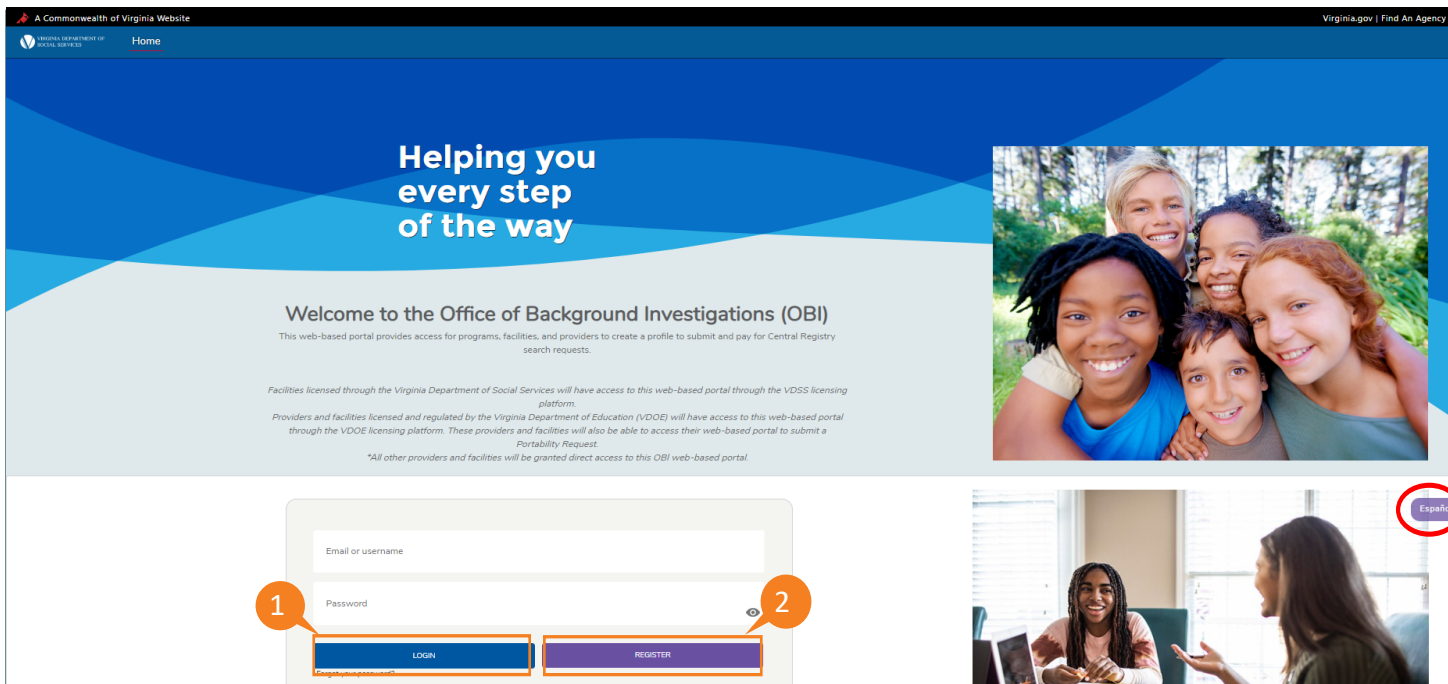
LOGIN / REGISTER

From the URL homepage, complete the following steps:

1. For registered users: Enter your Username and Password. Then click Login to log in to your account.

Note: To view a Spanish version of this site, click the Español link.

- 2. First-time users: Click Register to register for an account. You will register as an EMPLOYER OR INDIVIDUAL user type, unless you are a VA Exempt Government Agency.**



A Commonwealth of Virginia Website

Virginia.gov | Find An Agency

Home

Helping you every step of the way

Welcome to the Office of Background Investigations (OBI)

This web-based portal provides access for programs, facilities, and providers to create a profile to submit and pay for Central Registry search requests.

Facilities licensed through the Virginia Department of Social Services will have access to this web-based portal through the VDSS licensing platform.

Providers and facilities licensed and regulated by the Virginia Department of Education (VDOE) will have access to this web-based portal through the VDOE licensing platform. These providers and facilities will also be able to access their web-based portal to submit a Portability Request.

*All other providers and facilities will be granted direct access to this OBI web-based portal.

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LOGIN

REGISTER

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CREATE A CRS REQUEST

QRG

3. REMINDER: First-time users, You will register as an EMPLOYER OR INDIVIDUAL user type, unless you are a VA Exempt Government Agency.
4. Click **SIGN UP**.

A Commonwealth of Virginia Website Virginia.gov | Find An Agency

Home

User Registration

3. THERE IS A DROP DOWN MENU FOR USER TYPE

*First Name *Last Name

*Email *Confirm Email

*User Type *Language

--- Select user type ---

Complete this field.

--- Select language ---

*Create Password *Confirm Password

4

Back Sign Up

After clicking Sign Up, you will receive an email to the email address used for registration. This email will contain a link to verify your account.

Email language example: CONGRATULATIONS! You have successfully registered in the Virginia Department of Social Services Central Registry Search portal. Your user ID is:

Español

VELA Portal Registration - Confirmation email upon successful registration

CRS Licensing <no-reply-centralregistrysearch@dss.virginia.gov>

Thursday, November 17, 2022 11:18:26 PM

CONGRATULATIONS! You have successfully registered in the Virginia Department of Social Services Central Registry Search portal. Your user ID is: demostagingcrs@yopmail.com.

Please [click here](#) to verify your account.

You may return to the Central Registry Search Portal to submit your Central Registry Search request. The electronic submission does require the upload of signed documents and payment. Your account registration will allow you to manage your online account.

If you would like to learn more about central registry search requests or the criminal background investigation requirements, we suggest visiting the following resources:

[Providers Background Checks](#)

[Children's Facilities Background Investigations](#)

[Central Registry Release of Information Form](#)

Thank you,

Virginia Department of Social Services

This email was sent from an unmonitored mailbox. To contact us, please visit the [Virginia Department of Social Services contact page](#).

CREATE A CRS REQUEST

QRG

After you have registered and verified your account, you will be able to access the CRS Portal, Log In and Submit CRS requests.

5. Enter your registered email address and password, Click Log IN. You will be directed to the CRS Dashboard as seen on the next slide.

The screenshot shows the Virginia.gov website's login interface. At the top, a dark blue header contains the text "A Commonwealth of Virginia Website" on the left and "Virginia.gov | Find An Agency" on the right. Below this is a lighter blue navigation bar with the word "Home" on the left. The main content area has a blue background with a white login form centered. The form is titled "Login" and contains two input fields: the first for the email address "demostratingcrs@yopmail.com" and the second for a password, represented by dots. Below the password field is a blue "Login" button. A callout bubble with the number "5" points to this button. At the bottom of the form, there are two links: "Forgot your password?" on the left and "Create an account" on the right. In the bottom right corner of the page, there is a small purple button labeled "Español".

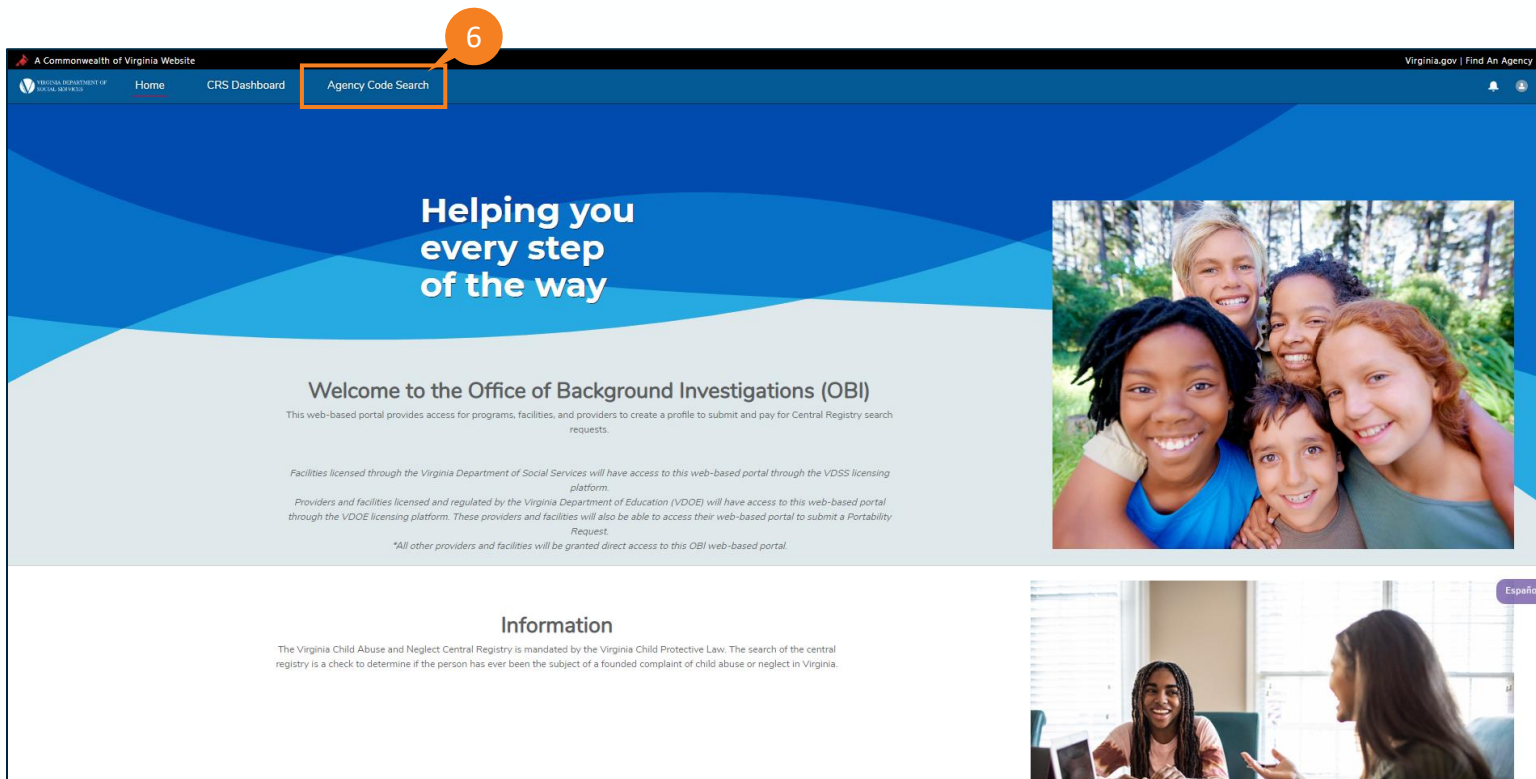
CREATE A CRS REQUEST

QRG

The *Central Registry Homepage* is displayed. Providers entering the CRS Portal for the first time, who have an agency code assigned to them by the Office of Background Investigations, Central Registry Search Unit, and currently documented on each search request submitted should access the Agency Code tab to enter their Agency Code in the pop-up window.

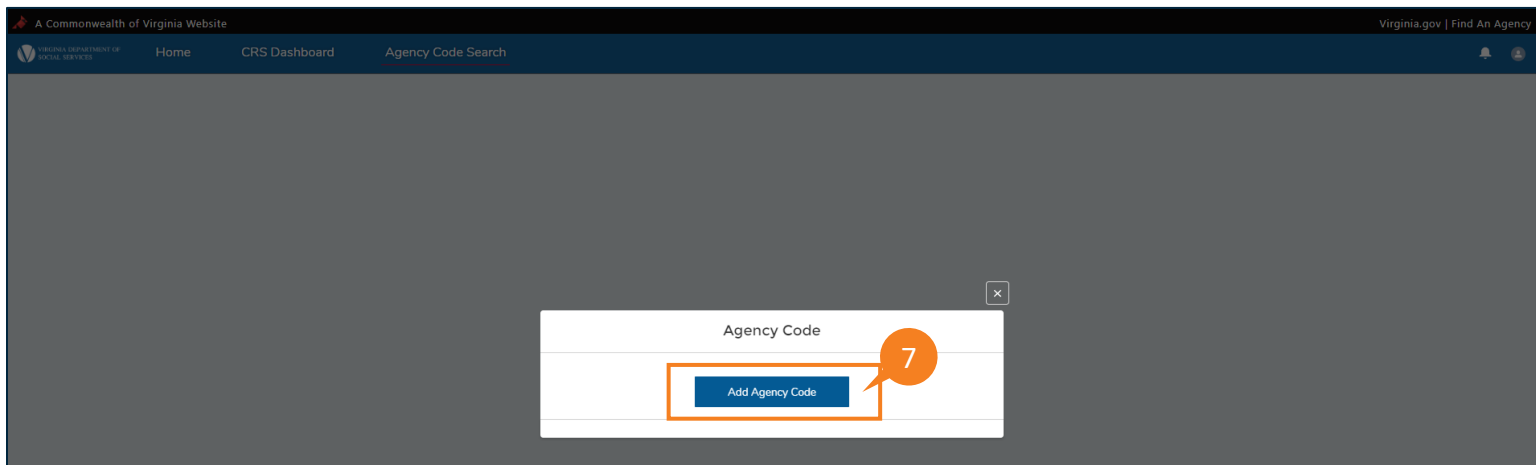
Note: If you do not have an Agency Code, **CLICK CRS DASHBOARD** & go to **Step 13**.

6. Click **Agency Code Search**.



The Agency Code pop-up window is displayed.

7. Click **Add Agency Code**.



CREATE A CRS REQUEST

QRG

8. Enter the AGENCY CODE already assigned to you by OBI.
9. Enter the AGENCY CODE once more to confirm.
10. Click Search.

The screenshot shows a web form for creating a Central Registry Search Request. It includes two input fields for 'Agency Code', both containing 'B10000'. A 'Search' button is located below these fields. Under the 'Search' button, the 'Agency Name' is displayed as 'ACCOMACK CO. PUBLIC SCHOOLS'. A message states: 'Match Identified. Please review the agency name and confirm by clicking save. Once saved, you will not be able to change the agency code. All determinations for Central Registry Search Requests submitted will be sent to the designated point of contact maintained by the Central Registry Unit.' Below this message is a checkbox labeled 'Please check this box to confirm your agency prior to saving', which is checked. At the bottom, there are 'Cancel' and 'Save' buttons. Numbered callouts (8-12) point to the Agency Code inputs, the Search button, the Agency Name, the confirmation checkbox, and the Save button respectively.

When there is an agency code match, the agency name appears below the search button with the message: *Match Identified. Please review the agency name and confirm by clicking save. Once saved, you will not be able to change the agency code. All determinations for Central Registry Search Requests submitted will be sent to the designated point of contact maintained by the Central Registry Unit.*

11. Select the checkbox: Please check this box to confirm your agency prior to saving. Providers cannot click Save unless the box is checked.
12. Click Save.

If there is no match, the following message is displayed: *No match found with agency code. Please enter the correct agency code or click cancel. You will be able to submit Central Registry Search Requests by entering the designated point of contact.*

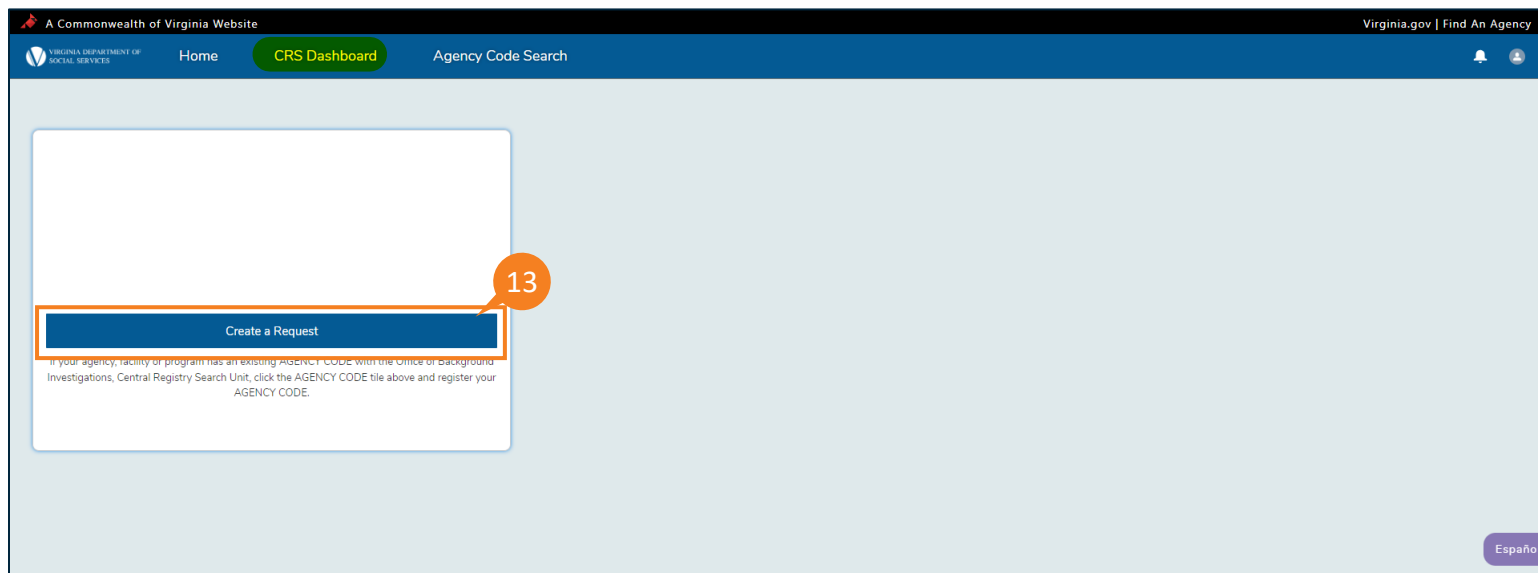
Note: Clicking Cancel will redirect you to the Dashboard where you will need to enter a designated point of contact (POC). Follow the instructions for Submitting a Request on the following page.

CREATE A CRS REQUEST

QRG

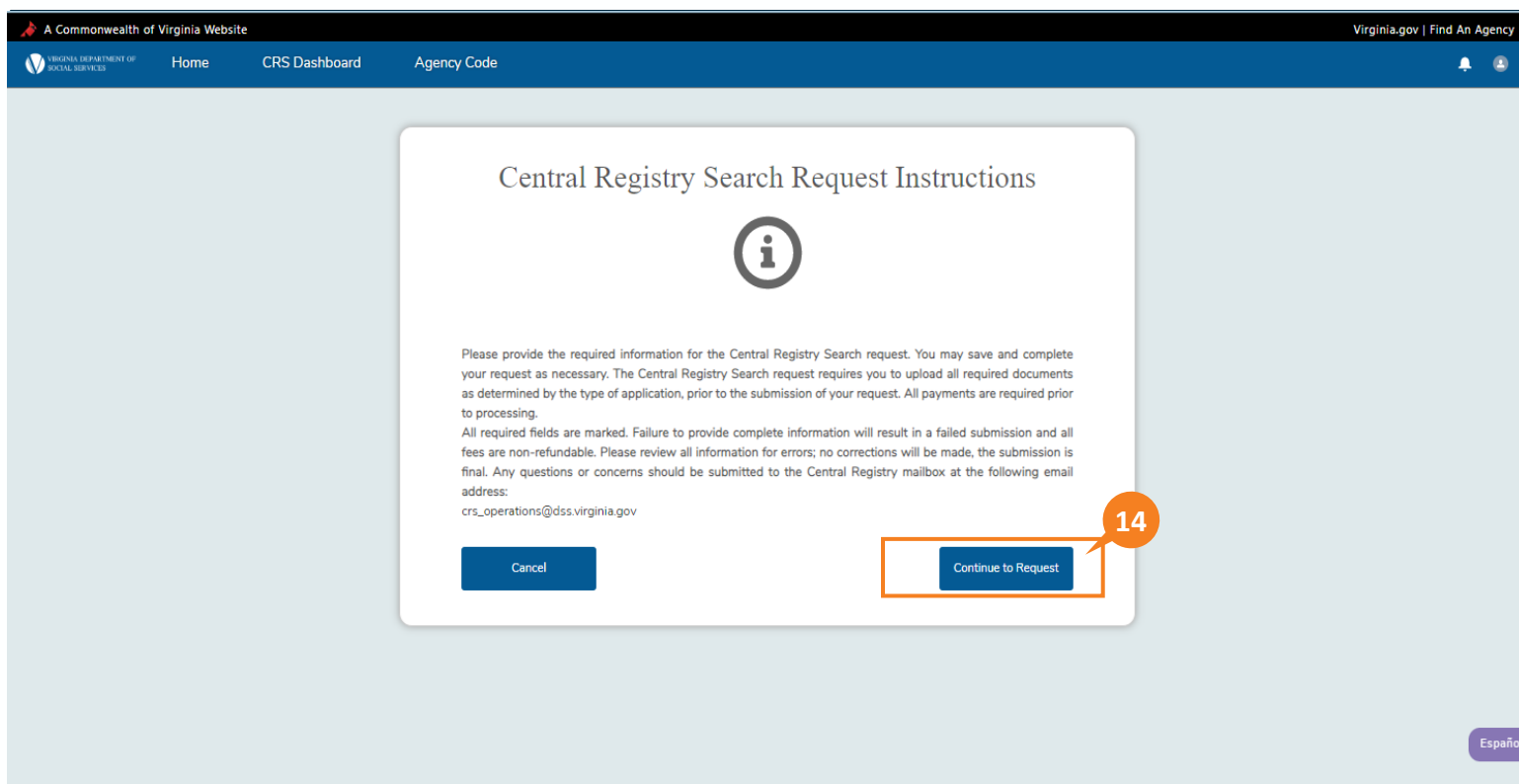
13. Enter your Dashboard (CRS DASHBOARD) and Click **Create a Request**.

Note: For users who do NOT have an *Agency Code*, proceed directly to the Dashboard by clicking the **CRS Dashboard** tab to create a request. The CRS Dashboard is displayed. From here users can review previous requests and create new ones.



The Instruction page is shown. Read the instructions for creating a request.

14. When you are done, click **Continue to Request**.



CREATE A CRS REQUEST

QRG

15. Enter a unique name for your request in the Custom Request Name field for the purpose of easily identifying it when you review your requests from the Dashboard.

16. Complete the Designated Point of Contact section.

17. Click Add Individual in the CRS Requests section.

Note: The individual being added is the applicant for whom a search is being requested.

A Commonwealth of Virginia Website Virginia.gov | Find An Agency

Home CRS Dashboard Agency Code Search

CRS Application

CRS Request Summary

Pay and Submit

CRS Request Summary

15

16

Designated Point Of Contact

Contact First Name

Contact Last Name

Address Line 1

Address Line 2

City/County

State

Zip Code

Telephone Number

Phone Number Ext.

Contact Email

* CRS Requests

FIRST NAME	LAST NAME	NOTARIZATION UPLOADED	PORTABILITY REQUEST	STATUS
<div>17</div> <div>Add Individual</div>				

Back

Save & Continue

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CREATE A CRS REQUEST

QRG

The *Purpose of Search* page is shown.

18. From the Purpose of Search drop down list, select a Purpose Of Search.

19. To continue, click Save & Continue.

The screenshot shows the 'CRS Application Individual' form. On the left is a sidebar with a 'Purpose of Search' section highlighted in blue, containing links for 'Personal Details', 'Family Details', and 'Notarization'. The main content area is titled 'Purpose Of Search' and features a red asterisk and a label 'Purpose Of Search' with a help icon. Below this is a dropdown menu. An orange box labeled '18' highlights the dropdown menu. At the bottom left of the form is a 'Cancel' button, and at the bottom right is a 'Save & Continue' button, which is highlighted by an orange box labeled '19'. The top of the page includes a header with 'A Commonwealth of Virginia Website', 'Virginia.gov | Find An Agency', and navigation links for 'Home', 'CRS Dashboard', and 'Agency Code Search'. A 'Español' link is located in the bottom right corner.

CREATE A CRS REQUEST

QRG

The *New Applicant's Prior Addresses* pop-up window is displayed.

23. Enter all the details of the applicant's prior address on the page.

24. Click Save Record when details for the applicant's prior address have been entered.

New Applicant's Prior Addresses

Address Line 1 ⓘ Address Line 2 ⓘ

City/County ⓘ State ⓘ

Zip ⓘ

Start Date ⓘ End Date ⓘ

Please enter the accurate month and year. If the specific date is not known, you may enter the 1st of the month.

Cancel Save Record

23

24

CREATE A CRS REQUEST

QRG

25. From the Family Details page, select the Marital Status for the individual being searched from the Marital Status pick list box.

Note: From the Marital Status pick list box, select all statuses which have applied for the person being searched. From the married, widowed, or divorced selections (more than one option can be picked for validation).

Note: The Family Details page is displayed only when a Portability Request is answered No.

26. Click Create New in the Spousal History section.

A Commonwealth of Virginia Website Virginia.gov | Find An Agency

Home CRS Dashboard Agency Code Search

CRS Application Individual

- Purpose of Search
- Personal Details
- Family Details**
- Notarization

What is the Marital status of the person being searched?

Have you been married, divorced and/or widowed? Please choose the status which applies to your situation (past and present) and enter the related spouse information. You are required to do this for EACH status which applies to you.

• Marital Status ⓘ

Available

Single
Married
Divorced
Widowed
Partner

Selected

25

Español

Spousal History

Create New

FIRST NAME	LAST NAME	RACE	SEX	DATE OF BIRTH
------------	-----------	------	-----	---------------

26

Children

Create New

FIRST NAME	LAST NAME	RELATIONSHIP	SEX	DATE OF BIRTH
------------	-----------	--------------	-----	---------------

Cancel Save & Continue

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CREATE A CRS REQUEST

QRG

The New Spousal History pop-up window is displayed.

27. Enter all the details of the spouse on the page.

28. Click Save Record when details for spouse have been entered.

The image shows a 'New Spousal History' pop-up window. The window has a title bar with a close button (X) in the top right corner. The main content area contains several input fields and a list of race options. Callout 27 points to the top right corner of the window, and callout 28 points to the 'Save Record' button at the bottom right.

New Spousal History

Spouse Last Name ⓘ Spouse First Name ⓘ

Spouse Middle Name(Please enter NMN if not applicable) ⓘ Spouse Maiden Name ⓘ

Spouse Race ⓘ

Available Chosen

- Asian Indian
- American Indian or Alaskan Native
- Native Hawaiian
- Caucasian

Spouse Sex ⓘ Spouse Date of Birth ⓘ

--None--

Cancel Save Record

CREATE A CRS REQUEST

QRG

29. Click **Create New** in the *Children* section.

A Commonwealth of Virginia Website

Virginia.gov | Find An Agency

Home

CRS Dashboard

Agency Code Search

CRS Application Individual

Purpose of Search

Personal Details

Family Details

Notarization

What is the Marital status of the person being searched?

Have you been married, divorced and/or widowed? Please choose the status which applies to your situation (past and present) and enter the related spouse information. You are required to do this for EACH status which applies to you.

Marital Status

Available

Single

Married

Divorced

Widowed

Partner

Selected

Spousal History

Create New

FIRST NAME

LAST NAME

RACE

SEX

DATE OF BIRTH

Children

Create New

FIRST NAME

LAST NAME

RELATIONSHIP

SEX

DATE OF BIRTH

Cancel

Save & Continue

29

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CREATE A CRS REQUEST

QRG

The New Children pop-up window is shown.

30. Enter all details for the child (mandatory fields are marked with a red asterisk) on the page.

31. Click Save Record when details for the child have been entered.

New Children

Child Last Name *i*

Child First Name *i*

Child Middle Name (Please enter NMN if not applicable) *i*

Child Relationship *i*

Child Sex *i*

Child Date of Birth *i*

Cancel

Save Record

CREATE A CRS REQUEST

QRG

32. When entries for *Marital Status*, *Spousal History*, and *Children* are complete, click **Save & Continue**.

A Commonwealth of Virginia Website

Virginia.gov | Find An Agency

Home

CRS Dashboard

Agency Code Search

CRS Application Individual

Purpose of Search

Personal Details

Family Details

Notarization

What is the Marital status of the person being searched?

Have you been married, divorced and/or widowed? Please choose the status which applies to your situation (past and present) and enter the related spouse information. You are required to do this for EACH status which applies to you.

Marital Status

Available

Single

Married

Divorced

Widowed

Partner

Selected

Spousal History

Create New

FIRST NAME	LAST NAME	RACE	SEX	DATE OF BIRTH
------------	-----------	------	-----	---------------

Children

Create New

FIRST NAME	LAST NAME	RELATIONSHIP	SEX	DATE OF BIRTH
------------	-----------	--------------	-----	---------------

Cancel

Save & Continue

32

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CREATE A CRS REQUEST

QRG

The *Instructions for CRS Request Form* page is shown.

33. Click Download CRS Request Form. The downloaded form contains the information entered up to this point. The page includes instructions for completing and uploading the signed form. Once the CRS Request Form is downloaded, print the form, and have it signed by the applicant.

Note: *The Notary requirement has been removed.

34. When the CRS Request Form has been signed, click the Upload Files link from the CRS Request Form section to browse for the document you want to upload or drag the document from your desktop to the drop files box. Ensure the CRS Request Form is uploaded in PDF format only.

35. Click Save & Continue.

The screenshot shows the 'CRS Application Individual' page on the Virginia Department of Social Services website. The page has a left sidebar with navigation links: Purpose of Search, Personal Details, Family Details, and Search Authorization (which is highlighted). The main content area is titled 'Instructions for CRS Request Form:' and contains the following elements:

- A blue button labeled 'Download CRS Request Form' with callout 33.
- A section titled 'Upload signed CRS Request Form' with instructions: 'The signed document should be uploaded in PDF format only.' Below this is a box labeled 'Signed CRS Request Form' containing an 'Upload Files' button and the text 'Or drop files here', with callout 34.
- An 'Uploaded Files' section showing a file named 'PITT CRSApplicationPDF.pdf'.
- Fields for 'Submitted Date' (11/14/2022) and 'Submitted By' (KRISTEN ECKSTEIN).
- A 'Cancel' button.
- A 'Save & Continue' button with callout 35.

The page footer includes the text 'A Commonwealth of Virginia Website' and 'Virginia.gov | Find An Agency'.

CREATE A CRS REQUEST

QRG

The *CRS Request Summary* page is shown. Review the information.

- 36. Click the pencil (edit) icon to update the applicant information.
- 37. Click the trash can icon to delete an applicant request.
- 38. If there are no further changes, click Save & Continue.

A Commonwealth of Virginia Website

Virginia.gov | Find An Agency

Home

CRS Dashboard

Agency Code Search

CRS Application

CRS Request Summary

Pay and Submit

CRS Request Summary

* Custom Request Name ⓘ

Test 1

Designated Point Of Contact

* Contact First Name ⓘ

Monica

* Contact Last Name ⓘ

Iglesias

* Address Line 1 ⓘ

123 Middle Lane

Address Line 2 ⓘ

* City/County ⓘ

Orlando

* State ⓘ

AL

* Zip Code ⓘ

33456

* Telephone Number ⓘ

123-456-7890

Phone Number Ext. ⓘ

* Contact Email ⓘ

ayaz@yop.com

* CRS Requests

FIRST NAME	LAST NAME	NOTARIZATION UPLOADED	PORTABILITY REQUEST	STATUS
iglesias	monica	YES		<div><div>36</div><div>37</div></div>

Add Individual

Back

38

Save & Continue

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CREATE A CRS REQUEST

QRG

The *Current CRS Requests Payment* page displays.

39. From the Payment method drop down, select your method of payment.

40. Click Submit.

A Commonwealth of Virginia Website Virginia.gov | Find An Agency

Home CRS Dashboard Agency Code Search

CRS Application

CRS Request Summary

Pay and Submit

* Payment

FIRST NAME	LAST NAME	PAYMENT AMOUNT
iglesias	monica	\$10.00

Total Amount : \$10.00

* Payment method
Credit Card

Submitted Date
09/13/2022

Submitted By
Christina Lopez

Make Payment

Español

CREATE A CRS REQUEST


QRG

41. The Order Section page is displayed. To verify the payment amount and proceed, click Checkout.

42. If you do not want to proceed to checkout, click Return to Merchant.

42

< Return to Merchant


VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Service Fee separately charged by Elavon and is non-refundable. If you do not want to pay this fee, click **Return to Merchant** and pay by alternative means.

This page cannot be refreshed.

Order Section

This payment will be processed as two separate payments (for Amount and Service Fee)


Amount	10.00 USD
Service Fee (2.3%)	0.23 USD
Total of all charges and fees	10.23 USD

Service fee is non-refundable.
Search Request ID 2274

Please be aware there is a 1 to 3 day business processing time

41

CHECKOUT


Secure
Payment

CREATE A CRS REQUEST

QRG

MAKE PAYMENT (CONTINUED)

43. Enter payment information in the **Payment Section**.

For **Payment Card**, enter the card number of your valid credit or debit card, expiration date (MM/YY) and the security code in the corresponding text entry fields.


< Back to Order Section

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Service Fee separately charged by Elavon and is non-refundable. If you do not want to pay this fee, click **Back to Order Section** and then **Return to Merchant** on following screen and pay by alternative means.

43 This page cannot be refreshed.

Order Section	
Amount	10.00 USD
Service Fee (2.3%)	0.23 USD
Total of all charges and fees	10.23 USD
Search Request ID	2274

Payment	
PAYMENT CARD	
	
Card Number *	
Expiration Date(MMYY) *	CVV2 *

Billing Address		
Company		
First Name *	Last name *	
Address1 *		
Address2		
City *	State/Province *	Postal Code *
Country *		
Email Address *		

To pay by **Check**, enter the **Bank Routing Number** and **Bank Account Number** in their respective fields and click the **I Agree** checkbox.

Order Section	
Amount	10.00 USD
Search Request ID	2274

Payment	
CHECK	
Bank Routing Number *	Bank Account Number *
Bank Account Type <input checked="" type="radio"/> Personal <input type="radio"/> Business	
<p>By Clicking the "I Agree" box below, you authorize undefined to use information from your check to initiate a one-time fund transfer from your account or to process the payment as a check transaction or bank drawn draft from your account for the amount of \$10.00. If your payment is returned due to insufficient funds, you authorize us to make a one-time electronic funds transfer or to use a bank draft drawn from your account to collect a fee as allowed by state law.</p> <p><input type="checkbox"/> I Agree</p>	

How to Find Your Routing and Account Numbers

Bank Routing Number

The bank routing number is a nine-digit number that is an ID number for your individual bank.

Account Number

The account number is your unique identifier at that bank. The account number is the second set of numbers following the character symbol immediately after your routing number .

YOUR NAME 1234 Main Street Anywhere, OH 00000		DATE 123
PAY TO THE ORDER OF _____ \$ _____		
_____ DOLLARS		
0044072324	000123456789	0123
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

CREATE A CRS REQUEST

QRG

MAKE PAYMENT (CONTINUED)

44. Enter billing address information in the Billing Address section.
45. Click the I agree to the Terms and Conditions checkbox.
46. Click Submit Payment to complete the transaction.
47. Return to the Order Section by clicking the Back to Order Section link.

47

< Back to Order Section

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Service Fee separately charged by Elavon and is non-refundable. If you do not want to pay this fee, click [Back to Order Section](#) and then [Return to Merchant](#) on following screen and pay by alternative means.

This page cannot be refreshed.

44

Order Section	
Amount	10.00 USD
Service Fee (2.3%)	0.23 USD
Total of all charges and fees	10.23 USD
Search Request ID	2274

Payment

PAYMENT CARD

VISA

Card Number *

Expiration Date(MMY) * CVV2 * ?

45

Please be aware there is a 1 to 3 day business processing time.

☐ I agree to the [Terms and Conditions](#) of the charges applied

46

to proceed, you must click on the I agree checkbox.

SUBMIT PAYMENT

Secure Payment

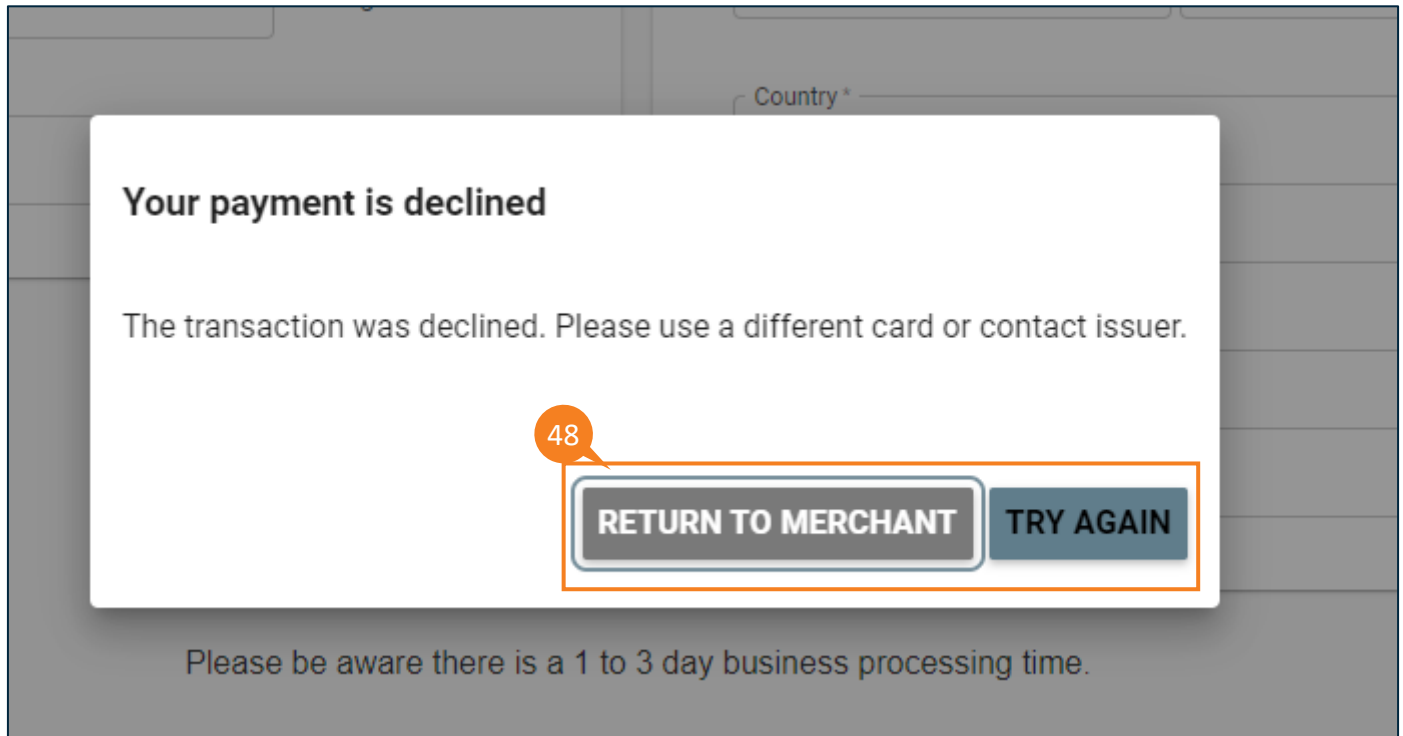
CREATE A CRS REQUEST

QRG

PAYMENT DECLINED

48. When the payment is unsuccessful, the applicant remains on the *Payment* page with a pop-up window displaying a message that payment was declined. The applicant may click **Try Again** to resubmit the payment or click **Return to Merchant**.

Note: An application is not considered submitted until payment is confirmed and completed.




CREATE A CRS REQUEST

QRG

PAYMENT CONFIRMATION

49. When the payment is successful, a payment confirmation is displayed.

50. REQUIRED: Click Complete for submission.



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

This page cannot be refreshed.

Order Section		Billing Address
Amount	10.00 USD	christina lopez
Service Fee (2.3%)	0.23 USD	123 dreary lane
Total of all charges and fees	10.23 USD	orlando ga, 34567
		USA
		9849890432
		ayaz@yopmail.com

49

Confirmation

Your payment has been approved.

Payment Type CREDITCARD

Transaction Type SALE

Card Type MC

Card Number 51*****2124

Transaction ID 13092202C-BDE7BF78-8B6D-4945-BA70-C512D271E331

Date / Time 09/13/2022 12:21:20 PM

Message APPROVAL

Approve Code 275648

Service Fee Transaction ID 13092202C-9616A9E4-C182-479C-9D7E-A0B478429A4C

Service Fee Approve Code 275645

Service Fee Date / Time 09/13/2022 12:21:16 PM

AVS Response Z

CVV2 Response N

FAILURE TO CLICK THE COMPLETE BUTTON WILL RESULT IN YOUR SEARCH REQUEST NOT BEING SUBMITTED.

Please be aware there is a 1 to 3 day business processing time.

50

A receipt has been emailed to you at the email address provided.

COMPLETE

Please do not attempt to make a 2nd payment without first checking your email. Please allow at least up to 15 minutes for receipt of payment confirmation.

CREATE A CRS REQUEST

QRG

51. A message is displayed that a confirmation email is being sent to the address provided. Additional next steps are also displayed.

✓ Thank you for completing your Central Registry Search request with the Office of Background Investigations. A determination letter will be sent upon completion of the review process to the email address provided at registration. You may log in to your profile to review the status of your submission. Normal delivery time is within 10 business days. If a response has not been received by that time, you may contact our office for assistance.

52. An email confirmation is sent when the payment has been successfully submitted.

Note: For help with technical problems, contact VELA@dss.virginia.gov

52

Payment has been approved 0004986

Virginia Department of Social Services <noreply@elavon.com>

Wednesday, September 14, 2022 1:29:37 PM

logo.jpeg

Approval Code	281910
Approval Message	APPROVAL
Transaction Date/Time	09/14/2022 01:28:26 PM
Amount	\$500.00 USD
Service Fee Profile Name	DOLP Service Fee
Service Fee Transaction ID	140922C45-463E0E4A-EC80-45AD-97AD-0B3C16B95091
Service Fee Approval Code	281908
Service Fee Transaction Date/Time	09/14/2022 01:28:23 PM
License Application ID	0004986
Service Fee	\$11.50 USD
Total of all charges and fees	\$511.50 USD

DEMO

Total	\$511.50 USD
-------	--------------

Bill To

lee pace
123 lane lane
orlando ga 44563
United States
8958674930
ayaz@yopmail.com

Please remember that this transaction includes a non-refundable Service Fee charged by Elavon that will appear on your credit or debit card statement as "Elavon-Service Fee".
All Service Fee inquiries should be directed to: Elavon 7300 Chapman Hwy Knoxville, TN 37920 800-725-1243
custsvc@elavon.com
Terms and Conditions
These Elavon payment terms and conditions apply to your payment to the biller and processed by Elavon, a third party payment processor engaged by the biller to process credit and debit card bill payments. Elavon charges you a non-refundable service fee for any payments processed by Elavon to make bill payments to the biller. The service fee is in addition to the amount paid to the biller and will appear as a separate charge on your credit or debit card statement under the name Elavon – Service Fee.

By paying your bill, you authorize the biller to charge your credit or debit card in the amount shown. You further authorize Elavon to separately charge your credit or debit card for the service fee shown. You represent that you are authorized to use the credit or debit card for this transaction, that you have sufficient funds in your credit or debit card account to make these payments and that your bill payment is being made for a lawful purpose.

Your obligation to pay your bill, including the payment amount, when payments are posted to your biller account, the billers refund policy (if any) and the billers use of your personal information, is governed by the biller's terms and conditions and

privacy policy as posted on its website. Any information that Elavon collects to process your bill payment is governed by the Elavon Privacy Policy available at <https://elavonconverge.blob.core.windows.net/con/ElavonServiceFeePrivacyPolicy.pdf>.

Elavon is not responsible for any disputes about the payment amount, when payments are posted to your biller account, refunds or other concerns about your bill payment, other than the service fee. You must contact the biller directly to resolve these disputes. You agree that Elavon's liability for any delay, failure of delivery, underpayment, or nonpayment is limited to the service fee paid to Elavon to process your bill payment. You agree that Elavon will not be liable for any direct, indirect, incidental, consequential, or punitive damages.

Virginia Department of Social Services
801 E. Main St. Richmond Virginia 23219 | <https://www.dss.virginia.gov/>


<https://yopmail.com/en/wm>

1/1




How to Register and Schedule an Appointment

Visit: www.fieldprintvirginia.com/ and the Click “Schedule an Appointment” button.



Already have an appointment?
[Login](#)

Fieldprint® Fingerprinting
Serving Virginia



fieldprint
The Largest Livescan
Network in Virginia

Simple. Safe. Secure.

- ✓ Quick, easy scheduling
- ✓ Convenient locations
- ✓ Fast, professional fingerprint collections

Schedule an Appointment

Fieldprint's fingerprinting process is quick, easy and convenient!

1 Schedule Your Visit
Sign in to our secure system to schedule your fingerprinting appointment at a convenient site near you.

2 Attend Appointment
Visit our professional collection location and have your fingerprints scanned electronically.

3 Get Results Fast!
We submit your fingerprints to the state electronically, so your results are returned quickly.

» **How It Works**

» **Our Locations**

» **Set Up An Account**

» **FAQs**

» **About Fieldprint**

Applicants - Get started today! It's easy to [schedule an appointment](#).

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[Home](#) | [Glossary](#) | [History of Fingerprinting](#) | [Site Map](#) | [Legal / Privacy](#) | [Contact Us](#)

Enter an email address under “New Users | Sign Up” and click the “Sign Up” button.



English Español Français -

Need More Help?

Call 877-614-4364 or [Email Us](#)

By logging into this system, the user acknowledges and agrees as follows: (1) That this is a restricted computer system; (2) It is for authorized use only; (3) Use of this system constitutes consent to security monitoring and auditing; (4) Unauthorized or improper use of the system is prohibited and may be subject to criminal and/or civil penalties.

New Users | Sign Up

If you are a new user, please register with Fieldprint® in order to schedule your appointment. Begin the registration process by entering your e-mail address below.

Email address:

Sign Up

Existing Users | Sign In

If you already have an account, please log in below to :

- Check your appointment status
- Re-schedule your appointment
- View and print your receipt

Email address:

Password:

[Forget Password?](#)

Sign In

Create a Password and Security Question and the click on the “Sign Up and Continue” button.



English Español Français

Need More Help?

Call 877-614-4364 or [Email Us](#)

Sign Up



We value your personal information and keeping it secure at ALL times. [Privacy Statement](#)



Your information is saved as you complete each step. You can log in and continue at any time.

To register with Fieldprint®, please enter the password you would like to use below, along with a security question and answer. All of the following fields are required.

Password Rules

Must be 8 to 16 characters long

Must contain at least one capital letter, one lowercase letter, one number and one special character (!@#\$\$%*?.,_+|-~={}[];:\')

May not be the same as your current password

May not contain the phrase 'password' or match any on Fieldprint's 'banned' password list

May not be the same as a password you have used in the last 14 days

May not be the same as any of your last 12 passwords used

May not contain your username

Is case sensitive

Password you would like to use

Re-type Password



Security Question



Answer to your Security Question



Contact Email Address



Sign Up and Continue

Enter the Fieldprint Code Provided by the VDSS OD/HR Operations and click on the "Continue" button.



Welcome, [daphne.reid@dss.virginia.gov](#)! [Logout](#)

[English](#) [Español](#) [Français](#) -

Need More Help?

[Call 877-614-4364](#) or [Email Us](#)

Reason



We value your personal information and keeping it secure at ALL times.

[Privacy Statement](#)



Your information is saved as you complete each step. You can log in and continue at any time.

Fieldprint Code



[Continue](#)

If you don't have a Fieldprint® code, please contact the employer or organization that sent you to this website.

© Copyright 2009-2018. Fieldprint, Inc. [Terms & Conditions](#) [Fieldprint Privacy Policy](#) [FBI Privacy Act Statement](#)

Enter Personal Information

The screenshot shows the 'fieldprint' website's 'Personal Information' form. At the top, a progress bar indicates three steps: 1. Data Collection, 2. Time and Location, and 3. Confirmation. A welcome message for 'daphna.reid@des.virginia.gov' and a 'Logout' link are visible. A 'Need More Help?' section provides contact information: 'Call 877-614-4364 or Email Us'. The form itself is titled 'Personal Information' and includes a privacy statement. It asks the user to enter their personal information, noting that the name must match both forms of identification and the date of birth must be on the primary form of ID. Under 'Acceptable Forms of ID', there are input fields for First Name, Middle Name, Last Name, and a Suffix dropdown menu. Below this, there is a section for aliases, asking the user to enter any other names or aliases they have used. This section also has input fields for First Name, Middle Name, Last Name, and a Suffix dropdown menu, followed by a '+ Add another name' button. At the bottom, there is a 'Social Security Number' input field. Three blue arrows with text annotations point to specific parts of the form: one points to the first name field with the text 'Enter your full name here.'; another points to the '+ Add another name' button with the text 'You can add additional names here.'; and a third points to the second set of name fields with the text 'Enter your "alias" or any other name you use or have used.'

fieldprint

Welcome, daphna.reid@des.virginia.gov! [Logout](#)

English Español Français

1 Data Collection 2 Time and Location 3 Confirmation

Need More Help?
Call 877-614-4364 or [Email Us](#)

Personal Information

We value your personal information and keeping it secure at ALL times. [Privacy Statement](#)

Your information is saved as you complete each step. You can log in and continue at any time.

Please enter your personal information below. ?

NOTE: The information entered on this screen must belong to the person being fingerprinted. The name provided for the appointment must match both forms of identification and the date of birth must be on the primary form of ID, and must match exactly. Your appointment will not be completed if you cannot provide two forms of matching IDs.

Acceptable Forms of ID

First Name: Middle Name: Last Name: Suffix: Select...

Please enter any other names or aliases you have used. If you have used more than one alias, please click the "Add another name" button below to enter other aliases. ?

First Name: Middle Name: Last Name: Suffix: Select...

+ Add another name ?

Social Security Number: ?

Enter your full name here.

You can add additional names here.

Enter your "alias" or any other name you use or have used.

Enter Your Personal Information and click on the “Save and Continue” button.

Address Line 1: ?

Address Line 2 (Suite/Apt/etc.): ?

City: ?

State: ▼ ?

Zip Code: ?

Date of Birth: Month ▼ / Day ▼ / Year ▼ ?

Phone: ?

Alternate Phone: ?

E-mail: ?

Preferred Contact Method: ☐ Phone ☐ E-mail ?

Appointment Reminder: Would you like a message appointment reminder sent the day of your appointment? ☐ Text Message ☐ E-mail: ☒ No ?

Fill out all the boxes completely.

You must choose how you want to be contacted and if you want an appointment reminder.

Enter Your Demographic Information and click on the “Save and Continue” button.

The screenshot shows the Fieldprint website interface. At the top, the Fieldprint logo is on the left, and a navigation bar contains the text "Welcome, daphne.reid@dss.virginia.gov!", a "Logout" link, and language options for "English", "Español", and "Français". Below the logo is a progress indicator with three steps: "1 Data Collection", "2 Time and Location", and "3 Confirmation". To the right of the progress bar is a "Need More Help?" section with the text "Call 877-614-4364 or Email Us" and a speech bubble icon.

The main content area is titled "Demographics". It includes a security notice: "We value your personal information and keeping it secure at ALL times. Privacy Statement" with a lock icon, and a save notice: "Your information is saved as you complete each step. You can log in and continue at any time." with a floppy disk icon.

The form instructions state: "Please complete the following questions. This information is used to positively identify you when performing a fingerprint-based background check. NOTE: Fieldprint is required to provide demographic values established by the FBI and/or state and federal agencies."

The form fields are as follows:

- Citizenship:** A dropdown menu showing "United States of America (USA)" with a question mark icon.
- Place of Birth:** A dropdown menu with "Select....." and a question mark icon.
- City of Birth:** A text input field with a question mark icon.
- Gender:** A dropdown menu with "Select....." and a question mark icon.
- Your Height:** Two dropdown menus for feet and inches, with a question mark icon.
- Your Weight:** A text input field with a question mark icon.
- Eye Color:** A dropdown menu with "Select....." and a question mark icon.
- Hair Color:** A dropdown menu with "Select....." and a question mark icon.
- Race:** A dropdown menu with "Select....." and a question mark icon.

At the bottom of the form are two buttons: "Save and Continue" and "Back".

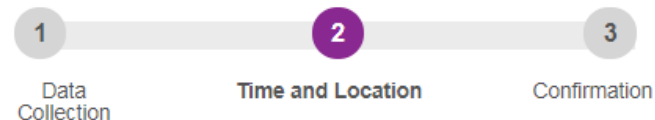
Fill out all the boxes completely. This information is required by the Virginia State Police and Federal Bureau of Investigation.

Schedule Your Visit - Find a Fieldprint Location



Welcome, [daphne.reid@dss.virginia.gov](#) [Logout](#)

[English](#) [Español](#) [Français](#) -



Need More Help?

[Call 877-614-4364](#) or [Email Us](#)

Schedule Your Visit



We value your personal information and keeping it secure at ALL times. [Privacy Statement](#)



Your information is saved as you complete each step. You can log in and continue at any time.

Find a Location

[Use your home address](#)

Please enter your home, work, or other convenient address below and click the Find button.



Find

[Back](#)

[Alternate scheduling flow](#)

Your home address will be in the box. You can change that address to a different address if you want to change it. Once you enter an address, click on the “Find” button.

Fieldprint Locations

fieldprint Welcome, daphne.reid@dss.virginia.gov! [Logout](#) [English](#) [Español](#) [Français](#)

1 Data Collection 2 Time and Location 3 Confirmation

Schedule Your Visit We value your personal information and keeping it secure at ALL times. [Privacy Statement](#) Your information is saved as you complete each step. You can log in and continue at any time.

Find a Location [Use your home address](#)

Please enter your home, work, or other convenient address below and click the Find button.

[Find](#)

[Back](#)

Locations

Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.

The following locations host Fieldprint Stations. Please click the [Schedule Appointment](#) button related to the desired location to begin scheduling your appointment; or click [Find](#) to search for locations near a different address.

Location Name	Distance	Hours of Operation	Notes
1. Fieldprint Site - Lady Scott Enterprises 515 East Main Street Inside Sun Trust Building, Suite 1000 (10th Floor) Richmond, VA 23219	0.1 mi	M TU W TH F 09:00 AM - 04:00 PM SA 08:00 AM - 12:00 PM Unavailable M TU W TH F 11:30 AM - 12:00 PM Schedule Appointment	Livescan, Photo, I9 No Additional Fees Expedited Processing
2. Fieldprint Site - OMD Investigations 407 East Nine Mile Road (next to post office; use side door for entry) Highland Springs, VA 23075	6.2 mi	M TU W TH F 09:30 AM - 04:00 PM Schedule Appointment	Livescan, Photo, I9 No Additional Fees Expedited Processing
3. Fieldprint Site - The UPS Store #1156 7330 Staples Mill Road Verizon Center Richmond, VA 23228	6.3 mi	M TU W TH F 09:00 AM - 06:00 PM SA 09:20 AM - 04:40 PM Schedule Appointment	Livescan, Photo, I9 No Additional Fees Expedited Processing
4. Fieldprint Site - The UPS Store #3008 3420 Pump Road Short Pump Crossing Richmond, VA 23233	12.3 mi	M TU W TH F 08:30 AM - 05:00 PM SA 09:00 AM - 04:30 PM Schedule Appointment	Livescan, Photo, I9 No Additional Fees Expedited Processing
5. Fieldprint Site - The UPS Store #3440 12220 Chathamoga Plaza Chathamoga Plaza w/ Walmart & Home Depot Midlothian, VA 23112	12.6 mi	M TU W TH F 11:00 AM - 05:00 PM Schedule Appointment	Livescan, Photo, I9 No Additional Fees Expedited Processing
6. Fieldprint Site - The UPS Store #3353 12750 Jefferson Davis Highway Chester, VA 23831	12.8 mi	M TU W TH F 11:00 AM - 05:00 PM Schedule Appointment	Livescan, Photo, I9 No Additional Fees Expedited Processing
7. Fieldprint Site - Poethnet 11357 Nuckolls Road Twin Hickory Shopping Center Glen Allen, VA 23059	13 mi	M TU W TH F 09:00 AM - 05:00 PM SA 10:00 AM - 02:00 PM Schedule Appointment	Livescan, Photo, I9 No Additional Fees Expedited Processing
8. Fieldprint Site - Hotspot Electronics 2900 Cedar Lane Suite H; next to Dantes Pizzeria Colonial Heights, VA 23834	18.7 mi	M TU W TH F SA 10:00 AM - 07:00 PM Schedule Appointment	Livescan, Photo, I9 No Additional Fees Expedited Processing

[Alternate scheduling flow](#)



There is a map to show you the locations of Fieldprint.

The locations near you will be displayed. This information will include the hours the Fieldprint locations are open.

Select a Fieldprint location and click on the “Schedule Appointment” button.

→
Select a location

Schedule Your Visit



We value your personal information and keeping it secure at ALL times. [Privacy Statement](#)



Your information is saved as you complete each step. You can log in and continue at any time.

Find a Location

[Use your home address](#)

Please enter your home, work, or other convenient address below and click the Find button.

801 E. Main Street, Richmond Virginia 23219



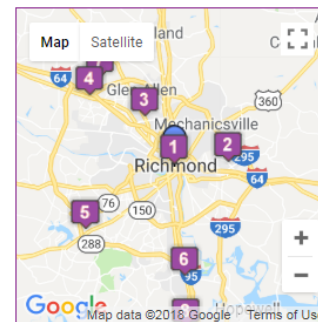
Find

Back

Locations

Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.

The following locations host Fieldprint Stations. Please click the Schedule Appointment button related to the desired location to begin scheduling your appointment or click Find to search for locations near a different address.



1. Fieldprint Site - Lady Scott Enterprises
919 East Main Street
Inside Sun Trust Building; Suite 1000 (10th Floor)
Richmond, VA 23219

Distance

0.1 mi

Hours of Operation

M T U W T H F 09:00 AM - 04:00 PM
SA 08:00 AM - 12:00 PM Unavailable:
M T U W T H F 11:30 AM - 12:00 PM

Notes

Livescan, Photo, I9
No Additional Fees
Expedited Processing

Schedule Appointment

Available Dates and Times

Enter a date (mm/dd/yyyy) or select an available date from the calendar:


06 / 13 / 2018


Get Available Times

< June 2018							July 2018 >						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
						1	1	2	3	4	5	6	7
3	4	5	6	7	8	9	8	9	10	11	12	13	14
10	11	12	13	14	15	16	15	16	17	18	19	20	21
17	18	19	20	21	22	23	22	23	24	25	26	27	28
24	25	26	27	28	29	30	29	30	31				

Select the date you want your appointment by clicking on the date in the calendar.

Schedule Your Visit

 We value your personal information and keeping it secure at ALL times. [Privacy Statement](#)

 Your information is saved as you complete each step. You can log in and continue at any time.

Find a Location

[Use your home address](#)

Please enter your home, work, or other convenient address below and click the Find button.

?


Find

Back

Locations

Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.

The following locations host Fieldprint Stations. Please click the Schedule Appointment button related to the desired location to begin scheduling your appointment or click Find to search for locations near a different address.


LIVESCAN

1. Fieldprint Site - Lady Scott Enterprises
919 East Main Street
Inside Sun Trust Building; Suite 1000 (10th Floor)
Richmond, VA 23219

Distance

0.1 mi

Hours of Operation

M TU W TH F 09:00 AM - 04:00 PM
SA 08:00 AM - 12:00 PM Unavailable:
M TU W TH F 11:30 AM - 12:00 PM

Schedule Appointment

Notes

Livescan, Photo, I9
No Additional Fees
Expedited Processing

Available Dates and Times

Enter a date (mm/dd/yyyy) or select an available date from the calendar:

6

/

14

/

2018

Get Available Times

Select an available time on:
JUNE 14, 2018

Morning:

Before 12 PM

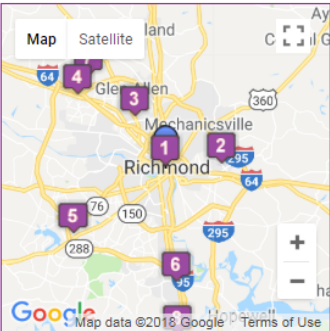
Select...▼

< June 2018

>

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



After you select your date, click on “Get Available Time” button. Select the time you want by clicking on it. After you click on a time, click the “Schedule” button.

Schedule Your Visit

We value your personal information and keeping it secure at ALL times. [Privacy Statement](#)
 Your information is saved as you complete each step. You can log in and continue at any time.

Find a Location

[Use your home address](#)

Please enter your home, work, or other convenient address below and click the Find button.

Locations

Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.

The following locations host Fieldprint Stations. Please click the Schedule Appointment button related to the desired location to begin scheduling your appointment or click Find to search for locations near a different address.

	Location Name	Distance	Hours of Operation	Notes
	1. Fieldprint Site - Lady Scott Enterprises 919 East Main Street Inside Sun Trust Building; Suite 1000 (10th Floor) Richmond, VA 23219	0.1 mi	M T U W T H F 09:00 AM - 04:00 PM SA 08:00 AM - 12:00 PM Unavailable: M T U W T H F 11:30 AM - 12:00 PM	Livescan, Photo, I9 No Additional Fees Expedited Processing

Available Dates and Times

Enter a date (mm/dd/yyyy) or select an available date from the calendar:

/ /

Select an available time on:

JUNE 14, 2018

Morning: Before 12 PM

Afternoon: 12 PM - 5 PM

Schedule your appointment.

Available Dates and Times

Enter a date (mm/dd/yyyy) or select an available date from the calendar:

6 / 14 / 2018

Get Available Times

Select an available time on:
JUNE 14, 2018

Morning: 10:40 ▼
Before 12 PM

Afternoon: Select... ▼
12 PM - 5 PM

Schedule

< June 2018							July 2018 >						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
					1	2	1	2	3	4	5	6	7
3	4	5	6	7	8	9	8	9	10	11	12	13	14
10	11	12	13	14	15	16	15	16	17	18	19	20	21

You are about to schedule an appointment for 6/14/2018 at 10:40 AM.

Location Name: Fieldprint Site - Lady Scott Enterprises

Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.

Click **Continue** to schedule this appointment.
Click **Cancel** to select another appointment time.

Continue


Cancel

After you click on the Schedule button, a box will display. This box is letting you know that once you schedule your appointment, you cannot change or cancel you appointment less than 24 hours before the time without VDSS incurring a charge.

Be sure this is when you can make it to your appointment! If you need to change the date or time, click on the Cancel Button.

If the date and time are okay, click on the “Continue” button.

CONFIRMATION!



Welcome, [daphne.reid@dss.virginia.gov](#) [Logout](#)

EnglishEspañolFrançais

1

2

3

Data CollectionTime and LocationConfirmation

Need More Help?

Call 877-614-4364 or [Email Us](#)

Confirmation

 We value your personal information and keeping it secure at ALL times. [Privacy Statement](#)

 Your information is saved as you complete each step. You can log in and continue at any time.

Appointment # 5155120 for **Daphne Reid** is scheduled for:

June 14, 2018 at 10:40 AM

 [Print Receipt](#)

[Get Printable Directions](#)

Please print this appointment confirmation and bring it with you to your appointment. If you are unable to print this information, please be sure to provide your **Appointment Number** to the technician at the time of your appointment.

Your appointment information will also be emailed to you for additional reference. If an email is not received within one hour, please contact Fieldprint® at 877-614-4364.

Your Appointment Location

Fieldprint Site - Lady Scott Enterprises
919 East Main Street Inside Sun Trust
Building; Suite 1000 (10th Floor)
Richmond, VA 23219

Please note: Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.

Please call us at 800-799-1067 to rate your experience. We would appreciate feedback on your appointment and our site.

If you decide to reschedule your appointment in the future, please return to [schedule.fieldprint.com](#), sign in as an existing user, and click on the red Reschedule link to make a new appointment.



ID REQUIREMENTS!

You must bring two (2) forms of ID with you to your fingerprinting appointment.

If you decide to reschedule your appointment in the future, please return to schedule.fieldprint.com, sign in as an existing user, and click on the red Reschedule link to make a new appointment.

What identification to bring?

Please print this appointment confirmation and bring it with you to your appointment. If you are unable to print this information, please be sure to provide your **Appointment Number** to the technician at the time of your appointment.

All documents must be unexpired.

If you do not bring two valid, unexpired, acceptable forms of ID, your appointment cannot be completed. The name provided for the appointment must match both forms of identification and the date of birth must be on the primary form of ID, and must match exactly.

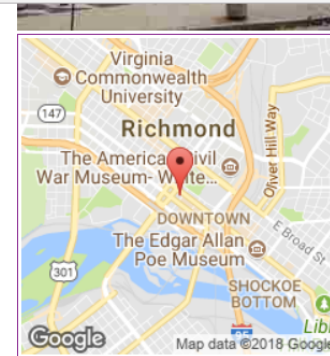
IDENTIFICATION REQUIRED FOR FINGERPRINTING

Primary ID

- State-issued drivers license
- State-issued non-driver identity
- U.S. Passport/U.S. Passport Card
- Military Identification Card
- Work Visa w/ Photo
- Foreign Passport
- DOD Common Access Card
- Foreign Drivers License

Secondary ID

- State-issued drivers license
- State-issued non-driver identity
- U.S. Passport/U.S. Passport Card
- Military Identification Card
- Social Security Card
- Bank Statement/Paycheck Stub
- Utility bill
- Credit/Debit Card
- Marriage Certificate
- Vehicle Registration/Title
- State Government Issued Certificate of Birth
- School ID w/ Photograph
- Voter Registration Card
- Draft Record
- Native American Tribal Document
- Transportation Worker Identification Credential (TWIC Card)
- Foreign Passport
- Certificate of Citizenship
- Certificate of Naturalization
- INS I-551 Permanent Resident Card



Rescheduling Your Appointment

If you need to reschedule your appointment, please click on the link below or call 877-614-4364. Please do not contact the collection site directly for all scheduling is handled by Fieldprint. Please note that once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.

[Reschedule Appointment](#)

Your confirmation page has a list of acceptable identification that you will need to bring with you to your fingerprinting appointment.

QUESTIONS

If you have any questions or problems, you may contact Fieldprint customer service team at 877-614-4364 or customerservice@fieldprint.com.

Barrier Crime Determination Guide for All Resource Parents

DESCRIPTION OF ALL CURRENT BARRIER CRIMES	VCC CODE	VA CODE §	PENALTY [(II) and (I) indicate violent felonies]	ALWAYS A BARRIER CRIME	*KINSHIP PARENTS 10 YEARS AND SAFETY FINDING	** ALL PARENTS 10 YEARS FROM MISD. A&B	*** ALL PARENTS 10 YEARS AND RIGHTS RESTORE	**** ALL PARENTS 25 YEARS AND RIGHTS RESTORE	***** ALL PARENTS 20 YEARS AND RIGHTS RESTORE
Possess between 50 to 100 marijuana plants	MRJ-1906-F6	4.1-1101	1Y-5Y						X
Possess more than 100 marijuana plants	MRJ-1907-F9	4.1-1101	1Y-10Y						X
Protective Orders-Violation w/ violence-3 rd w/i 20 years	PRT-5002-F6	16.1-253.2(A)	1Y-5Y (II)	X					
Protective Orders-Violation while armed w/ deadly weapon	PRT-5073-F6	16.1-253.2(B)	1Y-5Y (II)	X					
Protective Orders-Assault w/ injury to person w/ P.O.	PRT-5004-F6	16.1-253.2(C)	1Y-5Y (II)	X					
Protective Orders-Enter home of person w/ P.O.	PRT-5003-F6	16.1-253.2(C)	1Y-5Y (II)	X					
Protective Orders-Stalk person w/ P.O.	PRT-5065-F6	16.1-253.2(C)	1Y-5Y (II)	X					
Murder-Aggravated-Abduction, in commission of	MUR-0913-F1	§18.2-31(1)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Abduction, in commission of	MUR-0980-F2	§18.2-31(1)	20Y-Life (I)	X					
Murder-Aggravated-Killing for hire	MUR-0922-F1	§18.2-31(2)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Killing for hire	MUR-0909-F1	§18.2-31(2)	Life-Life (I)	X					
Murder-Aggravated-Prisoner	MUR-0932-F1	§18.2-31(3)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Prisoner	MUR-0988-F2	§18.2-31(3)	20Y-Life (I)	X					

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Murder-Aggravated-Robbery or attempted robbery, during	MUR-0933-F1	§18.2-31(4)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Robbery or attempted robbery, during	MUR-0989-F2	§18.2-31(4)	20Y-Life (I)	X					
Murder-Aggravated-Rape, sodomy, object penetration or attempt, during	MUR-0914-F1	§18.2-31(5)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Rape, sodomy, object penetration or attempt, during	MUR-0982-F2	§18.2-31(5)	20Y-Life (I)	X					
Murder-Aggravated-Law enforcement officer	MUR-0923-F1	§18.2-31(6)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Law enforcement officer	MUR-0984-F2	§18.2-31(6)	20Y-Life (I)	X					
Murder-Aggravated-More than one person	MUR-0924-F1	§18.2-31(7)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-More than one person	MUR-0985-F2	§18.2-31(7)	20Y-Life (I)	X					
Murder-Aggravated-More than one person in a 3 year period	MUR-0961-F1	§18.2-31(8)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-More than one person in a 3 year period	MUR-0986-F2	§18.2-31(8)	20Y-Life (I)	X					
Murder-Aggravated-Drug distribution involving Sch. I or II, in furtherance of	MUR-0921-F1	§18.2-31(9)	Life-Life (I)	X					

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Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Drug distribution involving Sch. I or II, in furtherance of	MUR-0981-F2	§18.2-31(9)	20Y-Life (I)	X					
Murder-Aggravated-Continuing criminal drug enterprise, by person engaged in a	MUR-0926-F1	§18.2-31(10)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg. Continuing criminal drug enterprise, by person engaged in a	MUR-0908-F1	§18.2-31(10)	Life-Life (I)	X					
Murder-Aggravated-Pregnant victim	MUR-0920-F1	§18.2-31(11)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg. Pregnant victim	MUR-0987-F2	§18.2-31(11)	20Y-Life (I)	X					
Murder-Aggravated-Killing person under age 14 by person 21 or older	MUR-0927-F1	§18.2-31(12)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Killing person under age 14 by person 21 or older	MUR-0983-F2	§18.2-31(12)	20Y-Life (I)	X					
Murder-Aggravated-Killing in the commission of terroristic act	MUR-0911-F1	§18.2-31(13)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Killing in the commission of terroristic act	MUR-0910-F1	§18.2-31(13)	Life-Life (I)	X					
Murder-Aggravated-Judge	MUR-0990-F1	§18.2-31(14)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Judge	MUR-0991-F2	§18.2-31(14)	20Y-Life (I)	X					

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Murder-Aggravated-Witness	MUR-0992-F1	§18.2-31(15)	Life-Life (I)	X					
Murder-Aggravated - Accessory Before the Fact/Principal 2nd Deg.-Witness	MUR-0993-F2	§18.2-31(15)	20Y-Life (I)	X					
Murder-Non-Aggravated-First Degree	MUR-0925-F2	§18.2-32	20Y-Life (I)	X					
Murder-Non-Aggravated-Second Degree	MUR-0935-F9	§18.2-32	5Y-40Y (I)	X					
Murder-Non-Aggravated-Pregnant victim, without premeditation	MUR-0936-F9	§18.2-32.1	10Y-40Y (I)	X					
Murder-Non-Aggravated-Fetus of another, kill with premeditation	MUR-0937-F2	§18.2-32.2(A)	20Y-Life (I)	X					
Murder-Non-Aggravated-Fetus of another, unlawfully and maliciously kill	MUR-0938-F9	§18.2-32.2(B)	5Y-40Y (I)	X					
Murder-Non-Aggravated-Felony	MUR-0934-F9	§18.2-33	5Y-40Y (I)	X					
Voluntary manslaughter	MUR-0944-F5	§18.2-35	1Y-10Y (II)	X					
Involuntary manslaughter	MUR-0942-F5	§18.2-36	1Y-10Y	X					
Involuntary manslaughter, under the influence - vehicular	MUR-0947-F5	§18.2-36.1(A)	1Y-10Y	X					
Involuntary manslaughter, under the influence - vehicular, aggravated	MUR-0948-F9	§18.2-36.1(B)	1Y-20Y (II)	X					
Involuntary manslaughter, under the influence - watercraft	MUR-0946-F5	§18.2-36.2(A)	1Y-10Y	X					
Involuntary manslaughter, under the influence - watercraft, aggravated	MUR-0949-F9	§18.2-36.2(B)	1Y-20Y (II)	X					

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Assault-Mob-Shoot, cut, stab; cause bodily injury w/ intent to maim, disable or kill	ASL-1328-F3	§18.2-41	5Y-20Y (II)	X					
Assault-Mob-Simple assault	ASL-1329-M1	§18.2-42	0-12M	X					
Gang-Participation in criminal act for benefit or direction of gang	MOB-1291-F5	§18.2-46.2	1Y-10Y	X					
Gang-Participation in criminal act to benefit gang that includes juvenile	MOB-1292-F4	§18.2-46.2	2Y-10Y	X					
Gang-Participation in crime for benefit/direction of gang – on school zone, etc.	MOB-1280-F5	§18.2-46.3(A)	1Y-10Y	X					
Gang-Participation in crime for gang that includes juvenile – on school zone, etc.	MOB-1281-F4	§18.2-46.3(A)	2Y-10Y	X					
Gang recruitment-Juvenile recruited by an adult for street gang	MOB-1290-F6	§18.2-46.3(A)	1Y-5Y	X					
Gang recruitment-Juvenile recruited by an adult for street gang – on school zone, etc.	MOB-1282-F5	§18.2-46.3(A)	1Y-10Y	X					
Gang recruitment-Solicit, invite, recruit another for street gang – on school zone, etc.	MOB-1283-F6	§18.2-46.3(A)	1Y-5Y	X					
Gang recruitment-Use force or threats to encourage	MOB-1294-F6	§18.2-46.3(B,a)	1Y-5Y	X					
Gang recruitment-Use force or threats to encourage – on school zone, etc.	MOB-1284-F5	§18.2-46.3(B,a)	1Y-10Y	X					
Gang recruitment-Use force or threats to encourage continued membership	MOB-1295-F6	§18.2-46.3(B,b)	1Y-5Y	X					

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Gang recruitment-Use force or threats to encourage continued membership – on school zone, etc.	MOB-1285-F5	§18.2-46.3(B,b)	1Y-10Y	X					
Gang recruitment-use force/threats to encourage person to commit a felony	MOB-1296-F6	§18.2-46.3(B,c)	1Y-5Y (II)	X					
Gang recruitment-use force/threats to encourage person to commit felony – on school zone, etc.	MOB-1286-F5	§18.2-46.3(B,c)	1Y-10Y (II)	X					
Criminal street gang, third or subsequent conviction	MOB-1297-F3	§18.2-46.3:1	5Y-20Y	X					
Act of terrorism-base offense 20 years or more	TER-8000-F2	§18.2-46.5(A)	20Y-Life (I)	X					
Act of terrorism-base offense less than 20 years	TER-8001-F3	§18.2-46.5(B)	5Y-20Y (II)	X					
Solicit, recruit, etc., another for act of terrorism	TER-8006-F4	§18.2-46.5(C)	2Y-10Y (II)	X					
Provide material support to terrorist	TER-8008-F3	§18.2-46.5(D)	5Y-20Y (II)	X					
Provide material support to terrorist, results in death	TER-8009-F2	§18.2-46.5(D)	20Y-Life (I)	X					
Possess, etc., weapon of terrorism w/intent to terrorize	TER-8002-F2	§18.2-46.6(A)	20Y-Life (I)	X					
Possess, etc., imitation weapon of terror w/intent to terrorize	TER-8003-F3	§18.2-46.6(B)	5Y-20Y (II)	X					
Possess, etc., imitation weapon of terror with intent to intimidate	TER-8004-F6	§18.2-46.6(C)	1Y-5Y (II)	X					
Malicious biological destruction of crops/animals value \$2500 or more	TER-8005-F3	§18.2-46.7	5Y-20Y (II)	X					

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Abduct by force without justification	KID-1010-F5	§18.2-47(A)	1Y-10Y (II)	X					
Forced labor or service	KID-1021-F5	§18.2-47(B)	1Y-10Y (II)	X					
Extortion, abduct with intent to gain pecuniary benefit	KID-1012-F2	§18.2-48(i)	20Y-Life (I)	X					
Abduction of person with intent to defile	KID-1004-F2	§18.2-48(ii)	20Y-Life (I)	X					
Abduct child under 16 yrs. of age for concubinage or prostitution	KID-1003-F2	§18.2-48(iii)	20Y-Life (I)	X					
Abduct for the purpose of prostitution	KID-1023-F2	§18.2-48(iv)	20Y-Life (I)	X					
Abduct minor for the purpose of manufacturing child pornography	KID-1022-F2	§18.2-48(v)	20Y-Life (I)	X					
Kidnapping-Assist or threaten	KID-1011-F5	§18.2-49	1Y-10Y (II)	X					
Entice etc. into dwelling w/intent to commit a specific felony	ENT-1099	§18.2-50.3	1Y-5Y	X					
Malicious Wounding-Stab, cut, wound with malicious intent	ASL-1334-F3	§18.2-51	5Y-20Y (II)	X					
Unlawful Injury-Stab, cut, wound without malicious intent	ASL-1335-F6	§18.2-51	1Y-5Y (II)	X					
Malicious bodily injury to law enforcement, fire or EMS	ASL-1326-F9	§18.2-51.1	5Y-30Y (II)	X					
Non-malicious injury to law enforcement, fire/EMS personnel, etc.	ASL-1330-F6	§18.2-51.1	1Y-5Y (II)	X					
Malicious Wounding-Stab, cut, wound w/malicious intent victim perm. impaired	ASL-1336-F2	§18.2-51.2(A)	20Y-Life (I)	X					

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Pregnant victim perm. impaired or pregnancy terminated	ASL-1340-F2	§18.2-51.2(B)	20Y-Life (I)	X					
Throw object from roof top, etc., with intent to injure	ASL-1355-F6	§18.2-51.3	1Y-5Y (II)	X					
Serious injury, DWI vehicle with reckless disregard	ASL-1360-F6	§18.2-51.4(A)	1Y-5Y	X					
Victim permanently impaired, DWI vehicle with reckless disregard	ASL-1339-F4	§18.2-51.4(B)	2Y-10Y (II)	X					
Serious injury, operate watercraft while intoxicated	ASL-1361-F6	§18.2-51.5(A)	1Y-5Y	X					
Victim permanently impaired, operate watercraft while intoxicated	ASL-1346-F4	§18.2-51.5(B)	2Y-10Y	X					
Strangulation resulting in wounding or bodily injury	ASL-1347-F6	§18.2-51.6	1Y-5Y (II)	X					
Malicious injury by caustic substance or fire	ASL-1327-F9	§18.2-52	5Y-30Y (II)	X					
Non-malicious injury by caustic substance or fire	ASL-1331-F6	§18.2-52	1Y-5Y (II)	X					
Injure w/infectious biological/radiological agent, possession w/intent	ASL-1338-F5	§18.2-52.1(A)	1Y-10Y (II)	X					
Damage facility involved w/infectious biological/radiological agents	ASL-1337-F4	§18.2-52.1(B)	2Y-10Y (II)	X					
Malicious injury by means of infectious biological/radiological agents	ASL-1344-F9	§18.2-52.1(C)	5Y-30Y (II)	X					
Other assault, during commission of a felony	ASL-1318-F6	§18.2-53	1Y-5Y (II)	X					
Firearm use in commission of felony - first offense	ASL-1319-F9	§18.2-53.1	3Y-3Y (II)	X					

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Firearm use in commission of felony-subsequent offense	ASL-1323-F9	§18.2-53.1	5Y-5Y (II)	X					
Poison food, drugs, water, drinks w/intent to injure or kill	ASL-1332-F3	§18.2-54.1	5Y-20Y (II)	X					
Adulteration of food, drug, etc., w/intent to injure or kill	ASL-1317-F3	§18.2-54.2	5Y-20Y (II)	X					
Assault by accused prisoner, probationer, or parolee	ASL-1333-F5	§18.2-55	1Y-10Y (II)	X					
Hazing of gang member or recruit	ASL-1345-M1	§18.2-55.1	0-12M	X					
Hazing of student	ASL-1324-M1	§18.2-56	0-12M	X					
Reckless handling of firearm	WPN-5232-M1	§18.2-56.1(A)	0-12M	X					
Reckless handling of firearm causes serious injury	WPN-5308-F6	§18.2-56.1(A1)	1Y-5Y	X					
Hunt with weapons after license revoked	WPN-5223-M1	§18.2-56.1(D)	0-12M	X					
Reckless/leave loaded firearm, endangering child age <14	WPN-5249-M1	§18.2-56.2(A)	0-12M	X					
Authorize child <12 to use a firearm w/o adult supervision	WPN-5250-M1	§18.2-56.2(B)	0-12M	X					
Simple assault, assault and battery	ASL-1313-M1	§18.2-57(A)	0-12M		X (5 years)	X			
Hate crime; simple assault	ASL-1314-M1	§18.2-57(A)	0-12M		X (5years)	X			

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Hate crime; assault and battery (felony)	ASL-1341-F6	§18.2-57(B)	1Y-5Y (II)	X					
Simple assault on law enforcement, court, DOC, fire/medical, etc.	ASL-1342-F6	§18.2-57(C)	1Y-5Y	X					
Simple assault, on teacher, principal, school employee, etc.	ASL-1312-M1	§18.2-57(D)	0-12M		X (5 years)	X			
Simple assault, on teacher, principal, school employee, etc. w/weapon	ASL-1311-M1	§18.2-57(D)	0-12M		X(5years)	X			
Battery against health care provider in an emergency facility	ASL-1352-M1	§18.2-57(E)	0-12M		X (5 years)	X			
Laser, pointing at law enforcement officer, P&P officer, etc.	ASL-1343-M2	§18.2-57.01	0-6M	X					
Disarm law enforcement/correctional officer of chemical/impact weapon	ASL-1357-M1	§18.2-57.02	0-12M	X					
Disarm law enforcement/correctional officer of firearm/stun-gun	ASL-1356-F6	§18.2-57.02	1Y-5Y	X					
Simple assault, against family member	ASL-1315-M1	§18.2-57.2(A)	0-12M	X					
Simple assault, against family member, 3rd/subsequent	ASL-1316-F6	§18.2-57.2(B)	1Y-5Y (II)	X					
Robbery-Bank or banking type institution	ROB-1211-F9	§18.2-58	5Y-Life (I)	X					
Robbery-Bank with use of gun or simulated gun	ROB-1210-F9	§18.2-58	5Y-Life (I)	X					
Robbery-Business	ROB-1213-F9	§18.2-58	5Y-Life (I)	X					
Robbery-Business w/use of gun, simulated gun	ROB-1201-F9	§18.2-58	5Y-Life (I)	X					

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Robbery-Residence	ROB-1215-F9	§18.2-58	5Y-Life (I)	X					
Robbery-Residence w/use of gun, simulated gun	ROB-1207-F9	§18.2-58	5Y-Life (I)	X					
Robbery-Street	ROB-1214-F9	§18.2-58	5Y-Life (I)	X					
Robbery-Street w/ use of gun or simulated gun	ROB-1204-F9	§18.2-58	5Y-Life (I)	X					
Robbery causes death	ROB-1230-F2	§18.2-58(1)	20Y-Life(I)	X					
Robbery causes serious bodily injury	ROB-1231-F2	§18.2-58(1)	20Y-Life(I)	X					
Robbery by using firearm or displaying a firearm	ROB-1232-F3	§18.2-58(2)	5Y-20Y(II)	X					
Robbery by using or displaying other deadly weapon (not firearm)	ROB-1234-F5	§18.2-58(3)	1Y-10Y(II)	X					
Robbery by using physical force, no serious bodily injury	ROB-1233-F5	§18.2-58(3)	1Y-10Y(II)	X					
Robbery by threat etc., no deadly weapon	ROB-1239-F6	§18.2-58(4)	1Y-5Y(II)	X					
Carjacking	ROB-1217-F9	§18.2-58.1(A)	15Y-Life (I)	X					
Carjacking with use of gun or simulated gun	ROB-1224-F9	§18.2-58.1(A)	15Y-Life (I)	X					
Threat, intimidation for money or benefit	EXT-2107-F5	§18.2-59(i)	1Y-10Y	X					
Accuse person of an offense, intimidation for money, etc.	EXT-2101-F5	§18.2-59(ii)	1Y-10Y	X					

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Threat to report as illegally in U.S., for money, etc.	EXT-2103-F5	§18.2-59(iii)	1Y-10Y	X					
Destroy, conceal, etc., immigration document/passport for benefit	EXT-2102-F5	§18.2-59(iv)	1Y-10Y	X					
Threat by letter, etc., intent to intimidate a population, etc.	EXT-2130-F5	§18.2-60(A,3)	1Y-10Y	X					
Threat by letter, etc., intent to intimidate a population, etc., (<18)	EXT-2131-M1	§18.2-60(A,3)	0-12M	X					
Threat by letter, communication, or electronic message	EXT-2106-F6	§18.2-60(A,1)	1Y-5Y	X					
Threat by letter, etc., with terroristic intent	EXT-2104-F5	§18.2-60(A,1)	1Y-10Y	X					
Threat by writing or electronic message to kill or do harm; on school grounds or school bus	EXT-2105-F6	§18.2-60(A,2)	1Y-5Y	X					
Orally threaten school employee on school property	EXT-2113-M1	§18.2-60(B,i)	0-12M	X					
Orally threaten health care provider engaged in duties	EXT-2117-M1	§18.2-60(B,ii)	0-12M	X					
Threaten governor or family	EXT-2108-F6	§18.2-60.1	1Y-5Y (II)	X					
Stalking with intent to cause fear, etc., 2nd offense w/in 5 years	STK-2116-F6	§18.2-60.3(B)	1Y-5Y (II)	X					
Violation of protective order (violence) 3rd w/in 20 yrs.	PRT-5067-F6	§18.2-60.4(A)	1Y-5Y (II)	X					
Violation of protective order while armed with deadly weapon	PRT-5074-F6	§18.2-60.4(B)	1Y-5Y (II)	X					

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Assault with injury to person with protective order	PRT-5063-F6	§18.2-60.4(C)	1Y-5Y (II)	X					
Enter home of person with protective order	PRT-5064-F6	§18.2-60.4(C)	1Y-5Y (II)	X					
Stalk person with protective order	PRT-5075-F6	§18.2-60.4(C)	1Y-5Y (II)	X					
Rape, Forcible - Type not clear from record	RAP-1162-F9	§18.2-61		X					
Rape-Spouse by force, threat, etc.	RAP-1141-F9	§18.2-61(A)	5Y-Life (I)	X					
Intercourse with victim by force, threat or intimidation	RAP-1129-F9	§18.2-61(A,i)	5Y-Life (I)	X					
Intercourse w/victim thru mental incapacity/helplessness	RAP-1128-F9	§18.2-61(A,ii)	5Y-Life (I)	X					
Intercourse with victim under age 13	RAP-1130-F9	§18.2-61(A,iii)	5Y-Life (I)	X					
Intercourse with victim under age 13 (indicted as an adult)	RAP-1131-F9	§18.2-61(A,iii)	Life-Life (I)	X					
Intercourse with victim under age 13, w/kidnapping, burglary, wounding	RAP-1150-F9	§18.2-61(A,iii)	25Y-Life (I)	X					
Carnal Knowledge/Statutory Rape No Force Age of victim 13, 14	RAP-1124-F4	§18.2-63(A)	2Y-10Y (II)	X					
Consenting victim age 13,14 - accused minor 3+ yrs. older	RAP-1123-F6	§18.2-63(B)	1Y-5Y	X					
Consenting victim age 13,14 - accused minor < 3 yrs. older	RAP-1119-M4	§18.2-63(B)	Fine	X					

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Person providing service under purview of court, corrections	RAP-1125-F6	§18.2-64.1	1Y-5Y (II)	X					
Carnal knowledge of person detained, etc. by employee of bail bond company	RAP-1117-F6	§18.2-64.2	1Y-5Y	X					
Carnal knowledge of person detained etc., by DOC, DJJ staff, LEO, etc.	RAP-1118-F6	§18.2-64.2	1Y-5Y	X					
Sodomy, Forcible - Type not clear from record	RAP-1165-F9	§18.2-67.1		X					
Sodomy-Spouse by force, threat, etc.	RAP-1142-F9	§18.2-67.1(A)	5Y-Life (I)	X					
Sodomy-Victim under age 13	RAP-1133-F9	§18.2-67.1(A,1)	5Y-Life (I)	X					
Sodomy-Victim under age 13 (indicted as an adult)	RAP-1153-F9	§18.2-67.1(A,1)	Life-Life (I)	X					
Sodomy-Victim under age 13, w/kidnapping, burglary, wounding	RAP-1151-F9	§18.2-67.1(A,1)	25Y-Life (I)	X					
Sodomy-By force, threat, mental incap./helplessness of victim age 13+	RAP-1132-F9	§18.2-67.1(A,2)	5Y-Life (I)	X					
Object Sexual Penetration - Type not clear from record	RAP-1166-F9	§18.2-67.2		X					
Object Sexual Penetration-Spouse by force, threat, etc.	RAP-1143-F9	§18.2-67.2(A)	5Y-Life (I)	X					
Object Sexual Penetration-Victim under age 13 (indicted as an adult)	RAP-1154-F9	§18.2-67.2(A,1)	Life-Life (I)	X					
Object Sexual Penetration-Victim under age 13	RAP-1136-F9	§18.2-67.2(A,1)	5Y-Life (I)	X					
Object Sexual Penetration-Victim under age 13, w/kidnapping, burglary, wounding	RAP-1152-F9	§18.2-67.2(A,1)	25Y-Life (I)	X					

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Object Sexual Penetration-By force, threat, intim. or via mental incap/helpless of victim	RAP-1135-F9	§18.2-67.2(A,2)	5Y-Life (I)	X					
Aggravated Sexual Battery - Type not clear from record	RAP-1159-F9	§18.2-67.3	1Y-20Y (II)	X					
Aggravated Sexual Battery-Victim under age 13	RAP-1121-F9	§18.2-67.3(A,1)	1Y-20Y (II)	X					
Aggravated Sexual Battery-Mental incapacity or helplessness, through the use of	RAP-1144-F9	§18.2-67.3(A,2)	1Y-20Y (II)	X					
Aggravated Sexual Battery-Parent/grandparent, etc., with child age 13 to 17	RAP-1148-F9	§18.2-67.3(A,3)	1Y-20Y (II)	X					
Aggravated Sexual Battery-Force, threat, intimidation of victim age 13 or 14	RAP-1145-F9	§18.2-67.3(A,4,a)	1Y-20Y (II)	X					
Aggravated Sexual Battery-Force, threat, intimidation with serious injury	RAP-1146-F9	§18.2-67.3(A,4,b)	1Y-20Y (II)	X					
Aggravated Sexual Battery-Force, threat, intimidation with threat of weapon	RAP-1147-F9	§18.2-67.3(A,4,c)	1Y-20Y (II)	X					
Aggravated Sexual Battery-Battery as treatment, not recognized in the profession	RAP-1116-F9	§18.2-67.3(A,5)	1Y-20Y (II)	X					
Battery, sexual	RAP-1122-M1	§18.2-67.4(A,i)	0-12M	X					
Battery, sexual w/in 2 yrs., > 1 occasion or > 1 complaining witness	RAP-1180-M1	§18.2-67.4(A,ii)	0-12M	X					
Battery, sexual of inmate, etc., by DOC/jail, etc., employee	RAP-1175-M1	§18.2-67.4(A,iii)	0-12M	X					

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Battery, sexual of probationer, parolee, pretrial, etc., by employee	RAP-1177-M1	§18.2-67.4(A,iv)	0-12M	X					
Battery, Sexual behavior with intent to transmit and transmits infection	RAP-1174-F6	§18.2-67.4:1(A)	1Y-5Y (II)	X					
Sexual abuse of child age 13, 14	RAP-1179-M1	§18.2-67.4:2	0-12M	X					
Attempts, Felony (Use VCC for actual crime & change "F" to "A" in code)		§18.2-67.5	Varies (II)	X					
Sexual Abuse-3rd conviction, consensual intercourse, sodomy, with a child	RAP-1139-F6	§18.2-67.5:1	1Y-5Y	X					
3rd conviction, indecent exposure	RAP-1140-F6	§18.2-67.5:1	1Y-5Y	X					
3rd conviction, peeping	RAP-1149-F6	§18.2-67.5:1	1Y-5Y	X					
3rd conviction, sexual battery	RAP-1137-F6	§18.2-67.5:1	1Y-5Y (II)	X					
3rd conviction, sexual battery, attempted	RAP-1138-F6	§18.2-67.5:1	1Y-5Y (II)	X					
Subsequent Felony Sexual Assault (Use VCC for offense & change position 8 of VCC to "X")	RAP-????-X?	§18.2-67.5:2	Max. (II)	X					
Subsequent Violent Felony Sexual Assault (Use VCC for offense & change position 8 of VCC to "X")	RAP-????-X?	§18.2-67.5:3	Max. (I/II)	X					
Burn occupied dwelling/church	ARS-2003-F9	§18.2-77(A,i)	5Y-Life (I)	X					
Occupied dwelling/church, aid or procure burning	ARS-2004-F9	§18.2-77(A,ii)	5Y-Life (I)	X					

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Burn unoccupied dwelling/church	ARS-2005-F4	§18.2-77(B)	2Y-10Y	X					
Burn occupied public building	ARS-2008-F3	§18.2-79	5Y-20Y (II)	X					
Burn unoccupied public building	ARS-2009-F4	§18.2-79	2Y-10Y	X					
Burn other occupied building	ARS-2001-F3	§18.2-80	5Y-20Y (II)	X					
Burn other unoccupied building-value less than \$1000	ARS-2013-M1	§18.2-80	0-12M		X				
Burn other unoccupied building-value \$1000 or more	ARS-2012-F4	§18.2-80	2Y-10Y	X					
Burn personal property, standing grain, etc.-Value less than \$1000, destroy maliciously or w/intent to defraud	ARS-2019-M1	§18.2-81	0-12M		X				
Burn personal property, standing grain, etc.-Value \$1000 or more, destroy maliciously or w/intent to defraud	ARS-2018-F4	§18.2-81	2Y-10Y	X					
Burn other during felony	ARS-2017-F4	§18.2-82	2Y-10Y	X					
Threat or False Communication to Burn-Offender under 15	ARS-2024-M1	§18.2-83	0-12M		X				
Threat or False Communication to Burn-Offender 15 or over	ARS-2023-F5	§18.2-83	1Y-10Y	X					
Enticement to bomb; person over 15 years of age encourages, incites, etc. any person to commit act proscribed by § 18.2-83	ARS-2015-F5	§18.2-84	1Y-10Y	X					

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Hoax firebomb, explosive, construct, use or send	ARS-2025-F6	§18.2-85	1Y-5Y (II)	X					
Manufacture or possession of firebomb, explosive, etc.	ARS-2016-F5	§18.2-85	1Y-10Y (II)	X					
Set fire to woods, grass, fence, land - maliciously	ARS-2020-F6	§18.2-86	1Y-5Y	X					
Set fire to woods, grass, fence damaging other	ARS-2021-M1	§18.2-87	0-12M		X				
Smoke bomb in public building	ARS-2022-M2	§18.2-87.1	0-6M		X				
Carelessly cause brush fire	ARS-2014-M4	§18.2-88	Fine		X				
Burglary-Dwelling at night w/intent to commit felony or larceny	BUR-2221-F3	§18.2-89	5Y-20Y (II)	X					
Burglary-Dwelling at night w/intent to commit felony/larceny - deadly weapon	BUR-2222-F2	§18.2-89	20Y-Life (I)	X					
Burglary-Dwelling house with intent to commit murder, rape, rob, arson	BUR-2211-F3	§18.2-90	5Y-20Y (II)	X					
Burglary-Dwelling house with intent to commit murder, etc. - deadly weapon	BUR-2212-F2	§18.2-90	20Y-Life (I)	X					
Burglary-Other structure with intent to commit murder, rape, rob, arson	BUR-2218-F3	§18.2-90	5Y-20Y (II)	X					
Burglary-Other structure with intent to commit murder, etc. - deadly weapon	BUR-2215-F2	§18.2-90	20Y-Life (I)	X					
Burglary-Dwelling house with intent to commit larceny, A&B, etc.	BUR-2213-F9	§18.2-91	1Y-20Y (II)	X					
Burglary-Dwelling with intent to commit larceny, A&B, etc. - deadly weapon	BUR-2214-F2	§18.2-91	20Y-Life (I)	X					

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Burglary-Other structure with intent to commit larceny, A&B, etc.	BUR-2216-F9	§18.2-91	1Y-20Y (II)	X					
Burglary-Other structure with intent to commit larceny, A&B, etc. - weapon	BUR-2217-F2	§18.2-91	20Y-Life (I)	X					
Breaking & Entering-Occupied dwelling, enter, intent to commit misd.	BUR-2219-F6	§18.2-92	1Y-5Y (II)	X					
Breaking & Entering-Occupied dwelling, enter, intent to commit misd. - deadly weapon	BUR-2220-F2	§18.2-92	20Y-Life (I)	X					
Entering bank armed with intent to commit larceny	BUR-2207-F2	§18.2-93	20Y-Life (I)	X					
Possession of tools w/intent to commit burglary, robbery or larceny	BUR-2206-F5	§18.2-94	1Y-10Y	X					
Distribution, provide, give etc., (to be resold by others) Schd. I/II	NAR-3042-F9	§18.2-248(C)	5Y-40Y						X
Manufacture (making/producing drugs from raw base products), Schd I/I	NAR-3044-F9	§18.2-248(C)	5Y-40Y						X
Possession w/intent to sell, distribute, etc., Schd. I/II	NAR-3043-F9	§18.2-248(C)	5Y-40Y						X
Sale, distribute, etc. (for profit) Schd. I/II	NAR-3045-F9	§18.2-248(C)	5Y-40Y						X
Type not clear from record - Sell, distribute, manufacture	NAR-3036-F9	§18.2-248(C)	5Y-40Y						X
Sell, poss. w/intent, distribute, etc. Schd. I/II - second conviction	NAR-3038-F9	§18.2-248(C)	5Y-Life						X
Sell, poss. w/intent, distribute, etc. Schd. I/II- third or subsequent	NAR-3087-F9	§18.2-248(C)	10Y-Life						X

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Heroin, distribute, etc., 100g or more	NAR-3144-F9	§18.2-248(C,1)	5Y-Life						X
Cocaine mixture, etc., distribute, etc., 500 g or more	NAR-3145-F9	§18.2-248(C,2)	5Y-Life						X
Cocaine base, distribute, etc., 250g or more	NAR-3146-F9	§18.2-248(C,3)	5Y-Life						X
Methamphetamine, distribute, etc., 10g or more (20g mixture)	NAR-3147-F9	§18.2-248(C,4)	5Y-Life						X
Manufacture methamphetamine	NAR-3131-F9	§18.2-248(C1)	10Y-40Y						X
Manufacture methamphetamine - 2nd conviction	NAR-3132-F9	§18.2-248(C1)	10Y-Life						X
Manufacture methamphetamine - 3rd or subsequent conviction	NAR-3133-F9	§18.2-248(C1)	10Y-Life						X
Sale as an accommodation, Schd I/II	NAR-3035-F5	§18.2-248(D)	1Y-10Y						X
Sell, distribute, etc., Schedule III drug (Not anabolic steroid)	NAR-3135-F5	§18.2-248(E1)	1Y-10Y						X
Sell, distribute, etc., Schedule IV drug	NAR-3136-F6	§18.2-248(E2)	1Y-5Y						X
Sell, distribute, etc., imitation Schedule I/II drug	NAR-3061-F6	§18.2-248(G)	1Y-5Y						X
Sell, distribute, etc., imitation Schedule III drug	NAR-3141-F6	§18.2-248(G)	1Y-5Y						X
Sell, distribute, etc., imitation Schedule IV drug	NAR-3143-F6	§18.2-248(G)	1Y-5Y						X
Type Not Clear - Distribute Schd. I/II - quantity defined	NAR-3094-F9	§18.2-248(H)	20Y-Life						X

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Heroin mixture, distribute, etc., 1.0 kilograms or more	NAR-3111-F9	§18.2-248(H,1)	20Y-Life						X
Cocaine mixture, etc., distribute, etc., 5.0 kilograms or more	NAR-3112-F9	§18.2-248(H,2)	20Y-Life						X
Cocaine base, distribute, etc., 2.5 kilograms or more	NAR-3113-F9	§18.2-248(H,3)	20Y-Life						X
Marijuana mixture, etc., distribute, etc., 100 kilograms or more	NAR-3114-F9	§18.2-248(H,4)	20Y-Life						X
Methamphetamine, distribute, etc., 100g or more (200g mixture)	NAR-3115-F9	§18.2-248(H,5)	20Y-Life						X
Continuing Criminal Enterprise-Gross \$100,000 to < \$250,000 within 12 month period	NAR-3090-F9	§18.2-248(H1,i)	20Y-Life						X
Continuing Criminal Enterprise-Type Not Clear-Distribute Schd. I/II or marijuana - quantity defined	NAR-3091-F9	§18.2-248(H1,ii)	20Y-Life						X
Continuing Criminal Enterprise-Heroin mixture, distribute etc. 1.0 kilograms less than 5.0 kilograms	NAR-3116-F9	§18.2-248(H1,ii,1)	20Y-Life						X
Continuing Criminal Enterprise-Cocaine mixture distribute etc. 5.0 kilograms less than 10.0 kilograms	NAR-3117-F9	§18.2-248(H1,ii,2)	20Y-Life						X
Continuing Criminal Enterprise-Cocaine base, distribute etc. 2.5 kilograms less than 5.0 kilograms	NAR-3118-F9	§18.2-248(H1,ii,3)	20Y-Life						X
Continuing Criminal Enterprise-Distribute etc.,100 kilograms, less than 250.0 kilograms marijuana mix	NAR-3119-F9	§18.2-248(H1,ii,4)	20Y-Life						X

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Continuing Criminal Enterprise-Methamphetamine, distribute etc. 100g < 250g / 200g < 1 kg mixture	NAR-3120-F9	§18.2-248(H1,ii,5)	20Y-Life						X
Continuing Criminal Enterprise-Gross \$250,000 or more within 12 month period	NAR-3092-F9	§18.2-248(H2,i)	40, Life						X
Continuing Criminal Enterprise-Type Not Clear - Distribute Schd. I/II or marijuana - quantity defined	NAR-3093-F9	§18.2-248(H2,ii)	40, Life						X
Continuing Criminal Enterprise-Heroin mixture, distribute etc. 5.0 kilograms or more	NAR-3121-F9	§18.2-248(H2,ii,1)	40, Life						X
Continuing Criminal Enterprise-Cocaine mixture, distribute etc. 10.0 kilograms or more	NAR-3122-F9	§18.2-248(H2,ii,2)	40, Life						X
Continuing Criminal Enterprise-Cocaine base, distribute etc. 5.0 kilograms or more	NAR-3123-F9	§18.2-248(H2,ii,3)	40, Life						X
Continuing Criminal Enterprise-Distribute etc., 250.0 kilograms or more marijuana mixture	NAR-3124-F9	§18.2-248(H2,ii,4)	40, Life						X
Continuing Criminal Enterprise-Methamphetamine, distribute etc. 250g or more / 1kg or more mixture	NAR-3125-F9	§18.2-248(H2,ii,5)	40, Life						X
Possess precursors w/intent to manufacture methamphetamine, etc.	NAR-3110-F6	§18.2-248(J)	1Y-5Y						X
Transport into Commonwealth - 5 lbs. or more marij.	NAR-3067-F9	§18.2-248.01	5Y-40Y						X
Transport into Commonwealth - 5 lbs. or more marij. - 2nd or subsq.	NAR-3086-F9	§18.2-248.01	5Y-40Y						X

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Transport into Commonwealth - 1 oz. or more of Cocaine	NAR-3065-F9	§18.2-248.01	5Y-40Y						X
Transport into Commonwealth - 1 oz. or more of Cocaine, 2nd/subsq.	NAR-3088-F9	§18.2-248.01	5Y-40Y						X
Transport into Commonwealth - 1 oz. or more other Sch. I/II	NAR-3066-F9	§18.2-248.01	5Y-40Y						X
Transport into Commonwealth - 1 oz. or more other Sch.I/II, 2nd/subsq.	NAR-3089-F9	§18.2-248.01	5Y-40Y						X
Child under age 15, present during manufacture, etc., of meth	NAR-3160-F9	§18.2-248.02(i)	10Y-40Y						X
Custodial child, age ≥ 15, present during manufacture, etc., of meth	NAR-3161-F9	§18.2-248.02(ii)	10Y-40Y						X
Incapacitated/helpless person present during manufacture, etc. of meth	NAR-3162-F9	§18.2-248.02(iii)	10Y-40Y						X
Methamphetamine, distribute, etc., 28g or more	NAR-3149-F9	§18.2-248.03	5Y-40Y						X
Methamphetamine, distribute, etc., 227g or more	NAR-3151-F9	§18.2-248.03	5Y-Life						X
Marijuana-Sell, distribute, PWI, over 1 ounce but not over 5 pounds	NAR-3032-F5	§18.2-248.1(a,2)	1Y-10Y						X
Marijuana-Sell, distribute, PWI, etc., - over 5 pounds	NAR-3033-F9	§18.2-248.1(a,3)	5Y-30Y						X
Marijuana-Sell, distribute, etc., to inmate as accommodation	NAR-3034-F4	§18.2-248.1(b)	2Y-10Y						X
Marijuana-Manufacture - not for personal use	NAR-3004-F9	§18.2-248.1(c)	5Y-30Y						X
Sell, distribute, etc., marijuana 3rd or subsequent felony	NAR-3085-F9	§18.2-248.1(d)	5Y-Life						X

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Anabolic steroids - sell, distribute, etc.	NAR-3041-F9	§18.2-248.5(A)	1Y-10Y						X
Possession Gama-Butyrolactone/1,4-Butanediol	NAR-3095-F5	§18.2-250(A,a)	1Y-10Y		X (5 years)		X		
Possession Schedule I or II drug	NAR-3022-F5	§18.2-250(A,a)	1Y-10Y		X (5 years)		X		
Possession Flunitrazepan	NAR-3050-F5	§18.2-251.2	1Y-10Y						X
Flunitrazepan-Sale for accommodation	NAR-3051-F5	§18.2-251.2	1Y-10Y						X
Flunitrazepan-Sell, distribute, possess w/intent to sell, etc.	NAR-3053-F9	§18.2-251.2	5Y-40Y						X
Flunitrazepan-Sell, distribute, possess w/intent to sell, etc., subsq.	NAR-3054-F9	§18.2-251.2	5Y-Life						X
Sell, distribute, etc., imitation Flunitrazepan	NAR-3052-F6	§18.2-251.2	1Y-5Y						X
Gama-Butyrolactone/1,4-Butanediol-Sell, distribute, sell, possess w/intent to sell, etc.	NAR-3084-F3	§18.2-251.3	5Y-20Y						X
Sell <1 oz. of marijuana to minor	NAR-3063-F9	§18.2-255(A,i)	10Y-50Y						X
Sell 1 oz. or more of marijuana to minor	NAR-3098-F9	§18.2-255(A,i)	10Y-50Y						X
Sell Sch. I/II drug to minor	NAR-3097-F9	§18.2-255(A,i)	10Y-50Y						X
Sell Schedule III or IV drug to minor	NAR-3076-F9	§18.2-255(A,i)	10Y-50Y						X

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Sell <1 oz. of marijuana, minor assists in distribution	NAR-3126-F9	§18.2-255(A,ii)	10Y-50Y						X
Sell 1 oz. or more of marijuana, minor assists in distribution	NAR-3127-F9	§18.2-255(A,ii)	10Y-50Y						X
Sell Sch. I/II drug, minor assists in distribution	NAR-3128-F9	§18.2-255(A,ii)	10Y-50Y						X
Sell Schedule III or IV drug, minor assists in distribution	NAR-3129-F9	§18.2-255(A,ii)	10Y-50Y						X
Distribute imitation controlled substance to minor	NAR-3002-F6	§18.2-255(B,i)	1Y-5Y						X
Sell imitation controlled substance, minor assists in distribution	NAR-3130-F6	§18.2-255(B,ii)	1Y-5Y						X
Distribute, etc., controlled substance on school property	NAR-3027-F6	§18.2-255.2	1Y-5Y						X
Distribute, etc., controlled substance on school property - 2nd/Subsq.	NAR-3099-F6	§18.2-255.2	1Y-5Y						X
Common nuisance - own or maintain, subsequent offense	NAR-3055-F6	§18.2-258	1Y-5Y						X
Fortified drug house - maintain or operate	NAR-3056-F5	§18.2-258.02	1Y-10Y						X
Prescription- by forgery Obtain, fraud	NAR-3016-F6	§18.2-258.1(A)	1Y-5Y						X
Practitioner furnishes false info. in records or prescription	NAR-3079-F6	§18.2-258.1(B)	1Y-5Y						X
Fictitious or revoked manufacture/distribution license	NAR-3080-F6	§18.2-258.1(C)	1Y-5Y						X
Assume title of doctor, pharmacist, etc., to obtain drugs	NAR-3081-F6	§18.2-258.1(D)	1Y-5Y						X

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Utter false or forged prescription	NAR-3082-F6	§18.2-258.1(E)	1Y-5Y						X
False/forged label on container of controlled drugs	NAR-3083-F6	§18.2-258.1(F)	1Y-5Y						X
First offender - prescription fraud violation	NAR-3096-F6	§18.2-258.1(H)	1Y-5Y						X
Procuring prescription from pharmacy, licensed or not, assist in subsequent	NAR-3058-F6	§18.2-258.2	1Y-5Y						X
Discharge firearm, missile in/at occupied bldg, unlawfully	WPN-5242-F6	§18.2-279	1Y-5Y (II)	X					
Discharge firearm, missile in/at occupied bldg., maliciously	WPN-5229-F4	§18.2-279	2Y-10Y (II)	X					
Discharge firearm within or at occupied school	WPN-5255-F4	§18.2-279	2Y-10Y (II)	X					
Discharge firearm within or at unoccupied school	WPN-5294-F4	§18.2-279	2Y-10Y	X					
Discharge firearm in public place, results in injury	WPN-5301-F6	§18.2-280(A)	1Y-5Y (II)	X					
Discharge firearm in public place; 3rd/subsequent	WPN-5273-F6	§18.2-280(A)	1Y-5Y (II)	X					
Discharge firearm upon school buildings or grounds	WPN-5200-F4	§18.2-280(B)	2Y-10Y (II)	X					
Discharge firearm on public property within 1000 feet of school	WPN-5201-F4	§18.2-280(C)	2Y-10Y	X					
Spring gun or deadly weapon, remotely controlled	WPN-5238-F6	§18.2-281	1Y-5Y (II)	X					
Brandish or point firearm; 3rd/subsequent	WPN-5274-F6	§18.2-282(A)	1Y-5Y (II)	X					

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Brandish/point firearm on school property or w/in 1000 feet	WPN-5258-F6	§18.2-282(A)	1Y-5Y (II)	X					
Brandish machete or bladed weapon on school property	WPN-5287-F6	§18.2-282.1	1Y-5Y (II)	X					
Discharge firearm from motor vehicle	WPN-5248-F5	§18.2-286.1	1Y-10Y (II)	X					
Body armor, wear during commission of violent or drug crime	WPN-5247-F4	§18.2-287.2	2Y-10Y (II)	X					
Possession of machine gun in perpetration of crime	WPN-5227-F2	§18.2-289	20Y-Life (I)	X					
Possession for offensive or aggressive purposes	WPN-5226-F4	§18.2-290	2Y-10Y (II)	X					
Possession of sawed-off shotgun in perpetration of violent crime	WPN-5261-F2	§18.2-300(A)	20Y-Life (I)	X					
Possession of sawed-off shotgun	WPN-5260-F4	§18.2-300(B)	2Y-10Y	X					
Possess Schedule I/II drug while possessing firearm(7/1/2003 & after)	WPN-5303-F6	§18.2-308.4(A)	1Y-5Y	X					
Possess Schedule I/II drug with firearm on or about person	WPN-5302-F6	§18.2-308.4(B)	1Y-5Y	X					
Sell, etc., more than 1 lb. marijuana while possessing firearm	WPN-5278-F6	§18.2-308.4(C)	1Y-5Y	X					
Sell, etc., Schedule I/II drug while possessing firearm	WPN-5257-F6	§18.2-308.4(C)	1Y-5Y	X					
Fail to secure med. attention for injured or battered child	DNG-3216-M1	§18.2-314	0-12M	X					
Prostitution-Solicitation of prostitution from minor age 16 or older	SEX-3650-F6	§18.2-346.01(i)	1Y-5Y (II)	X					

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Prostitution-Solicitation of prostitution from minor less than age 16	SEX-3651-F5	§18.2-346.01(ii)	1Y-5Y (II)	X					
Prostitution- Aiding/assisting in procurement of person <18	SEX-3611-F6	§18.2-348	1Y-5Y (II)	X					
Prostitution-Using vehicle to promote prostitution of person <18	SEX-3612-F6	§18.2-349	1Y-5Y (II)	X					
Prostitution-Enticement, procurement	SEX-3626-F4	§18.2-355(1)	2Y-10Y(II)	X					
Prostitution-Compel to marry by force	SEX-3624-F4	§18.2-355(2)	2Y-10Y (II)	X					
Prostitution-Parent permitting child	SEX-3629-F4	§18.2-355(3)	2Y-10Y (II)	X					
Minor, take etc., for prostitution, pandering	SEX-3607-F3	§18.2-355(4)	5Y-20Y(II)	X					
Receive money, etc., for procuring/placing < age 18 to engage in sex	SEX-3692-F3	§18.2-356(i)	5Y-20Y(II)	X					
Receive money, etc., for procuring/placing person to engage in sex act	SEX-3631-F4	§18.2-356(i)	2Y-10Y(II)	X					
Receive money, etc., for procuring < age 18 for forced labor/services	LAB-7485-F3	§18.2-356(ii)	5Y-20Y(II)	X					
Receive money, etc., for procuring person for forced labor/services	LAB-7482-F4	§18.2-356(ii)	2Y-10Y(II)	X					
Receive money, etc., procuring < age 18 - manufacture obscene	OBS-3694-F3	§18.2-356(ii)	5Y-20Y(II)	X					
Receive money, etc., procuring person - manufacture obscene material	OBS-3696-F4	§18.2-356(ii)	2Y-10Y(II)	X					
Receive money, etc., procuring < age 18 - manufacture child porn	OBS-3697-F3	§18.2-356(ii)	5Y-20Y(II)	X					

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Receive money, etc., procuring person - manufacture child porn	OBS-3695-F4	§18.2-356(ii)	2Y-10Y(II)	X					
Receive money, etc., for procuring < age 18 to engage in concubinage	SEX-3698-F3	§18.2-356(ii)	5Y-20Y(II)	X					
Receive money, etc., for procuring person to engage in concubinage	SEX-3647-F4	§18.2-356(ii)	2Y-10Y(II)	X					
Receive money, etc., for procuring < age 18 to engage in prostitution	SEX-3699-F3	§18.2-356(ii)	5Y-20Y(II)	X					
Receive money, etc., for procuring person to engage in prostitution	SEX-3646-F4	§18.2-356(ii)	2Y-10Y(II)	X					
Pander, pimp, or receive money from person < age 18	SEX-3648-F3	§18.2-357	5Y-20Y(II)	X					
Pander, pimp, or receive money from prostitute	SEX-3628-F4	§18.2-357	2Y-10Y(II)	X					
Sex trafficking	SEX-3662-F5	§18.2-357.1(A)	1Y-10Y (II)	X					
Sex trafficking by force, etc.	SEX-3663-F4	§18.2-357.1(B)	2Y-10Y (II)	X					
Sex trafficking of person less than age 18	SEX-3664-F3	§18.2-357.1(C)	5Y-20Y (II)	X					
Sodomy-Family member to family member	SEX-3641-F5	§18.2-361(B)	1Y-10Y (II)	X					
Sodomy-Parent/grandparent to child/grandchild age 13 to 17	SEX-3640-F3	§18.2-361(B)	5Y-20Y (II)	X					
Incest, By persons forbidden to marry	SEX-3614-M1	§18.2-366(A)	0-12M	X					
Incest with own or step child/grandchild age 13 to 17	SEX-3642-F3	§18.2-366(B)	5Y-20Y (II)	X					

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Incest with own or step child or grandchild, father, mother, etc.	SEX-3616-F5	§18.2-366(B)	1Y-10Y (II)	X					
Incapacitated adult, abuse or neglect, first offense	FAM-3803-M1	§18.2-369(A)	0-12M	X					
Incapacitated adult, abuse or neglect, subsequent offense	FAM-3804-F6	§18.2-369(A)	1Y-5Y	X					
Incapacitated adult, abuse or neglect, serious injury/disease	FAM-3802-F4	§18.2-369(B)	2Y-10Y (II)	X					
Incapacitated adult, abuse or neglect, results in death	FAM-3776-F3	§18.2-369(B)	5Y-20Y	X					
Indecent Liberties-Child under age 15	SEX-3643-F5	§18.2-370(A)	1Y-10Y (II)	X					
Indecent Liberties-Receive money, allowing minor subject of sexual material	SEX-3669-F5	§18.2-370(B)	1Y-10Y (II)	X					
Indecent Liberties-Receive money, allowing minor subject of sexual material, subsequent	SEX-3670-F4	§18.2-370(C)	2Y-10Y (II)	X					
Indecent liberties with child - 2nd or Subsequent	SEX-3666-F4	§18.2-370(C)	2Y-10Y (II)	X					
Indecent Liberties-Parent/grandparent, etc., child age of 15 to 17	SEX-3644-F5	§18.2-370(D,i)	1Y-10Y (II)	X					
Indecent Liberties-Parent/grandparent, etc., child age less than 15	SEX-3645-F4	§18.2-370(D,ii)	2Y-10Y (II)	X					
Take indecent liberties with child - custodian	SEX-3635-F6	§18.2-370.1(A)	1Y-5Y (II)	X					
Take indecent liberties with child - custodian, 2nd/subsq.	SEX-3668-F5	§18.2-370.1(B)	1Y-10Y (II)	X					

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Loitering at school, contact at playground etc., after conviction	SEX-3693-F6	§18.2-370.2	1Y-5Y	X					
Loitering at school after conv. prohibits proximity to children	SEX-3667-F6	§18.2-370.2(B)	1Y-5Y	X					
Near playground etc., after conviction prohibits proximity to children	SEX-3675-F6	§18.2-370.2(C)	1Y-5Y	X					
Reside near school after conviction prohibits proximity to children	SEX-3671-F6	§18.2-370.3(A)	1Y-5Y	X					
Reside near park after conviction prohibits proximity to children	SEX-3676-F6	§18.2-370.3(C)	1Y-5Y	X					
Work, etc., at school after conviction prohibits proximity to children	SEX-3672-F6	§18.2-370.4	1Y-5Y	X					
Enter school property, etc., after Tier III sex offense conviction	SEX-3673-F6	§18.2-370.5	1Y-5Y	X					
Kissing-Penetrating with tongue, mouth of a child under age 13	SEX-3674-M1	§18.2-370.6	0-12M	X					
Child abuse and neglect, serious injury	FAM-3806-F4	§18.2-371.1(A)	2Y-10Y (II)	X					
Gross, wanton, or reckless care for child	FAM-3808-F6	§18.2-371.1(B)	1Y-5Y	X					
Entice minor to perform in porn, age <15	OBS-3741-F9	§18.2-374.1(B,1)	5Y-30Y (II)	X					
Entice minor to perform in porn, age <15, offender 7+ yrs.	OBS-3742-F9	§18.2-374.1(B,1)	5Y-30Y (II)	X					
Entice minor to perform in porn, age <15, offender 7+ yrs., 2nd/Subsq.	OBS-3743-F9	§18.2-374.1(B,1)	15Y-40Y (I)	X					
Entice minor to perform in porn, age 15+	OBS-3744-F9	§18.2-374.1(B,1)	1Y-20Y (II)	X					

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Entice minor to perform in porn, age 15+, offender 7+ yrs.	OBS-3745- F9	§18.2- 374.1(B,1)	3Y-30Y (II)	X					
Entice minor to perform in porn, age 15+, offender 7+ yrs., 2nd/Subsq.	OBS-3746- F9	§18.2- 374.1(B,1)	10Y-30Y (II)	X					
Produce, make child porn, age <15	OBS-3747- F9	§18.2- 374.1(B,2)	5Y-30Y (II)	X					
Produce, make child porn, age <15, offender 7+ yrs.	OBS-3748- F9	§18.2- 374.1(B,2)	5Y-30Y (II)	X					
Produce, make child porn, age <15, offender 7+ yrs., 2nd/Subsq.	OBS-3749- F9	§18.2- 374.1(B,2)	15Y-40Y (I)	X					
Produce, make child porn, age 15+	OBS-3750- F9	§18.2- 374.1(B,2)	1Y-20Y (II)	X					
Produce, make child porn, age 15+, offender 7+ yrs.	OBS-3751- F9	§18.2- 374.1(B,2)	3Y-30Y (II)	X					
Produce, make child porn, age 15+, offender 7+ yrs., 2nd/Subsq.	OBS-3752- F9	§18.2- 374.1(B,2)	10Y-30Y (II)	X					
Take part, film child porn, age < 15	OBS-3753- F9	§18.2- 374.1(B,3)	5Y-30Y (II)	X					
Take part, film child porn, age < 15, offender 7+ yrs.	OBS-3754- F9	§18.2- 374.1(B,3)	5Y-30Y (II)	X					
Take part, film child porn, age < 15, offender 7+ yrs., 2nd/Subsq.	OBS-3755- F9	§18.2- 374.1(B,3)	15Y-40Y (I)	X					
Take part, film child porn, age 15+	OBS-3756- F9	§18.2- 374.1(B,3)	1Y-20Y (II)	X					
Take part, film child porn, age 15+, offender 7+ yrs.	OBS-3757- F9	§18.2- 374.1(B,3)	3Y-30Y (II)	X					
Take part, film child porn, age 15+, offender 7+ yrs., 2nd/Subsq.	OBS-3760- F9	§18.2- 374.1(B,3)	10Y-30Y (II)	X					

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Finance child porn, age < 15	OBS-3682-F9	§18.2-374.1(B,4)	5Y-30Y (II)	X					
Finance child porn, age < 15, offender 7+ yrs.	OBS-3683-F9	§18.2-374.1(B,4)	5Y-30Y (II)	X					
Finance child porn, age < 15, offender 7+ yrs., 2nd/Subsq.	OBS-3684-F9	§18.2-374.1(B,4)	15Y-40Y (I)	X					
Finance child porn, age 15+	OBS-3685-F9	§18.2-374.1(B,4)	1Y-20Y (II)	X					
Finance child porn, age 15+, offender 7+ yrs.	OBS-3686-F9	§18.2-374.1(B,4)	3Y-30Y (II)	X					
Finance child porn, age 15+, offender 7+ yrs., 2nd/Subsq.	OBS-3687-F9	§18.2-374.1(B,4)	10Y-30Y (II)	X					
Possess child porn (first offense)	OBS-3731-F6	§18.2-374.1:1(A)	1Y-5Y (II)	X					
Possess child porn (subsequent offense)	OBS-3732-F5	§18.2-374.1:1(B)	1Y-10Y (II)	X					
Reproduce, transmit, sell, etc., child porn	OBS-3680-F9	§18.2-374.1:1(C,i)	5Y-20Y (II)	X					
Reproduce, transmit, sell, etc., child porn, subsequent	OBS-3681-F9	§18.2-374.1:1(C,i)	5Y-20Y (II)	X					
Solicitation of child porn to gain entry to group	OBS-3677-F9	§18.2-374.1:1(C,ii)	5Y-20Y (II)	X					
Solicitation of child porn to gain entry to group, subsequent	OBS-3678-F9	§18.2-374.1:1(C,ii)	5Y-20Y (II)	X					
Operate website; access to sexually explicit material for payment	OBS-3740-F4	§18.2-374.1:1(D)	2Y-10Y (II)	X					
Procure minor for obscene material by communications system	OBS-3730-F6	§18.2-374.3(B)	1Y-5Y (II)	X					

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DESCRIPTION OF ALL CURRENT BARRIER CRIMES	VCC CODE	VA CODE §	PENALTY [(II) and (I) indicate violent felonies]	ALWAYS A BARRIER CRIME	*KINSHIP PARENTS 10 YEARS AND SAFETY FINDING	** ALL PARENTS 10 YEARS FROM MISD. A&B	*** ALL PARENTS 10 YEARS AND RIGHTS RESTORE	**** ALL PARENTS 25 YEARS AND RIGHTS RESTORE	***** ALL PARENTS 20 YEARS AND RIGHTS RESTORE
Propose sex act by communications sys. age <15	OBS-3701-F5	§18.2-374.3(C)	1Y-10Y (II)	X					
Propose sex act by communications sys. age <15, offender 7+ yr	OBS-3702-F9	§18.2-374.3(C)	5Y-30Y (II)	X					
Propose sex act by communications sys. age <15, offender 7+ yr, 2nd+	OBS-3703-F9	§18.2-374.3(C)	10Y-40Y (I)	X					
Propose sex act by communications sys. age 15+, offender 7+ yr	OBS-3690-F5	§18.2-374.3(D)	1Y-10Y (II)	X					
Propose sex act by communications sys. age 15+, offender 7+ yr, 2nd+	OBS-3691-F9	§18.2-374.3(D)	1Y-20Y (II)	X					
Procure minor for prostitution, sodomy, porn by communications system	OBS-3689-F5	§18.2-374.3(E)	1Y-10Y (II)	X					
Display child porn or grooming video to child under age 13	OBS-3679-F6	§18.2-374.4	1Y-5Y (II)	X					
Permit minors in obscene performances (first offense)	OBS-3719-M1	§18.2-379	0-12M	X					
Permit minors in obscene performances (subsequent)	OBS-3720-F6	§18.2-379	1Y-5Y (II)	X					
Unlawful creation of videographic/still image of a minor	OBS-3705-F6	§18.2-386.1	1Y-5Y	X					
Unlawful creation of videographic/still image of another	OBS-3733-M1	§18.2-386.1	0-12M	X					
Unlawful creation of videographic/still image of another, 3rd/subsq.	OBS-3704-F6	§18.2-386.1	1Y-5Y	X					
Dissemination of videographic/still image with intent to harass, etc.	OBS-3688-M1	§18.2-386.2	0-12M	X					
Participate in riot with firearm or weapon	RUA-5321-F5	§18.2-405	1Y-10Y (II)	X					

Barrier Crime Determination Guide for All Resource Parents

DESCRIPTION OF ALL CURRENT BARRIER CRIMES	VCC CODE	VA CODE §	PENALTY [(II) and (I) indicate violent felonies]	ALWAYS A BARRIER CRIME	*KINSHIP PARENTS 10 YEARS AND SAFETY FINDING	** ALL PARENTS 10 YEARS FROM MISD. A&B	*** ALL PARENTS 10 YEARS AND RIGHTS RESTORE	**** ALL PARENTS 25 YEARS AND RIGHTS RESTORE	***** ALL PARENTS 20 YEARS AND RIGHTS RESTORE
Participate in unlawful assembly w/firearm or weapon	RUA-5324-F5	§18.2-406	1Y-10Y (II)	X					
Conspire with, incite others to riot	RUA-5315-F5	§18.2-408	1Y-10Y (II)	X					
Governor's order, fail to disperse	RUA-5316-F5	§18.2-413	1Y-10Y (II)	X					
Other riot or unlawful assembly-Injury to another, damage to property	RUA-5318-F6	§18.2-414	1Y-5Y (II)	X					
Cross, burn to intimidate	VIO-5328-F6	§18.2-423	1Y-5Y (II)	X					
Burn object on private property w/intent to intimidate	VIO-5332-F6	§18.2-423.01(A)	1Y-5Y (II)	X					
Burn object on highway/public place w/intent to intimidate	VIO-5333-F6	§18.2-423.01(B)	1Y-5Y (II)	X					
Swastika, placement on building to intimidate	VIO-5329-F6	§18.2-423.1	1Y-5Y (II)	X					
Noose, display in public place to intimidate	VIO-5339-F6	§18.2-423.2	1Y-5Y (II)	X					
Noose, display on private property to intimidate	VIO-5338-F6	§18.2-423.2	1Y-5Y (II)	X					
Paramilitary activity to cause disorder, teach, assemble for	VIO-5331-F5	§18.2-433.2	1Y-10Y (II)	X					
Other, sex offender, fail to register or provide false info.	SOR-3658-M1	§18.2-472.1(A)	0-12M	X					
Other, sex offender, fail to register, etc., 2nd/subsequent	SOR-3659-F6	§18.2-472.1(A)	1Y-5Y	X					
Tier III sex offender, fail to register or provide false info.	SOR-3657-F6	§18.2-472.1(B)	1Y-5Y	X					

Barrier Crime Determination Guide for All Resource Parents

DESCRIPTION OF ALL CURRENT BARRIER CRIMES	VCC CODE	VA CODE §	PENALTY [(II) and (I) indicate violent felonies]	ALWAYS A BARRIER CRIME	*KINSHIP PARENTS 10 YEARS AND SAFETY FINDING	** ALL PARENTS 10 YEARS FROM MISD. A&B	*** ALL PARENTS 10 YEARS AND RIGHTS RESTORE	**** ALL PARENTS 25 YEARS AND RIGHTS RESTORE	***** ALL PARENTS 20 YEARS AND RIGHTS RESTORE
Tier III sex offender, fail to register, etc., 2nd/subsequent	SOR-3660-F5	§18.2-472.1(B)	1Y-10Y	X					
Delivery of narcotics, marijuana to prisoner, etc.	PRI-3241-F5	§18.2-474.1	1Y-10Y (II)	X					
Delivery of weapons or ammunition to prisoner or confined person	PRI-3242-F3	§18.2-474.1	5Y-20Y (II)	X					
Escape by force or violence from jail	ESC-4908-F6	§18.2-477	1Y-5Y (II)	X					
Juvenile facility by force or violence, escape from secure	ESC-4927-F6	§18.2-477.1(B)	1Y-5Y (II)	X					
Juvenile facility, escape from secure detention facility, without force	ESC-4926-M1	§18.2-477.1(B)	0-12M	X					
Conspiracy to commit act specified in §53.1-203 for a juvenile facility	PRI-3886-F6	§18.2-477.2	1Y-5Y	X					
Juvenile facility-Break, cut, damage any part of facility to aid escape	PRI-3887-F6	§18.2-477.2	1Y-5Y	X					
Juvenile facility-Burn or destroy with explosive any personal property	PRI-3888-F6	§18.2-477.2	1Y-5Y	X					
Juvenile facility-Fire protection/suppression system, tamper, damage, etc.	PRI-3898-F6	§18.2-477.2	1Y-5Y	X					
Juvenile facility-Possess, sell, secrete Schedule III drug or marijuana	PRI-3890-F5	§18.2-477.2	1Y-10Y	X					
Juvenile facility-Possess, sell, secrete unlawful chemical compound	PRI-3889-F6	§18.2-477.2	1Y-5Y	X					
Escape from juvenile facility or detention home	ESC-3891-F6	§18.2-477.2	1Y-5Y	X					

Barrier Crime Determination Guide for All Resource Parents

DESCRIPTION OF ALL CURRENT BARRIER CRIMES	VCC CODE	VA CODE §	PENALTY [(II) and (I) indicate violent felonies]	ALWAYS A BARRIER CRIME	*KINSHIP PARENTS 10 YEARS AND SAFETY FINDING	** ALL PARENTS 10 YEARS FROM MISD. A&B	*** ALL PARENTS 10 YEARS AND RIGHTS RESTORE	**** ALL PARENTS 25 YEARS AND RIGHTS RESTORE	***** ALL PARENTS 20 YEARS AND RIGHTS RESTORE
Juvenile facility-Possess an instrument to aid escape	ESC-3892-F6	§18.2-477.2	1Y-5Y	X					
Introduce or possess firearms or ammunition in juvenile facility	PRI-3894-F6	§18.2-477.2	1Y-5Y	X					
Juvenile facility-Make, possess weapon capable of death or injury	PRI-3893-F6	§18.2-477.2	1Y-5Y	X					
Not convicted, escape from jail/custody by force or violence	ESC-4911-F6	§18.2-478	1Y-5Y (II)	X					
Convicted or not – misdemeanor, escape w/o force, violence, or fire	ESC-4907-M1	§18.2-479(A)	0-12M	X					
Convicted or not - felony, escape w/o force, violence, fire	ESC-4924-F6	§18.2-479(B)	1Y-5Y	X					
Escape or attempted escape by setting fire to jail	ESC-4910-F4	§18.2-480	2Y-10Y (II)	X					
Levying war against national or state government	TRE-0111-F2	§18.2-481	20Y-Life (I)	X					
Advocating overthrow of government	TRE-0107-F6	§18.2-484	1Y-5Y	X					
Inciting one race to insurrection against another	TRE-0110-F4	§18.2-485	2Y-10Y (II)	X					
Civil Commitment-Sexually violent predator - Escape from facility	HEA-5530-F6	§37.2-917	1Y-5Y (II)	X					
Correctional Facility-Escape from a correctional facility	ESC-4921-F6	§53.1-203(1)	1Y-5Y (II)	X					
Correctional Facility-Break, cut, damage any part of facility to aid escape	PRI-3258-F6	§53.1-203(2)	1Y-5Y (II)	X					
Correctional Facility-Possess an instrument to aid escape	ESC-4922-F6	§53.1-203(3)	1Y-5Y (II)	X					

Barrier Crime Determination Guide for All Resource Parents

DESCRIPTION OF ALL CURRENT BARRIER CRIMES	VCC CODE	VA CODE §	PENALTY [(II) and (I) indicate violent felonies]	ALWAYS A BARRIER CRIME	*KINSHIP PARENTS 10 YEARS AND SAFETY FINDING	** ALL PARENTS 10 YEARS FROM MISD. A&B	*** ALL PARENTS 10 YEARS AND RIGHTS RESTORE	**** ALL PARENTS 25 YEARS AND RIGHTS RESTORE	***** ALL PARENTS 20 YEARS AND RIGHTS RESTORE
Correctional Facility-Make, possess unauthorized weapon capable of death, injury	PRI-3259-F6	§53.1-203(4)	1Y-5Y (II)	X					
Correctional Facility-Possess, sell, secrete unlawful chemical compound	PRI-3260-F6	§53.1-203(5)	1Y-5Y (II)	X					
Correctional Facility-Possess, sell, secrete Sch. III drug, marijuana	PRI-3261-F5	§53.1-203(6)	1Y-10Y (II)	X					
Introduce or possess firearms or ammunition in correctional facility	PRI-3262-F6	§53.1-203(7)	1Y-5Y (II)	X					
Correctional Facility-Burn or destroy with explosive any personal property	PRI-3263-F6	§53.1-203(8)	1Y-5Y (II)	X					
Correctional Facility-Fire protection/suppression system, tamper, damage, etc.	PRI-4942-F6	§53.1-203(9)	1Y-5Y (II)	X					
Conspiracy to commit any act specified in §53.1 - 203	PRI-3264-F6	§53.1-203(10)	1Y-5Y (II)	X					
All other felonies not previously listed unless 5 years have elapsed from the date of conviction				X					
Any offense set forth in §9.1-902 that results in the person's requirement to register with the Sex Offender and Crimes Against Minors Registry (including any finding that a person is not guilty by reason of insanity) https://sex-offender.vsp.virginia.gov/sor/statutes.html				X					

Barrier Crime Determination Guide for All Resource Parents

DESCRIPTION OF ALL CURRENT BARRIER CRIMES	VCC CODE	VA CODE §	PENALTY [(II) and (I) indicate violent felonies]	ALWAYS A BARRIER CRIME	*KINSHIP PARENTS 10 YEARS AND SAFETY FINDING	** ALL PARENTS 10 YEARS FROM MISD. A&B	*** ALL PARENTS 10 YEARS AND RIGHTS RESTORE	**** ALL PARENTS 25 YEARS AND RIGHTS RESTORE	***** ALL PARENTS 20 YEARS AND RIGHTS RESTORE
Any substantially similar offense to any listed above under the laws of another jurisdiction				X (unless it falls under an exception)					

***Green highlight** = A local board or child-placing agency may approve as a **kinship** foster care parent an applicant who has been convicted of the following offenses, provided that **10 years** have elapsed from the date of the conviction and the local board or child-placing agency makes a specific finding that approving the kinship foster care placement would not adversely affect the safety and well-being of the child: (i) any offense set forth in clause (iv) of the definition of barrier crime in § 19.2-392.02 or (ii) any misdemeanor offense under § 18.2-80, 18.2-81, 18.2-83, 18.2-87, 18.2-87.1, or 18.2-88 or any substantially similar offense under the laws of another jurisdiction. Virginia Code § 63.2-901.1(F)

A child-placing agency may approve as a foster or adoptive parent an applicant convicted of not more than one misdemeanor under § 18.2-57 or § 18.2-57.2 , or any substantially similar offense under the laws of another jurisdiction, not involving the abuse, neglect, or moral turpitude of a minor, provided **5 years** have elapsed following the conviction. Additionally, a child-placing agency may approve a kinship foster parent applicant who has been convicted of any offense set forth in § 18.2-250, or any substantially similar offense under the laws of another jurisdiction, if **5 years** have elapsed from the date of the conviction and the child-placing agency makes a specific finding that approving the kinship foster care placement would not adversely affect the safety and well-being of the child. § 63.2-901.1 (F)(i)tionally, §§ 63.2-901.1 (E); 63.2-1721 (E); 19.2-392-.02.

****Orange highlight** = A local board or child-placing agency may approve as an adoptive or foster parent an applicant who has been convicted of not more than one misdemeanor offense as set out in § 18.2-57, or any substantially similar offense under the laws of another jurisdiction, not involving abuse, neglect, or moral turpitude of a minor, provided that **10 years** have elapsed following the conviction. Virginia Code §§ 63.2-901.1(F) and 63.2- 1721(E)

*****Red highlight** = A child-placing agency may approve as a foster parent or adoptive parent an applicant convicted of any offense set forth in § 18.2-250, or any substantially similar offense under the laws of another jurisdiction, who has had his civil rights restored by the Governor or other appropriate authority, provided **10 years** have elapsed following the conviction, or **8 years** have elapsed following the conviction and the applicant (i) has complied with all obligations imposed by the criminal court; (ii) has completed a substance abuse treatment program; (iii) has completed a drug test administered by a laboratory or medical professional within 90 days prior to being approved, and such test returned with a negative result; and (iv) complies with any other obligations as determined by the Department of Social Services. Virginia Code § 63.2- 1721(G)

Barrier Crime Determination Guide for All Resource Parents

***Blue highlight = A child-placing agency may approve as a foster parent an applicant who has been convicted of statutory burglary for breaking and entering a dwelling home or other structure with intent to commit larceny, or any substantially similar offense under the laws of another jurisdiction, who has had his civil rights restored by the Governor or other appropriate authority, provided that 25 years have elapsed following the conviction. Virginia Code § 63.2- 1721(F) **This is against federal law so not permitted for any IV-E placement**


****Purple highlight = A child-placing agency may approve as an adoptive or foster parent an applicant convicted of any offense set forth in clause (iii) of the definition of barrier crime in § 19.2-392.02 who has had his civil rights restored by the Governor or other appropriate authority, provided that **20 years** have elapsed following the conviction. Virginia Code § 63.2- 1721(H)



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Barrier Crime Determination Guide Webinar

December 20, 2022

- 
- What is a barrier crime?
 - When to do criminal name checks
 - How to review criminal records
 - OBI process and support
 - Problem solving record checks

AGENDA



What is a barrier crime?

A barrier crime is a criminal conviction that **legally and automatically disqualifies individuals** who have been convicted from being approved as a resource parent, whether as a relative or a non-relative. They are VA Code Ann. §§ 22.1-289.035, 22.1-289.036

A conviction of any barrier crime as defined in § 19.2-392.02. Convictions include prior adult and juvenile convictions listed on the state and FBI records, or adjudications of delinquency based on a crime that would be a felony if committed by an adult within or outside the Commonwealth.

The list of barrier crimes is broken into six clauses **and there are some exceptions**. All six clauses apply to Child Placing Agencies, Foster and Adoptive Homes approved by Child Placing Agencies, and Licensed Independent Foster Homes.

Where to find the VA barrier crime list

This barrier crime list is also available on the VDSS public website.



Where collaboration and creativity SPARK positive change

RESOURCE FAMILY RESOURCES AND JOB AIDS

BARRIER CRIMES

for Child Placing Agencies, Licensed Independent Foster Homes, and Foster and Adoptive Home Approved by Child Placing Agencies

VA Code Ann. §§ 19.2-392.02; 63.2-901.1; 63.2-1719; 63.2-1720; 63.2-1721

Child-placing agencies and licensed independent foster homes cannot hire or approve a foster and adoptive parent who has:

- A conviction of any barrier crime as defined in § 19.2-392.02. Convictions include prior adult and juvenile convictions or adjudications of delinquency based on a crime that would be a felony if committed by an adult within or outside the Commonwealth.
- A founded complaint of child abuse or neglect within or outside the Commonwealth

The list of barrier crimes is broken into six clauses. All six clauses apply to Child Placing Agencies, Foster and Adoptive Homes approved by Child Placing Agencies, and Licensed Independent Foster Homes.

The following is a list, broken down by clause, of relevant barrier crimes as well as exceptions.

“Barrier crime” under Code § 19.2-392.02, Clause (i) includes:

The list is not intended to be all inclusive but will provide links to helpful resources.

- FosterVA
- Virginia Fosters
- Foster My Future
- National Foster Parent Association (NFPA)
- Foster Club
- Current barrier crime list-Updated July 2022!

https://fusion.dss.virginia.gov/Portals/%5Bdfs%5D/Files/resource_family/Resource%20Family%20resources/Barrier%20Crime%20lists/Barrier_Crimes%20%28July%202022%29.pdf

When to do the Virginia State Police criminal name checks

1. When engaging with relatives who are being considered as kinship resource parents along with the Permanency Assessment Tool
2. Prior to all kinship placements for children in care whether as a first placement or a change in placements



Accessing criminal records

The individual (Name) is run through VCIN with purpose code "X" by a law enforcement agency (All Police Departments and Sheriff's Offices in the Commonwealth have authorization to use Purpose Code X -Emergency Placement of Foster Children) Purpose Code X searches criminal history record information from the Central Criminal Records Exchange (CCRE) and National Crime Information Center (NCIC) through the Virginia Criminal Information Network (VCIN).

If the child is placed, adults must submit fingerprints within 72 hours for national criminal checks through Fieldprint.

The "hard" checks with a national criminal record check can be done through one of the following:

- (NFUF) **Electronic Submission via Fieldprint**
- Manual Applicant card with inked prints (after contacting OBI) and mailed to Fieldprint.

To get access and update accounts by VSP email: ncjihelp@vsp.virginia.gov

Accessing criminal records

Virginia Code 63.2-901.1

C. In emergency circumstances, each local board may obtain, from a criminal justice agency, criminal history record information from the Central Criminal Records Exchange and the Federal Bureau of Investigation through the Virginia Criminal Information Network (VCIN) for the criminal records search authorized by this section. Within three days of placing a child, the local board shall require the individual for whom a criminal history record information check was requested to submit to fingerprinting and provide personal descriptive information to be forwarded along with the fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal record history information, pursuant to subsection B. The child shall be removed from the home immediately if any adult resident fails to provide such fingerprints and written permission to perform a criminal history record check when requested.

<https://law.lis.virginia.gov/vacode/title63.2/chapter9/section63.2-901.1/>

How to review criminal records

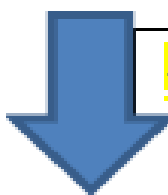
What you will need:

- the Barrier Crime Determination Guide
- any criminal records received for prospective kinship resource parents and all household adults
- On the record, identify
 - Name
 - Code of Virginia
 - Final Conviction Charge/VCC Code
 - Final Disposition Date



Ex: VSP criminal record demographics


THE FOLLOWING RECORD PERTAINS TO SID/VA00000000P



State Identification

VIRGINIA CRIMINAL RECORD00/00/00007 PART 1

SID: VA00000000P FBI: 000000AD2



FBI Unit Control Number

NAMES RECORDED IN VIRGINIA FILES:				SEX	RACE	DATE OF BIRTH
DOE	JOHN	SUN	JR	M	W	00/00/0000
Last Name	First Name	Middle Name	Surname			

HEIGHT	WEIGHT	EYES	HAIR	SCARS/MARKS/TATTOOS
5'10"	165	BLU	BRO	

LAST REPORTED ADDRESS: 0000 SOMEWHERE DR
SOMEWHERE, VA 20000

PLACE OF BIRTH: SOMEWHERE

Ex: VSP criminal record charge

SOCIAL SECURITY NO(S) : 000-00-0000

CONTRIBUTOR/CASE	DATE	CHARGE/DISPOSITION
Arresting Agency PD ROANOKE CO ORI:VA0800300	Arrest Date 00/00/0000	Number Of Charges Per Arrest FINGERPRINTED
Offense Tracking Number OTN:000JM00000000000	Original Arrest Charge #001 MSDMNR 18.2-57.2 ASSAULT: ON FAMILY MEMBER ROANOKE CO	Misdemeanor or Felony Charge ASL-1315-M1 Code Of Virginia (Statute) ASL-1315-M1 Virginia Crime Code ASL-1315-M1
Document Control Number DCN:K000000	Jurisdiction *****	Charge Disposition DISPOSITION NOT RECEIVED
Original Arrest Charge OTN:000GM000000000022	Final Disposition Date 00/00/0000	Final Conviction Charge DWI-5413-M1
Court Case Number DCN:000000N		

PD SALEM VA
ORI:VA0800100

00/00/0000 FINGERPRINTED PHOTO:Y PALMS:Y
OCA:000000000
CHARGED WITH
#001 MSDMNR 18.2-266
DWI: 1ST OFF, BAC .08-.14%
SALEM 00/00/2000

SALEM GEN DIST CT
ORI:VA125011J
CCN:000GT00000000000*

90 DAYS IMPOSED
90 DAYS SUSPENDED
RETAINED ATTY
UNSUPERVISED PROBATION RESTITUTION IMPOSED

Example of a VSP criminal record

*DISPOSITION ELECTRONICALLY TRANSFERRED BY COURT OF JURISDICTION

RECORD AUTOMATED: 00/00/0000 LAST RECORD UPDATE: 00/00/0000

ALL ARREST ENTRIES CONTAINED IN THIS RECORD ARE BASED ON FINGERPRINT COMPARISON AND PERTAIN TO THE SAME INDIVIDUAL.

THIS INFORMATION MAY NOT CONTAIN THE CHARGE DATE AND/OR CHARGE ORI FOR FILES SUBMITTED THROUGH THE SUPREME COURT OF VIRGINIA EMAGISTRATE INTERFACE.

*** CAUTION ***

THIS RESPONSE IS BASED ON COMPARISON OF REQUESTOR FURNISHED INFORMATION AGAINST DATA CONTAINED IN THE FILES OF THE VIRGINIA STATE POLICE CRIMINAL RECORDS EXCHANGE ONLY AND DOES NOT PRECLUDE THE EXISTENCE OF OTHER CRIMINAL HISTORY INFORMATION WHICH MAY BE CONTAINED IN THE REPOSITORY OF OTHER LOCAL, STATE OR FEDERAL CRIMINAL JUSTICE AGENCIES.

CHANGES TO THIS RECORD MAY BE IN PROCESS. A NEW INQUIRY SHOULD BE MADE FOR SUBSEQUENT USE. THE CRIMINAL HISTORY RECORD INFORMATION CONTAINED IN THIS RESPONSE IS FOR VERIFICATION PURPOSES ONLY AND ***CANNOT BE DISSEMINATED.***
*** UNAUTHORIZED DISSEMINATION WILL SUBJECT THE DISSEMINATOR TO CRIMINAL AND CIVIL PENALTIES. ***

THIS IS A SINGLE-SOURCE RECORD. NO ADDITIONAL CRIMINAL HISTORY INFORMATION IS INDEXED IN NCIC-III FOR OTHER STATE OR FEDERAL OFFENSES.

END OF RECORD

Single-Source = Virginia only record

Multi-Source = Record from more than one state

Barrier Crime Determination Guide for ALL Resource Parents

DESCRIPTION OF ALL CURRENT BARRIER CRIMES	VCC CODE	VA CODE §	PENALTY [(II) and (I) indicate violent felonies]	ALWAYS A BARRIER CRIME	*KINSHIP PARENTS 10 YEARS AND SAFETY FINDING	** ALL PARENTS 10 YEARS FROM MISD. A&B	*** ALL PARENTS 10 YEARS AND RIGHTS RESTORE	**** ALL PARENTS 25 YEARS AND RIGHTS RESTORE	***** ALL PARENTS 20 YEARS AND RIGHTS RESTORE
Anabolic steroids - sell, distribute, etc.	NAR-3041-F9	§18.2-248.5(A)	1Y-10Y						X
Possession Gama-Butyrolactone/1,4-Butanediol	NAR-3095-F5	§18.2-250(A,a)	1Y-10Y		X		X		
Possession Schedule I or II drug	NAR-3022-F5	§18.2-250(A,a)	1Y-10Y		X		X		
Possession <u>Flunitrazepan</u>	NAR-3050-F5	§18.2-251.2	1Y-10Y						X
<u>Flunitrazepan</u> -Sale for accommodation	NAR-3051-F5	§18.2-251.2	1Y-10Y						X
<u>Flunitrazepan</u> -Sell, distribute, possess w/intent to sell, etc.	NAR-3053-F9	§18.2-251.2	5Y-40Y						X
<u>Flunitrazepan</u> -Sell, distribute, possess w/intent to sell, etc., <u>subsq.</u>	NAR-3054-F9	§18.2-251.2	5Y-Life						X
Sell, distribute, etc., imitation <u>Flunitrazepan</u>	NAR-3052-F6	§18.2-251.2	1Y-5Y						X

Exceptions

Are based on

1. kinship resource parent status
2. Length of time from a single misdemeanor assault & battery
3. Length of time from conviction and if civil rights are restored

***Green highlight** = A local board or child-placing agency may approve as a **kinship** foster care placement following offenses, provided that **10 years** have elapsed from the date of the conviction and a specific finding that approving the kinship foster care placement would not adversely affect the child. (i) any offense set forth in clause (iv) of the definition of barrier crime in § 19.2-392.02 or (ii) any misdemeanor offense set forth in § 18.2-87, 18.2-87.1, or 18.2-88 or any substantially similar offense under the laws of another jurisdiction.

****Orange highlight** = A local board or child-placing agency may approve as an adoptive or foster parent an applicant who has not more than one misdemeanor offense as set out in § 18.2-57, or any substantially similar offense involving abuse, neglect, or moral turpitude of a minor, provided that **10 years** have elapsed from the date of the conviction. Virginia Code § 63.2-1721(E) and 63.2-1721(F).

*****Red highlight** = A child-placing agency may approve as a foster parent or adoptive parent an applicant who has not more than one misdemeanor offense as set out in § 18.2-250, or any substantially similar offense under the laws of another jurisdiction, who has been approved by another appropriate authority, provided **10 years** have elapsed following the conviction, or 8 years if the applicant (i) has complied with all obligations imposed by the criminal court; (ii) has completed a drug test administered by a laboratory or medical professional within 90 days of the conviction and received a negative result; and (iv) complies with any other obligations as determined by the Department of Social Services.

******Blue highlight** = A child-placing agency may approve as a foster parent an applicant who has been convicted of breaking and entering a dwelling home or other structure with intent to commit larceny, or any other offense set forth in § 18.2-250, or any substantially similar offense under the laws of another jurisdiction, who has had his civil rights restored by the Governor or other appropriate authority following the conviction. Virginia Code § 63.2-1721(F) **This is against federal law so not applicable.

*******Purple highlight** = A child-placing agency may approve as an adoptive or foster parent an applicant who has been convicted of an offense set forth in clause (iii) of the definition of barrier crime in § 19.2-392.02 who has had his civil rights restored by the Governor or other appropriate authority provided that **20 years** have elapsed following the conviction. Virginia Code § 63.2-1721(F).

Felonies within the last five years

"Barrier crime" under Code § 19.2-392.02, Clause (vi) is:

Any other felony not included in clause (i), (ii), (iii), (iv), or (v) unless five years have elapsed from the date of the conviction.

Searching the Determination Guide

<div>1. Search</div> <div>Find (1/2)</div> <div>18.2-57.2</div> <div>Previous Next</div> <div>Replace with</div>	CURRENT BARRIER	VCC CODE	VA CODE §	PENALTY [(II) and (I) indicate violent felonies]	ALWAYS A BARRIER CRIME	KINSHIP PARENTS 10 YEARS AND SAFETY FINDING	ALL PARENTS 10 YEARS FROM MISD. A&B	ALL PARENTS 10 YEARS AND RIGHTS RESTORE	ALL PARENTS 25 YEARS AND RIGHTS RESTORE	PA 20 R RE
	Hate crime; assault and battery (felony)	ASL-1341-F6	§18.2-57(B)	1Y-5Y (II)	X					
	Simple assault on law enforcement, court, DOC, fire/medical, etc.	ASL-1342-F6	§18.2-57(C)	1Y-5Y	X					
	Simple assault, on teacher, principal, school employee, etc.	ASL-1312-M1	§18.2-57(D)	0-12M			X			
	Simple assault, on teacher, principal, school employee, etc. w/weapon	ASL-1311-M1	§18.2-57(D)	0-12M			X			
	Battery against health care provider in an emergency facility	ASL-1352-M1	§18.2-57(E)	0-12M			X			
	Laser, pointing at law enforcement officer, P&P officer, etc.	ASL-1343-M2	§18.2-57.01	0-6M	X					
	Disarm law enforcement/correctional officer of chemical/impact weapon	ASL-1357-M1	§18.2-57.02	0-12M	X					
	Disarm law enforcement/correctional officer of firearm/stun-gun	ASL-1356-F6	§18.2-57.02	1Y-5Y	X					
	Simple assault, against family member	ASL-1315-M1	§18.2-57.2(A)	0-12M	X					
	Simple assault, against family member, 3rd/subsequent	ASL-1316-F6	§18.2-57.2(B)	1Y-5Y (II)	X					
	Robbery-Bank or banking type institution	ROB-	§18.2-58	5Y-Life (I)						

2. VA code

3. Results

Notification of Denial & Appeal Letter



Notification of Denial and Right to Appeal

FUSION

Where collaboration and creativity SPARK positive change

RESOURCE FAMILY FORMS

Date:

Related to OASIS FC Case #

Dear ,

Department of Social Services (DSS) has denied your request to be approved as a kinship foster parent. The reason for the denial is:

☐ Ineligibility due to the presence of the following barrier crime on a prospective foster parent and/or adult household member's criminal record that prohibits approval as a foster parent:

☐ Child is already placed with a kinship foster parent:

☐ Unable to meet DSS and legal requirements related to foster care:

☐ Unable to protect and nurture:

☐ The home does not or is not expected to meet at least one approval standard:

Example of an old record with missing VA Codes

```
=====
VA STATE POL HQTR    03/18/1979 FINGERPRINTED
ORI:VAVSP0000

                                CHARGED WITH
                                #001 FELONY
                                MAL WOUNDING
                                RAPPAHANNOCK CO    03/18/1979
                                GUILTY
                                MSDMNR
                                ASLT

RAPPAHANNOCK CIRCUIT 05/12/1980
ORI:VA078015J
CCN:NOT RECORDED
DCN:A726228
-----

PD FAIRFAX CO VA    07/14/1981 FINGERPRINTED
ORI:VA0290100
                                OCA:62411
                                CHARGED WITH
                                #001 FELONY
                                LARC
                                FAIRFAX CO    07/14/1981
                                GUILTY
                                MSDMNR
                                TRESPASS

FAIRFAX CO GEN DIST 10/08/1981
ORI:VA029013J
CCN:NOT RECORDED
DCN:C228992
-----
```

```
=====
SO MADISON CO VA    01/02/1978 FINGERPRINTED
ORI:VA0560000
                                OCA:VA0560000
                                CHARGED WITH
                                #001 MSDMNR
                                CAUSE BODILY HARM
                                MADISON CO    12/24/1977
                                DISMISSED

MADISON CO GEN DIST 03/14/1978
ORI:VA056013J
CCN:NOT RECORDED
DCN:A689930
-----

SO MADISON CO VA    01/02/1978 FINGERPRINTED
ORI:VA0560000
                                OCA:VA0560000
                                CHARGED WITH
                                #002 MSDMNR
                                CAUSE BODILY HARM
                                MADISON CO    12/24/1977
                                GUILTY

MADISON CO GEN DIST 03/14/1978
ORI:VA056013J
CCN:NOT RECORDED
DCN:A689931
-----

=====
SO MADISON CO VA    01/02/1978 FINGERPRINTED
ORI:VA0560000
                                OCA:VA0560000
                                CHARGED WITH
                                #002 MSDMNR
                                CAUSE BODILY HARM
                                MADISON CO    12/24/1977
                                GUILTY
                                MSDMNR
                                ASSAULT
                                TRESPASS
```

Office of Background Investigations

OBI FUSION page:

<https://fusion.dss.virginia.gov/lp/LP-Home/OFFICE-OF-BACKGROUND-INVESTIGATIONS>

Fieldprint appointments: fieldprintvirginia.com

Fieldprint Codes to use

- ❖ FPVADSSPublicCPAFost for non-relative resource parents
- ❖ FPVADSSPublicCPARel for kin/fictive kin resource parents
- ❖ FPVADSSPublicCPAHouse for adult household members (non-relative AND relatives)

OBI criminal checks shared email: backgrounds@dss.virginia.gov

What to do with OBI Determination Letters

Eligible

- Eligible to foster

Not Eligible

- Not eligible to foster and NO exceptions

Unable to Determine/Adequate Information is not Available

- There is not enough information to determine if a person is eligible or not eligible to foster
- Contact OBI by email for clarification then, ask individual for written explanation of conviction
- LDSS makes a determination based on information using the Barrier Crime Determination Guide and documents

Problem Solving

- There's no VA Code listed on the record
- I don't know if their CIVIL rights are restored
- I still can't tell if I'm looking at a barrier crime
- The individual says that isn't their conviction
- Received an ineligible determination letter, but there is NO barrier crime on the record
- The wrong Fieldprint code was used
- An adult household member has a barrier crime

Regional Resource Family Consultants

Region	Name	Phone	Email
Central	Tonya Belcher	(804)305-9401	tonya.belcher@dss.virginia.gov
Eastern	Flora Harris	(757)510-4146	flora.harris@dss.virginia.gov
Northern	Jes Miller	(540)422-6005	jessica.miller@dss.virginia.gov
Piedmont	Marnie Allen	(434)944-2992	marnie.allen@dss.virginia.gov
Western	Shawn Bush	(276)698-8004	shawn.a.bush@dss.virginia.gov

Below are descriptions of the different categories of individuals who need fingerprint checks by program type.

Child Day Programs:

"Applicant" means anyone who has applied for a license, registration, or approval. If the applicant is a corporation, the applicants are the officers of the corporation. In a family day home, the provider is considered the applicant.

"Agent" means a person who is empowered to act on behalf of the applicant.

"Volunteer" means a person who is not paid, does not work alone with children, and is not counted in staff to child ratios for programs that use ratios.

"Employee" means a person who is paid to work at a child day program. This includes assistants in a family day home.

"Household member" means an adult who lives in a family day home.

Child Placing Agency:

"Foster Care" refers to an applicant to be a foster parent.

"Adoption" refers to an applicant to be an adoptive parent.

"Birth Parent" means the birth parent of a child.

"Household member" means an adult who lives in the foster/adoptive parent's home.

"Relative" refers to a kinship foster parent.

Children's Residential Facility /Child Caring Institution:

"Volunteer" means a person who is not paid who provides goods and services to the program.

"Employee" means a person who is paid to work at the facility or institution. This category includes individuals who are the applicant or agent for licensure of a CRF or CCI program.

How to Schedule a Fieldprint® LiveScan Appointment

Below is a step-by-step guide to schedule a Fieldprint® LiveScan appointment for a fingerprint-based criminal background check.

1. Access the Virginia Fieldprint® website at <https://fieldprintvirginia.com/>
2. Click “Schedule an Appointment” button.
3. Follow the on-screen instructions to register with Fieldprint® or log-in if you are an existing user.
4. On the “Reason” screen enter your Fieldprint Code. You cannot continue to schedule the appointment without this Code. If you lose your Fieldprint Code, contact OBI at 804-726-7884.
5. Complete demographic information.
6. Under “Additional Information”, enter your “Facility ID” number found in the letter from OBI. You cannot continue to schedule the appointment without this ID. If you lose your Facility ID, contact OBI at 804-726-7884.
7. If you have lived out of state in the past five years enter each location and dates starting with the most recent. If you have had more than five addresses out of state in the past five years enter the five most recent addresses.
8. Make sure that the “Facility ID” you entered is correct and the facility you are being fingerprinted for is shown. If it is not correct, select back and re-enter the ID or contact the person who gave you the number.
9. Read through the “Authority for Release of Information”. Check the “I Agree” box and provide information requested.
10. The “Find a Location” screen will have your home address. If you want to use that address select the “Find”. If you want to enter a different address (ex. your work address) enter that address to find Fieldprint® locations nearest to you.
11. Schedule an appointment by selecting a location, date, and time and selecting the “Schedule” button. You will see a pop up, select “Continue” if you are going to keep the appointment and “Cancel” if you want to choose a different time.
12. Print appointment confirmation (includes the Fieldprint® Registration number located above the appointment date & time) and bring it along with two forms of identification (one must be a picture ID). The appointment cannot be completed if these items are not present.

Acceptable Primary IDs include:

State-Issued Driver’s License
U.S. Passport
Work Visa with Photo
DOD Common Access Card

State-Issued Non-Driver’s License ID Card
Military Identification Card
Foreign Passport
Foreign Driver’s License

Acceptable Secondary IDs include:

Credit Card/Debit Card
Birth Certificate
Citizenship or Naturalization Certificate
School ID w/Photograph

Bank Statement/Paycheck Stub
Marriage Certificate
Electric/Utility Bill
Vehicle Registration/Title

Voter Registration Card

Social Security Card

Native American tribal document

Draft Record

Transportation Worker ID Credential (TWIC Card)

Permanent Resident Card (I-551)

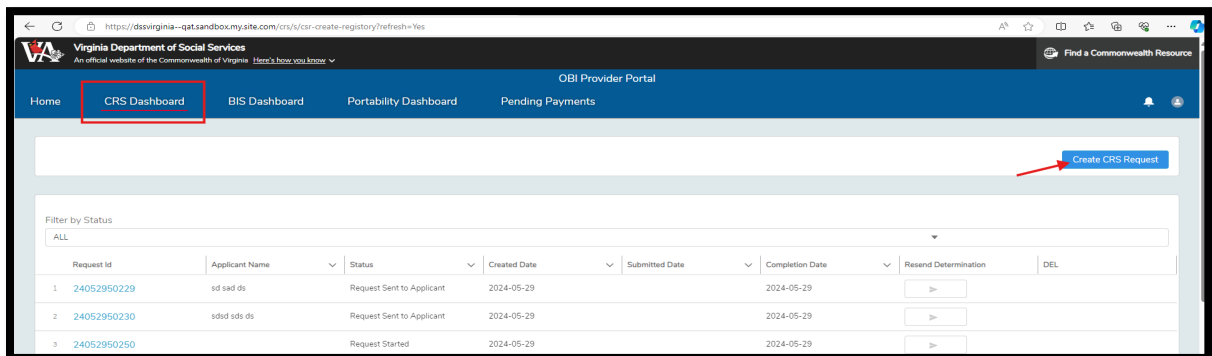
13. Attend the appointment; rescheduling fees will be assessed if you fail to appear for your appointment or cancel within 24 hours of the scheduled appointment time.

OBI PROVIDER PORTAL

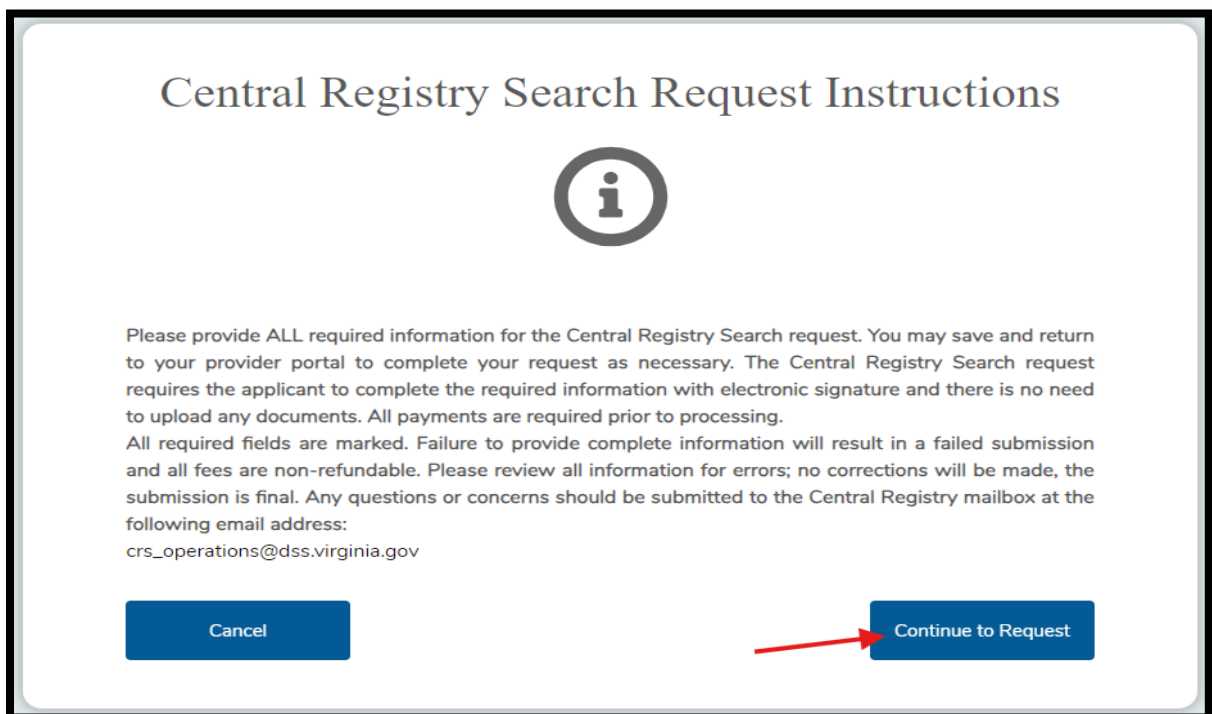
Create a Central Registry Search Request

A. Creating a CRS application from portal

1. Login to the provider portal using a valid credential and click on 'CRS Dashboard' tab. Under the 'CRS Dashboard' tab, click on 'Create CRS Request' button to open a new CRS application form.



2. Click on 'Continue to Request' on the instruction screen to go to the CRS application form.



3. Start filling out different sections of the application providing all required information and using 'Next' button to proceed.

Virginia Department of Social Services
An official website of the Commonwealth of Virginia [Here's how you know](#)

Find a Commonwealth Resource

OBI Provider Portal

Home CRS Dashboard BIS Dashboard Portability Dashboard Pending Payments

CRS Application

Purpose Of Search

Purpose of Search

*Purpose of Search

--None--

Next Cancel

Español

4. After selecting 'Purpose of Search', provider has two options:

Provider can continue filling out the entire application on behalf of the applicant
All fields with asterisk are required for the user to fill to proceed to the next section of the application. Completing the request this way DOES require a wet signature, and the provider will need to download the portal created form, obtain the applicant's signature on the form and then upload the signed form back to the portal.

CRS Request Summary

Custom Request Name *

Test Application 1

Facility Information

Facility Name Skyline Day Care

Facility Mailing Address 1496 Watsons Wood Road, Crewe, VA, 23030, United States

Facility Phone Number 8787787229

User Type DOE User (Childcare/Education related)

Program Type VA Childcare Facility or Program

Facility ID Number 2002

Contact Information

First Name	Last Name	Email	Phone	Is Primary
EmployerUser1	Test	tinados@yopmail.com	(887) 654-3210	
EmployeeUser2	EmployeeUser2	anup.pillai+20@dss.virginia.gov	(345) 678-9012	<input checked="" type="checkbox"/>
DOE	UserTest	apillai8888@yopmail.com	(123) 123-1231	

Applicant Information

*Do you want to provide Applicant Information?

☒ Yes

☐ No

Next Back Cancel

Español

When provider clicks on 'Next' button after selecting 'Yes', next section of the application (Applicant Information) will be available for the user to fill out. User can use 'Back' button to go to previous section. Clicking on the 'Cancel' button in any sections of the application will save a draft application for the user.

5. **Applicant Information:**

Provider can add multiple other names using ‘Add Other Names’ link.

6. **Spouse Information**

If provider responds ‘Yes’ to any of the spouse information related questions, user is required to provide the details. User can add multiple spouse information as needed using ‘Add Spouse’ link. ****NOTE:** User can only add one legally married spouse on the application.

Purpose Of Search
Facility Information
Applicant Information
Spouse Information
Child Information
Address Information
Attachments
Acknowledgment

Spouse Information

Are you currently legally married? *
Yes
Enter the current spouse's full legal name and DOB
*First Name *Middle Name
First name Middle name
☐ No Middle Name
*Last Name *Gender
Last name Select gender
*DOB
DOB
Add Spouse
Have you ever been divorced? *
Yes
Enter all the spouse's full legal names and DOB
*First Name *Middle Name
First name Middle name
☐ No Middle Name
*Last Name *Gender
Last name Select gender
*DOB
DOB
Add Spouse
Are you a widow/widower? *
No

Next Back Cancel

7. Child Information

If provider responds 'Yes' to any of the child information related questions, user is required to provide the details. User can add multiple child information as needed using 'Add Child' link.

Purpose Of Search
Facility Information
Applicant Information
Spouse Information
Child Information
Address Information
Attachments
Acknowledgment

Child Information

Do you have biological children? *
--None--
Do you have children who are not biological but who are/were legally under your care?
--None--

Next Back Cancel

8. Address Information

If provider responds ‘Yes’ to the previous address related questions, user is required to provide the details. User can add multiple previous addresses as needed using ‘Add Address’ link.

9. Attachments

Provider can generate and download the application completed using the link ‘Central Registry Search Request form’ to request wet signature from the applicant.

User is required to upload signed applications and any other optional attachments using the ‘+’ button under the upload documents section of the attachments. Users should not be uploading documents with the same file name. Once document is uploaded, user will be able to go to the next section of the application. User has the option to download or delete documents uploaded within this section.

****BE PATIENT WHEN DOWNLOADING – the new CRS form is longer and contains more information to be capture the applicant details. It takes a little longer to create the form and download. This could take up to a full minute to download and upload.**

10. Acknowledgment

This is the last section of the application before submitting the application. Depending on the type of the provider, user will be able to add the request to the Pending Payment tab (for portal payment applicable providers) or automatically submit the request (for portal payment exempted providers) to the Backoffice.

B. ELECTRONIC SUBMISSION OF THE CENTRAL REGISTRY SEARCH REQUEST: (Recommended process)

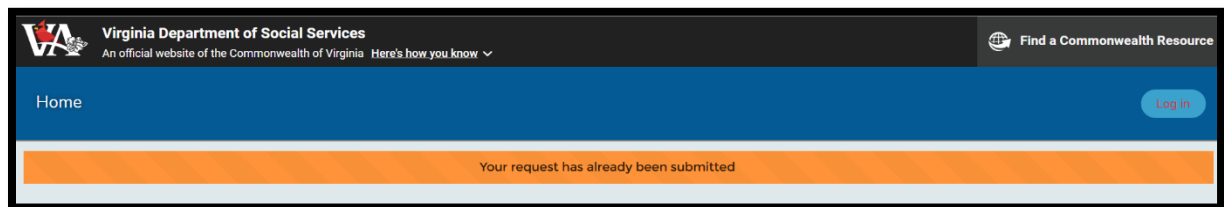
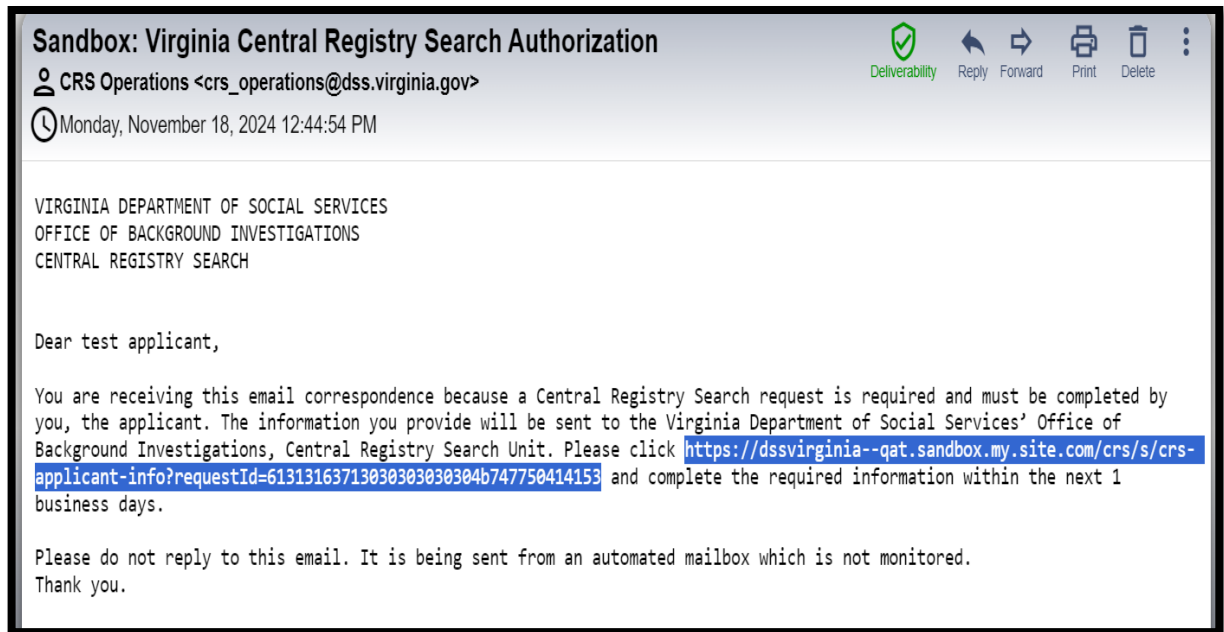
Submitting the request in the fully electronic process allows the applicant to complete their portion of the CRS request. The applicant will receive an email with a secure link, they are able to electronically sign and send back to the provider portal. This eliminates the need for the provider to download, obtain a wet signature and upload. OBI recommends this process as the most efficient way to create, submit and receive a determination letter.

1. A Provider can send the applicant portion of the central registry search request to the applicant via email. All fields with asterisk are required for the provider user to fill to proceed to send a link to the applicant to finish applicant portion of the application. Applicant first and last name and the applicant email address:

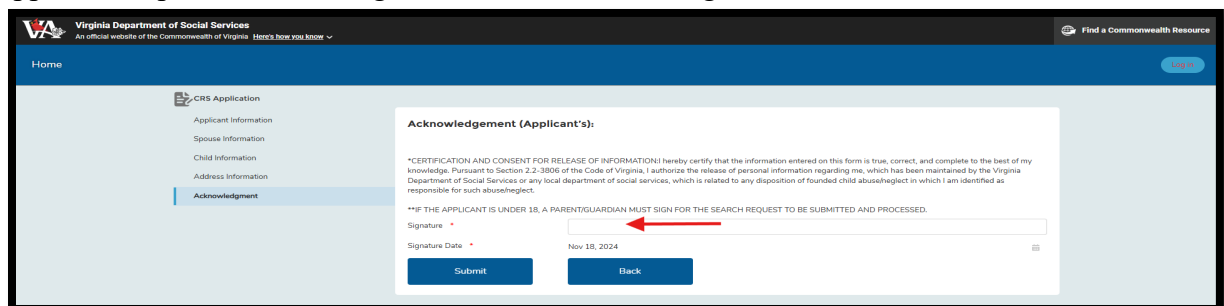
The screenshot displays a web form titled "CRS Request Summary". On the left is a sidebar with navigation links: Purpose Of Search, Facility Information (selected), Applicant Information, Spouse Information, Child Information, Address Information, Attachments, and Acknowledgment. The main form area is divided into sections. The "Facility Information" section includes fields for Facility Name (Skyline Day Care), Facility Mailing Address (1496 Watsons Wood Road, Crewe, VA, 22930, United States), Facility Phone Number (878787229), User Type (DOE User (Childcare/Education related)), Program Type (VA Childcare Facility or Program), and Facility ID Number (2002). Below this is a "Contact Information" table with columns for First Name, Last Name, Email, Phone, and Is Primary. It lists three users: EmployeeUser (Test, thnads@vopmail.com, (867) 454-3210), EmployeeUser2 (EmployeeUser2, enspglla-20@ssa.virginia.gov, (345) 678-9012, marked as primary), and DOE (User/Test, walia8888@vopmail.com, (123) 123-1231). The "Applicant Information" section has a question "Do you want to provide Applicant Information?" with radio buttons for Yes and No (selected). Below this is a red-bordered box titled "Proceed to fill details" containing three required fields: *Applicant Email, *First Name, and *Last Name. At the bottom are three buttons: Send, Back, and Cancel.

First Name	Last Name	Email	Phone	Is Primary
EmployeeUser	Test	thnads@vopmail.com	(867) 454-3210	
EmployeeUser2	EmployeeUser2	enspglla-20@ssa.virginia.gov	(345) 678-9012	✓
DOE	User/Test	walia8888@vopmail.com	(123) 123-1231	

The applicant will receive an email with a link which the user will be using to fill out the applicant portion of the application. The link received will be expired based on the configured time of expiration and once expired it will no longer be functional. The provider will need to start a new application and send a new link for the applicant.



All sections of the electronic applicant CRS request application are the same as the sections available to a provider completing the request for the applicant. The manual process requires the applicant to provide a wet signature at the Acknowledgment section.



Once an applicant uses the link received to fill out the application and returns the application back to the provider for submission, the link will no longer be functional.

When using the electronic process, a provider is not required to upload the signed CRS application to submit the request because the applicant has electronically signed the CRS request and completed the acknowledgement before sending the request back to the provider.

HOWEVER, if provider makes any change to any applicant portion of the application returned by the applicant, then provider is required to create and download the portal created form and upload a signed request form to submit the CRS request.

C. Editing a CRS request in Provider portal

A Provider can click on a CRS search request ID in the provider portal CRS dashboard to open a search request in view mode. If the request is in editable status (not submitted to OBI), the provider can click on 'Edit' buttons under different sections to make changes on the request if needed. Even if there are NO edits needed, the provider is still required to click on **each 'Edit' button** in all sections to review the CRS request and to proceed to move the request to pending payment.

If the request is in non-editable status, user can use 'Next' button to navigate between the pages of the request which will be read only.

Editable CRS search request provider portal statuses: Request Started, Action Required
Applicant Responded, Pending, Return for Revision

The screenshot shows the Virginia Department of Social Services OBI Provider Portal. The header includes the VA logo, the department name, and a link to find a Commonwealth Resource. The navigation bar has links for Home, CRS Dashboard, BIS Dashboard, Portability Dashboard, and Pending Payments. The main content area is titled "CRS Request Summary" and includes a checkbox for "Mark Record for Deletion". Below this, there are three input fields: "Custom Request Name" with the value "CRS", "Request ID" with the value "24110850001", and "Applicant Name" with the value "CRKLN NMN CRK". A red arrow points to a blue "Edit" button in the top right corner of the summary section.

The screenshot shows the "Applicant Information" page in the OBI Provider Portal. The page is divided into two main sections: "Applicant Information" and "Applicant Other Names Used". The "Applicant Information" section includes fields for "APPLICANT CURRENT FULL LEGAL NAME" (First Name, Middle Name, Last Name), "Gender", "Date of Birth", "Race", "Social Security Number", and "DRIVER'S LICENSE #". The "Applicant Other Names Used" section includes fields for "APPLICANT FULL LEGAL NAME GIVEN AT BIRTH" (First Name, Middle Name, Last Name) and "APPLICANT FULL LEGAL NAMES PREVIOUSLY USED" (First Name, Middle Name, Last Name). There are also checkboxes for "No Middle Name" and "No Middle Name" in several places. A blue "Next" button is located at the bottom right of the page.

D. Pending Payment Dashboard on provider portal

Once a provider finished creating an application or proceeded with an application returned by the applicant, user will have to add the request to the cart to initiate the payment process if a portal payment is applicable for the provider. Payment won't be applicable if the process is resubmission of application returned for revision where provider would simply submit the application with no payment similar to portal payment exempted providers.

Click on 'Save & Add to cart' to add the request to the cart (Pending Payment tab).

Adding the request to the cart will not update any status on the request.

Acknowledgement (Applicant's):

*CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION: I hereby certify that the information entered on this form is true, correct, and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the Code of Virginia, I authorize the release of personal information regarding me, which has been maintained by the Virginia Department of Social Services or any local department of social services, which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect.

**IF THE APPLICANT IS UNDER 18, A PARENT/GUARDIAN MUST SIGN FOR THE SEARCH REQUEST TO BE SUBMITTED AND PROCESSED.

Signature

Signature Date

[Save & Add to cart](#) [Back](#) [Cancel](#) [Español](#)

Virginia Department of Social Services
An official website of the Commonwealth of Virginia [Here's how you know](#) [Find a Commonwealth Resource](#)

Home CRS Dashboard BIS Dashboard Portability Dashboard **Pending Payments**

CRS Requests

	<input checked="" type="checkbox"/>	Request Id	Name	Fee	Type
1	<input checked="" type="checkbox"/>	24101750006	SHALOE YVONNE JOHNSON	10	CRS Request
2	<input checked="" type="checkbox"/>	24102350001	t NMN t	10	CRS Request
3	<input checked="" type="checkbox"/>	24102350002	t NMN t	10	CRS Request
4	<input checked="" type="checkbox"/>	24102550002	KKSS NMN KKSS	10	CRS Request
5	<input checked="" type="checkbox"/>	24102550001	SSSL NMN SSS	10	CRS Request

8	<input type="checkbox"/>	241104500017	PORTLN NMN CRK	15	Portability Request
9	<input type="checkbox"/>	24110550004	kk NMN	10	Portability Request
10	<input checked="" type="checkbox"/>	24110650003	Test Test Test	10	CRS Request
11	<input checked="" type="checkbox"/>	24110750001	KPL NMN KP	10	CRS Request
12	<input checked="" type="checkbox"/>	24110750004	KPL NMN KP	10	CRS Request
13	<input checked="" type="checkbox"/>	24110850001	CRKLN NMN CRK	10	CRS Request
14	<input checked="" type="checkbox"/>	24110850002	kk kp kp	10	CRS Request
15	<input checked="" type="checkbox"/>	24110850003	kk k kk	10	CRS Request
16	<input checked="" type="checkbox"/>	24110850009	Test Test Test	10	CRS Request
17	<input checked="" type="checkbox"/>	24110950001	Test Test Test	10	CRS Request
18	<input checked="" type="checkbox"/>	24110950002	Hyperlink Test Test	15	Portability Request
19	<input checked="" type="checkbox"/>	24110950004	TestHyperlink1 Test Test	15	Portability Request
20	<input checked="" type="checkbox"/>	24111150002	prachi NMN In	10	CRS Request
21	<input checked="" type="checkbox"/>	24111950017	Test Test Test	10	CRS Request

[Error!](#)
Please select less than or equal 10 rows

[Previous](#) 1-21 of 21 | Page of 1 [Next](#)

Request (CRS request/Portability request) added to cart will become visible under the 'Pending Payment' tab. Provider can only make a payment to maximum of 10 request at a time.

Select up to 10 request to proceed with payment. Depending on the configured fee at the backend (Currently configured fees: CRS search request fee = 10, Portability Request fee = 15), user will be seeing the total amount due.

<input checked="" type="checkbox"/>	24110750004	KPL NMN KP	10	CRS Request
<input checked="" type="checkbox"/>	24110850001	CRKLN NMN CRK	10	CRS Request
<input checked="" type="checkbox"/>	24110850002	kk kp kp	10	CRS Request
<input checked="" type="checkbox"/>	24110850003	kk k kk	10	CRS Request
<input checked="" type="checkbox"/>	24110850009	Test Test Test	10	CRS Request
<input checked="" type="checkbox"/>	24110950001	Test Test Test	10	CRS Request
<input checked="" type="checkbox"/>	24110950002	Hyperlink Test Test	15	Portability Request
<input checked="" type="checkbox"/>	24110950004	Test-Hyperlink1 Test Test	15	Portability Request
<input checked="" type="checkbox"/>	24111150002	prachi NMN In	10	CRS Request
<input checked="" type="checkbox"/>	24111950017	Test Test Test	10	CRS Request

← Prev

1-21 of 21 | Page of 1

Next →

Total Selected Fee Amount = 110

Proceed Total Fee Amount

User has two Types of Transaction to select to proceed with payment: Echeck, Debit/Credit

IS DashboardPortability DashboardPending Payments


Payment

Total Amount Due
110

* Type of Transaction
Select an Option
Echeck
Debit/Credit

Once type of transaction is selected and user clicks on 'Make Payment' button, user will be redirected to the Elavon payment system, and the portal status of the CRS search request will be updated to 'Pending'. Elavon checkout screen and payee information page when selected Type of Transaction = Echeck

[Return to Merchant](#)




This page cannot be refreshed.

Order Section


Amount	110.00 USD
Search Request ID	Payment

Please be aware there is a 1 to 3 day business processing time.

Checkout



[Back to Order Section](#)



This page cannot be refreshed.

Order Section

Amount	110.00 USD
Search Request ID	Payment

Payment

CHECK

Bank Routing Number *

Bank Account Number *

Bank Account Type ☒ Personal ☐ Business

By Clicking the "I Agree" box below, you authorize undefined to use information from your check to initiate a one-time fund transfer from your account or to process the payment as a check transaction or bank drawn draft from your account for the amount of \$110.00. If your payment is returned due to insufficient funds, you authorize us to make a one-time electronic funds transfer or to use a bank draft drawn from your account to collect a fee as allowed by state law.

☐ I Agree

Billing Address

Company

First Name *

Last name *

Address1 *

Address2

City *

State/Province *

Postal Code *

Country *

Email Address *

Phone *

Elavon checkout screen and payee information page when selected Type of Transaction = Debit/Credit

Return to Merchant

Service Fee separately charged by Elavon and is non-refundable. If you do not want to pay this fee, click [Return to Merchant](#) and pay by alternative means.

This page cannot be refreshed.

Order Section

This payment will be processed as two separate payments (for Amount and Service Fee)

Amount	110.00 USD
Service Fee (2.3%)	2.53 USD
Total of all charges and fees	112.53 USD

Service fee is non-refundable.

Search Request ID
Payment

Please be aware there is a 1 to 3 day business processing time.

Checkout

Back to Order Section

Service Fee separately charged by Elavon and is non-refundable. If you do not want to pay this fee, click [Back to Order Section](#) and then [Return to Merchant](#) on following screen and pay by alternative means.

This page cannot be refreshed.

Order Section

Amount	110.00 USD
Service Fee (2.3%)	2.53 USD
Total of all charges and fees	112.53 USD

Search Request ID
Payment

Payment

PAYMENT CARD

Card Number *

Expiration Date(MM/YY) *
CVV2 *

Billing Address

Company

First Name *
Last name *

Address1 *

Address2

City *
State/Province *
Postal Code *

Country *

Email Address *

Phone *

Please be aware there is a 1 to 3 day business processing time.

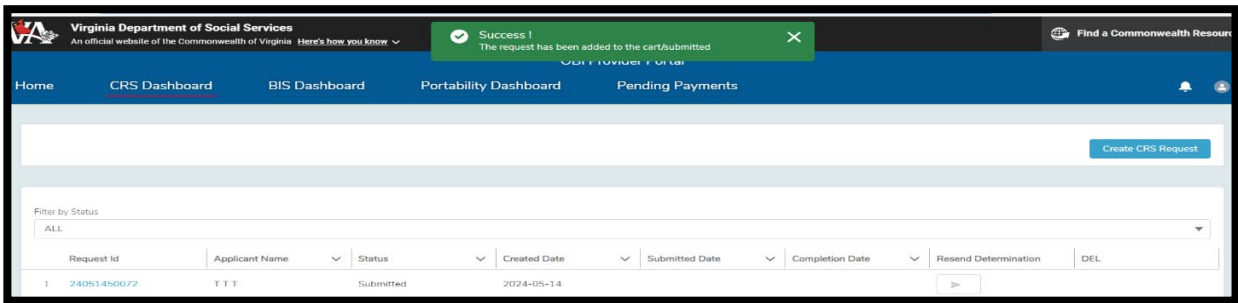
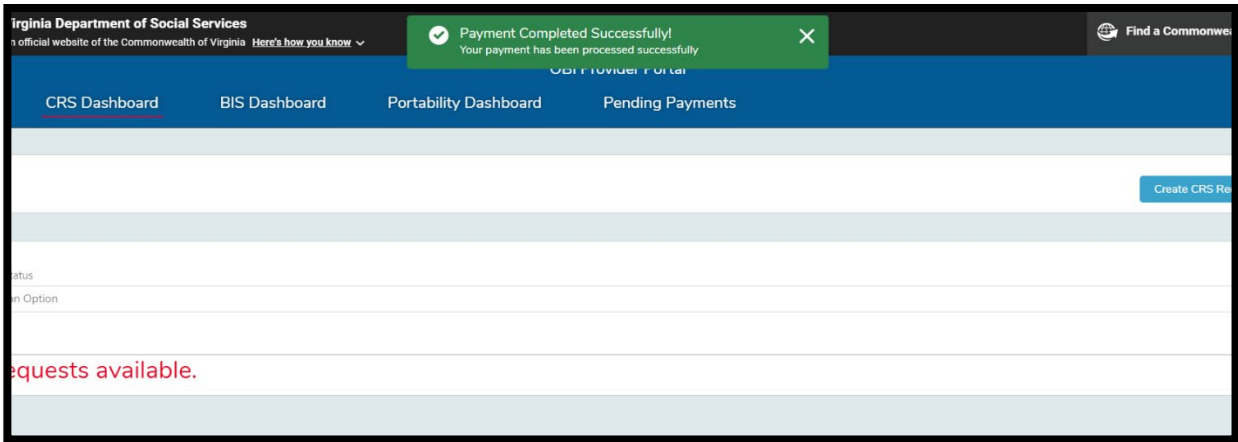
☐ I agree to the [Terms and Conditions](#) of the charges applied

Submit Payment

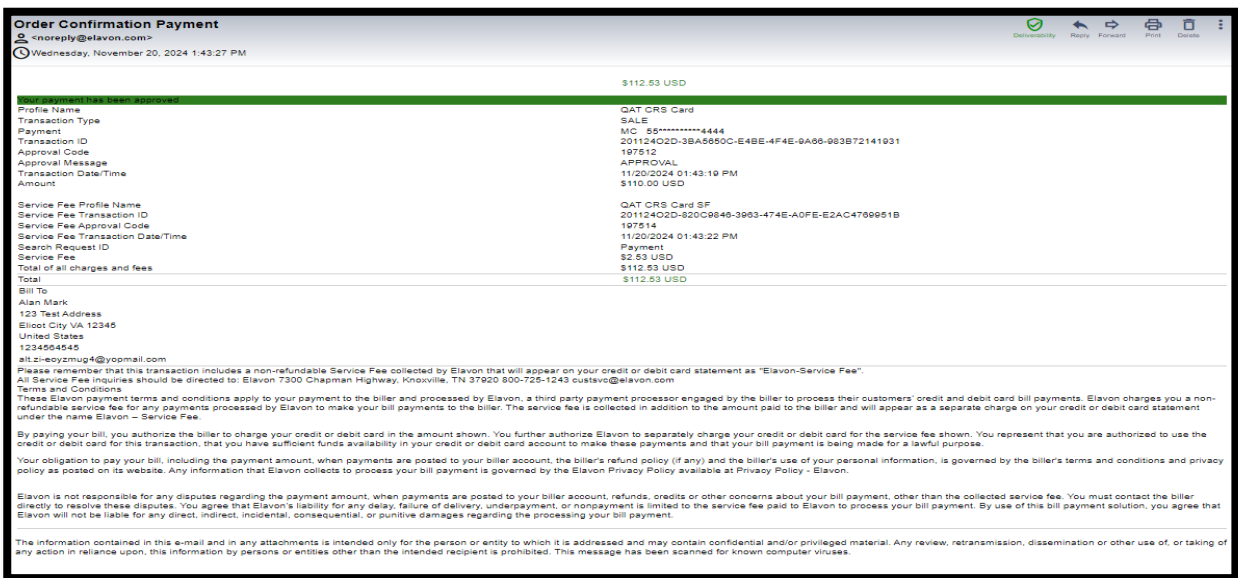
To proceed, you must click on the I agree checkbox.

[Elavon Privacy Policy](#)

Once user makes successful payment user will be seeing a success message once redirected to the CRS Dashboard on provider portal and the portal status of the CRS request will be updated to 'Submitted' portal status and Activity & Activity Status will be updated from 'Intake Started' to 'Intake Completed' at the backend. User will also be receiving a payment confirmation email based on the email provided while making payment. All successfully submitted CRS search requests will be added to the CRS Review Queue as soon as the Activity & Activity status of the request is update to 'Intake Completed' at the backend.



You will receive a payment receipt to the email address entered during the payment process.



If payment is not successful when payment is applicable or request isn't successfully submitted to the Backoffice, the portal status of the request will remain 'Pending' with backend Activity and Activity Status 'Intake Started'. You must complete payment for the request to be submitted.

E. CRS search request portal statuses

Below is a list of CRS request statuses a Provider will be able to see, based on the user who is working on the request and the stage of the request:

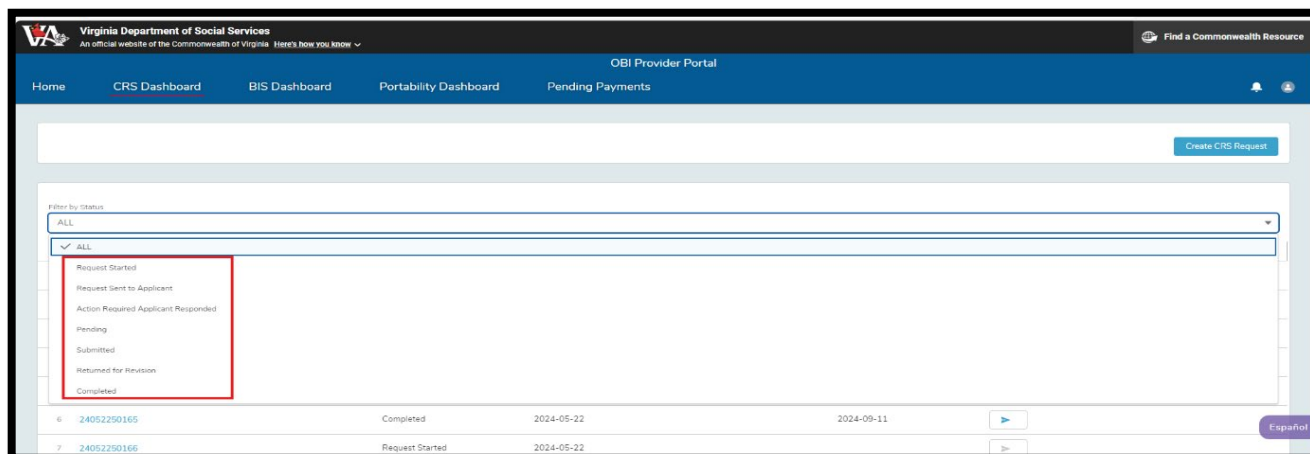
- a. **Request Started** – This is the first status a CRS request will have as soon as the provider starts creating the request. The CRS request will remain with this status while it is in the draft stage with the provider. Provider can be able to continue editing an application with this status at any time to proceed to payment/submission.
- b. **Request Sent to Applicant** – A CRS request will have this status when the provider is sending a link the applicant to finish the applicant portion of the application. The CRS request will remain with this status while it is with the applicant. Provider cannot be able to edit an application with this status as it is with the applicant to edit.
- c. **Action Required Applicant Responded** – A CRS request will have this status when the applicant returns the application after filling out the applicant portion of the application and returns it back to the provider. Provider can be able to continue editing an application with this status at any time to proceed to payment/submission.
- d. **Pending** – A CRS request will have this status when the provider initiates the payment process and user is redirected to the Elavon system to provide payment details. The CRS request will remain with this status until a successful payment is made by the provider via Elavon.
- e. **Submitted** – A CRS request will have this status when:
 - 1. Provider is portal payment applicable user, and user makes a successful payment through Elavon to submit the CRS search request application to the OBI Backoffice with no issues.
 - OR
 - 2. Provider is portal payment exempted user, and user is able to successfully submit the CRS request application to the OBI Backoffice with no issues.

The Provider cannot edit an application with a submitted status as it is with the OBI Backoffice being processed. The CRS request will remain with this status until the request is either returned for revision if any issues are identified by the Backoffice while being processed OR the request is completed, and a determination has been set after being processed by the OBI Backoffice. (Determination is sent to the email address used to register the primary account)

- f. **Returned for Revision** – A CRS request will have this status when the CRS request is returned for revision for the provider to make edits and resubmit. Payment applicable provider will not be making additional payment toward the CRS request during resubmission as it is already paid for during the initial submission.

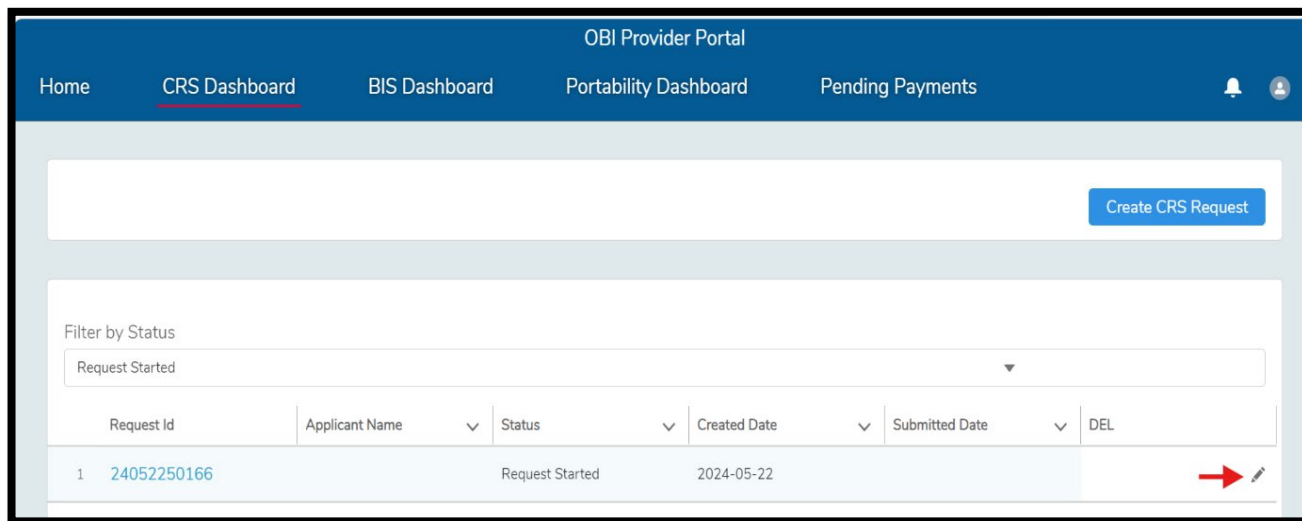
- g. **Completed** – A CRS request will have this status when the CRS request is processed by the OBI Backoffice, and a determination has been set. Provider cannot edit a CRS request with this status.

A Provider can use the status filter under the 'CRS Dashboard' to filter by the above stated statuses of the CRS requests.



F. Mark a request for Deletion

When a CRS request is with any of these statuses, provider user can mark the record for deletion: Request Started, Request Sent to Applicant, Action Required Applicant, Responded, Pending. There are two ways to mark/unmark a record for deletion: From the list view page Click of the pencil icon on the record to mark for deletion



Click on the ‘Mark Record for Deletion’ checkbox on the detail page of the request to see the confirmation window. Click on ‘Confirm’ button to mark the record for deletion.

Virginia Department of Social Services
An official website of the Commonwealth of Virginia [Here's how you know](#) Find a Commonwealth Resource

OBI Provider Portal

Home CRS Dashboard BIS Dashboard Portability Dashboard Pending Payments

☐ Mark Record for Deletion

CRS Request Summary

Custom Request Name: Edit

Request ID:

Applicant Name:

Status: Español

Created Date:

After confirming, click on ‘Save’ button at the bottom of the screen to save the change.

Unmarking the request for deletion is also the same process as stated above except there will be no confirmation screen for the user to confirm. But user is still required to click on the ‘Save’ button at the bottom of the screen to save the change.

	Request ID	Applicant Name	Status	Created Date	Submitted Date
24	24100350016		Request Started	2024-10-03	2024-10-03
25	24100350015		Request Started	2024-10-03	2024-10-03
26	24100350018		Request Started	2024-10-03	2024-10-03
27	24100750005	Tina NMN Test	Request Started	2024-10-07	2024-10-07
28	24100750013		Request Started	2024-10-07	2024-10-07
29	24100750014	tina NMN test	Request Started	2024-10-07	2024-10-07
30	24100750016	test as test	Request Started	2024-10-07	2024-10-07

Cancel Save ← Prev 1-30 of 73 | Page of 3 Next → Español

You can also delete a record from the details page of the CRS request: Click on the Request Id hyperlink to open the request detail page in a new tab.

Virginia Department of Social Services
An official website of the Commonwealth of Virginia [Here's how you know](#) Find a Commonwealth Resource

OBI Provider Portal

Home CRS Dashboard BIS Dashboard Portability Dashboard Pending Payments

Create CRS Request

Filter by Status
Request Started

	Request Id	Applicant Name	Status	Created Date	Submitted Date	DEL
1	24052250166		Request Started	2024-05-22		
2	24052250167		Request Started	2024-05-22		

Español

Click on the ‘Mark Record for Deletion’ checkbox on the detail page of the request to see the confirmation window.

The screenshot shows the OBI Provider Portal interface. At the top, there is a header with the Virginia Department of Social Services logo and navigation links. Below the header, a blue navigation bar contains links to Home, CRS Dashboard, BIS Dashboard, Portability Dashboard, and Pending Payments. The main content area displays a 'CRS Request Summary' form. A red arrow points to the 'Mark Record for Deletion' checkbox, which is currently unchecked. The form includes fields for Custom Request Name (test), Request ID (24052250166), Applicant Name, Status (Request Started), and Created Date (May 22, 2024). An 'Edit' button is visible in the top right corner of the form.

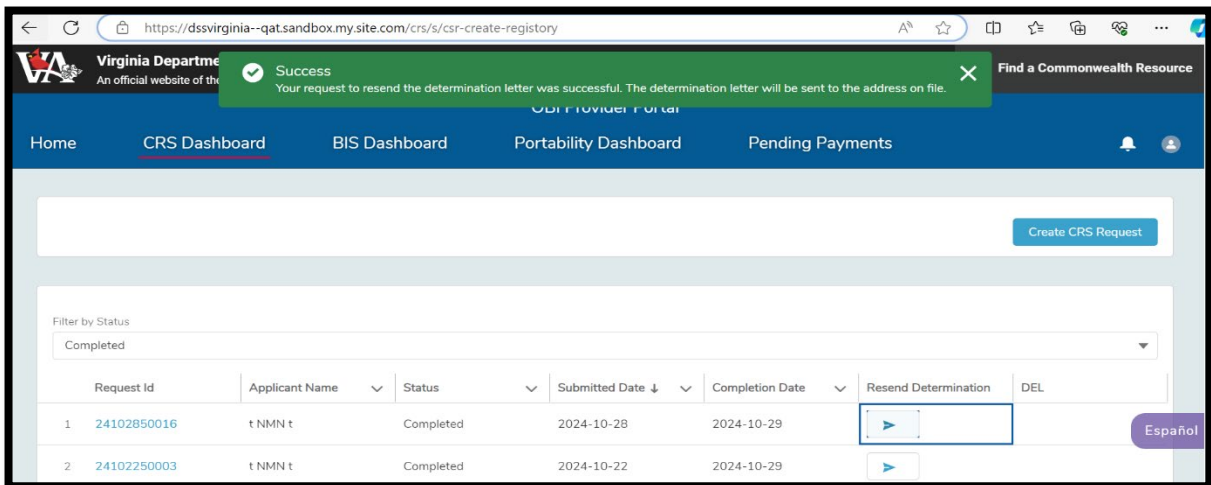
Click on ‘Confirm’ button to mark the record for deletion.

This screenshot shows the same OBI Provider Portal interface, but with a 'Confirm' dialog box overlaid on the 'CRS Request Summary' form. The 'Mark Record for Deletion' checkbox is now checked. The dialog box contains the following text: 'You have marked an applicant record for permanent deletion. This record will be deleted by the system in the next few hours. This action cannot be undone. Are you sure you wish to proceed?'. At the bottom of the dialog box, there are two buttons: 'Cancel' and 'Confirm'.

This screenshot shows the OBI Provider Portal interface after the confirmation step. A green success message banner at the top reads: 'The CRS Request has been marked for deletion successfully'. The 'CRS Request Summary' form is visible below, with the 'Mark Record for Deletion' checkbox checked. The 'Custom Request Name' field is empty, and the 'Request ID' field is partially visible. An 'Edit' button is located in the top right corner of the form.

Once a record is marked for deletion by any of the above two options, the record will be deleted from the system based on the scheduled job by mid-night on the same day. But in the meantime, user can unmark the record from deletion if needed.

A provider can also check the DEL checkbox and click away anywhere on the page to see the confirmation box and confirm. After confirming, click on 'Save' button at the bottom of the screen to save the change.



- G. **Resend Determination** - For a request that is with 'Completed' status, provider user has the option to resend determination letter using the 'Resend Determination' button from the list view page.

Click on the 'Resend Determination' button for the system to send the most recent determination letter generated for the search request to the primary contact of the provider facility.

OBI Provider Portal Registration & Portal

Create a CRS Request

The Office of Background Investigations (OBI) Provider Portal requires registration and approval for access by the OBI. Your registration for portal access will allow you to create and submit CRS requests options, but also access to view BIS applicants as they are processed and completed. There is also a new option to request any determination letter be resent to the primary account holder. **Before you register, there are several questions and decisions to consider for your facility or program.**

1. Will there be more than one person submitting Central Registry Search requests online?

If the answer is YES, you MUST identify a primary person who will receive the determination letters for ALL CRS search requests. This primary person will register FIRST and be designated as 'primary'. The primary user can then add up to five (5) authorized users to the facility/provider account and the primary account holder will still receive the determination results.

2. Will the same person be receiving determination letters for the Central Registry Search request and the Criminal Background Fingerprint request for your agency?

If the answer is YES, great! Nothing further to consider. If the answer is NO – there is a specific registration sequence, and you should follow the steps are below in the step-by-step guide.

3. Manual vs. Online submission: While you are still allowed to download the new CRS Search request form, complete it with your applicant information and mail it in to the OBI office, we want to be clear, this is outside of the OBI Provider Portal and you will have no access to your central registry form, applicant info or the option to resend any determination letters. It is important to decide how your facility/program will complete these central registry search requests.

It is recommended for all facilities/providers register and utilize the OBI Provider Portal.

There are two options available online:

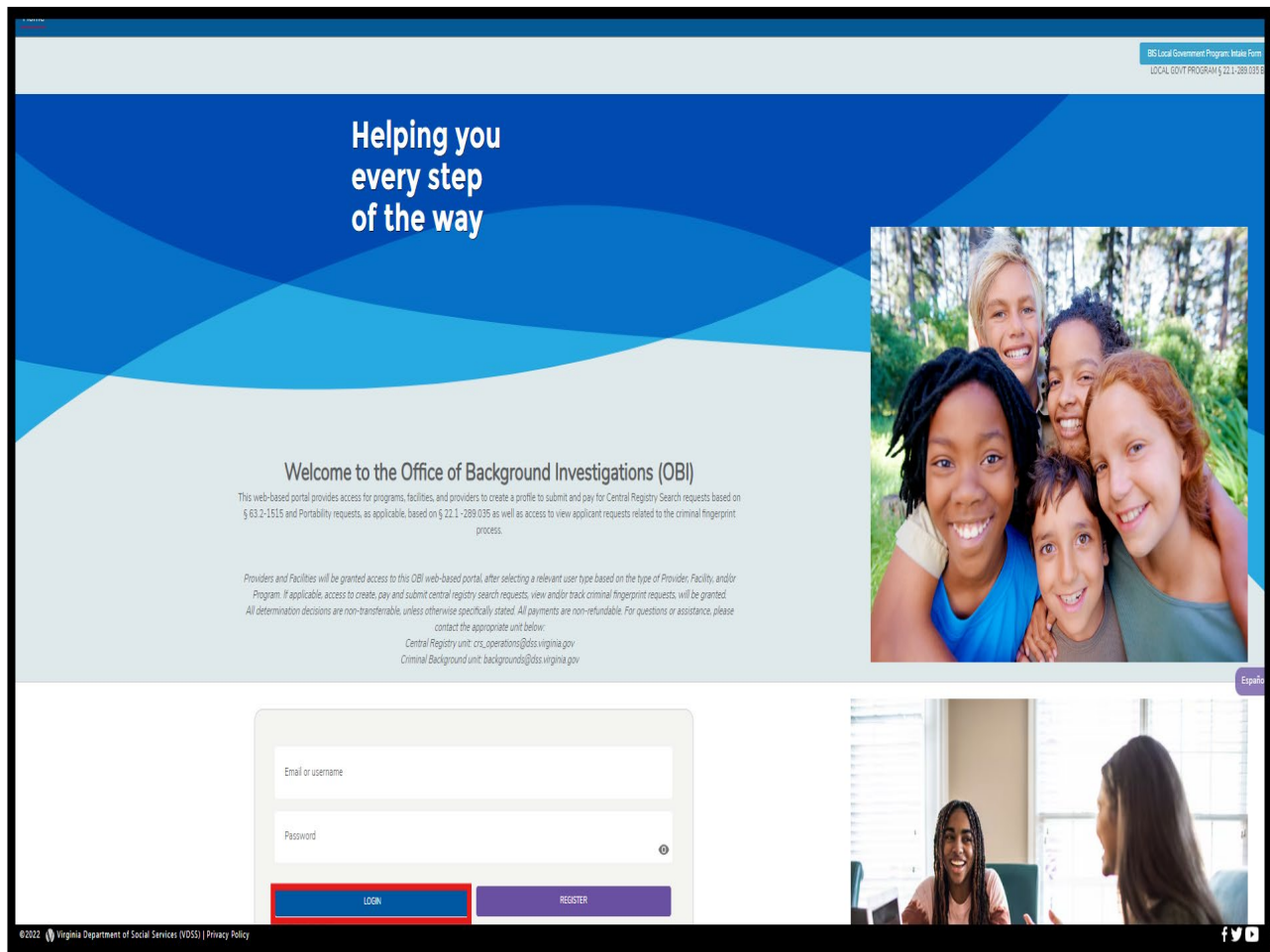
- a. the provider can fill in all required information for the applicant (requires a wet signature by the applicant) OR
- b. the provider can send a secure link from within their OBI Provider portal, to the applicant's email address and the applicant can then complete CRS request form, electronically sign and send it back to the provider online with the click of a button.

Using the electronic method and having your applicant complete their own information with an electronic signature is the most efficient way to complete the CRS request. You, the provider, will still be able to download their completed form if you wish to save it hard copy but you will not have to download and upload the CRS request form with a wet signature for submission.

You will need to gather a few pieces of information to ensure you can successfully complete the registration process for the OBI Provider Portal.

1. An email address for registration, understanding this email address will be where determinations are sent.
2. If Yes to the criminal background request question: Exactly how your facility name appears for licensing purposes – EX. If your licensing paperwork shows Our Child Care Preschool and Learning Program #303, that is exactly how you want to enter your Facility name when registering and,
3. The facility/program address listed with licensing.

The landing page for the new OBI Provider Portal is similar, see below:



User registration & approval process

1. To register for the provider portal, click 'Register' on the homepage of the OBI Provider Portal. URL: centralregistry.dss.virginia.gov/crs/s/?language=en_US
2. Enter your Primary contact information. **THE EMAIL ADDRESS ENTERED TO REGISTER WILL BE THE EMAIL ADDRESS SET TO RECEIVE YOUR DETERMINATION RESULTS.**

MENT
ES

Home

OBI Provider Portal

* Primary Contact First Name

* Primary Contact Last Name

* Primary Contact Email

* Confirm Email

* Primary Contact Phone Number

* User Type

Select Option

Back Sign Up

THE EMAIL ADDRESS YOU ENTER TO REGISTER WILL ALSO BE WHERE YOUR DETERMINATION LETTERS WILL BE SENT. THERE IS NO ADDITIONAL OPTION WITHIN THE PORTAL.

3. Select a User Type.
 - DOE: Users with a Program Type of VA Childcare Facility or Program will have access to the Portability Dashboard after registration. You will be required to complete a payment after registration to successfully submit a CRS request.
 - VA Exempt Gov Agency and LDSS Exempt users will not have to enter a payment for CRS Requests after registration.
 - IAT VA State Agency users will be required to continue to utilize the designated payment method via state account transfer.
 - Employer, DOE Public/Private School, LDSS Employer and Individual users will be required to complete a payment after registration to successfully submit a CRS request.

*****If your facility or program utilizes OBI for the processing, review and determination for criminal background fingerprint applicants, you will also have access to view/track these requests. You will be asked during your registration if this process is applicable for your facility/program.***

****USER TYPE OPTIONS:** There are several new user types. Please review carefully. If you are unsure, please contact OBI before you register.

DOE: Department of Education. This has a sub type: Va Public/Private School/Educational Institution and VA Childcare Facility or Program

Employer: A provider/facility/program not licensed by DOE, LDSS, IAT or Exempt.

VA Exempt Gov Agency: A volunteer with a Virginia affiliate of Big Brothers/Big Sisters of America, (b) Virginia affiliate of Compeer, (c) Virginia affiliate of Childhelp USA, (d) volunteer fire company or volunteer emergency medical services agency, or (e) court-appointed special advocate program pursuant to § 9.1-153

Individual: You are an individual not affiliated with a facility/agency or program and need to submit central registry search requests – Criminal background is NOT through OBI.

LDSS Employer: Employees and volunteers in a LDSS – Criminal background NOT through OBI, you will register for Central Registry Access only.

LDSS Exempt: Child programs such as CPS, FC, Adopt, Emergency placement – Criminal background IS through OBI.

IAT VA State Agency: T-Code agency – Criminal background IS through OBI.

DOE User (Childcare/Education related)
Employer
VA Exempt Gov Agency
Individual
LDSS Employer
LDSS Exempt
IAT VA State Agency

1. Validation Questions will depend on the User Type selected. The user must correctly answer Validation Questions, or they will be prompted to select a different User Type. You should read the Validation questions carefully. ****See the example below of the validation questions as it relates to specific user types.**

* User Type

LDSS Exempt ▼

* Are you registering as a VA local department of social services EXEMPT agency to process requests related to child welfare?

Yes ▼

* You are registering as a VA LDSS Exempt agency to submit central registry search requests for cps, foster care or adoption; this will not require payment. Can you please confirm if you want to proceed as a VA LDSS Exempt gov agency user?

Yes ▼

* Does your agency also require applicants to complete a criminal fingerprint- based background request which is processed through the office of background investigations (OBI)?

Yes ▼

2. The Final Validation Question will be ‘Does your agency also require applicants to complete a criminal fingerprint- based background request which is processed through the office of background investigations (OBI)?’

- Answering **No** will allow the user to **manually** enter the Facility Information, indicating your agency does NOT utilize OBI for processing and determination results for criminal background fingerprint requests. You will be registered to create, submit and track Central Registry Search requests.
***Note: Certain user types will be prompted the select your agency from a drop-down list. IAT and LDSS user types will be associated with your agency identifier (T-code or FIPS code) See one example below:**

* User Type

IAT VA State Agency ▼

* Are you registering as a provider who has a T-CODE assigned by the Office of Background Investigations (OBI)?

Yes ▼

* You are registering as a VA agency assigned a t-code to submit central registry search requests; this will not require upfront payment and your agency will be invoiced monthly. Can you please confirm if you want to proceed as a IAT VA state agency user?

Yes ▼

* Does your agency also require applicants to complete a criminal fingerprint- based background request which is processed through the office of background investigations (OBI)?

No ▼

Facility Information

* Facility Name * Facility/Provider Phone Number

Enter your facility/program name here as you want it to appear on the determination letters.

* Facility Address

* Street

* City

* State

* Postal Code

* Country

* Agency Name

T Code

This is where select user types will choose their agency name from a drop down list.

- Answering **Yes** will prompt the user to search for an existing Facility in our OBI Provider portal. The user will enter a facility name and facility address as it is listed with their licensing agency. The user will be registered to create, submit and track Central Registry Search requests as well as to view/track applicants who have completed the fingerprint process through Fieldprint for OBI processing.
- All Facilities answering yes, will require approval by OBI. Once you have completed your registration, OBI will receive notice of the request to register. Once approved, the registration email with a set password link will be sent to the email address used at registration.
****Only Licensed Facilities with a Facility ID number associated will be returned in the search results, to ensure only BIS Facilities are used. See one example below:**

* User Type
Employer

* Are you registering for a facility, agency or program type associated with the VA department of education, VA local department of social services, or a VA state agency who utilizes the interagency transfer process?
No

* You are registering as an employer to submit central registry search requests; this will require payment. Can you please confirm if you want to proceed as an Employer?
Yes

* Does your agency also require applicants to complete a criminal fingerprint- based background request which is processed through the office of background investigations (OBI)?
Yes

Facility Information

* Facility Name

Facility Address

* Street

* City

* State
Select an Option

* PostalCode

Search Facility

YOU MUST ENTER YOUR FACILITY NAME AND ADDRESS EXACTLY AS IT APPEARS WITH YOUR LICENSING AGENCY

- After entering your facility information with the proper naming/address, you will click search. If your agency is found in our system, a pop up window will appear with the facility information. Confirm the system has identified the correct facility before choosing the populated facility. You can attempt to locate your facility three (3) times. If you are unsuccessful, will receive an error message and be returned to the OBI Provider portal home page. If you are unable to locate your facility and you believe you have entered all the information correctly, please contact OBI at backgrounds@dss.virginia.gov to request your facility name and address as it appears in our system.

Facility Information

Facility Name	Facility/Provider Phone Number	Street	City	State	PostalCode	Country
WINCHESTER DSS	(540) 662-3807	24 Baker Street	Winchester	VA	22601	USA

Cancel Confirm

4. **ALL USERS** must accept the Disclaimer statement before clicking Sign Up.

DISCLAIMER:

The Virginia Department of Social Services computer system, and its component parts, contains privileged customer and government information. Access to this information is restricted to the Department of Social Services users.

Unauthorized access, use, misuse or modification of the data or the system, or unauthorized printing or release of data is a violation of Department policy. It is also a violation of Title 18, United States Code Section, 1030. Violators may be subject to criminal and civil penalties, including but not limited to a fine up to \$5,000 and/or 5 years in prison, as set forth in Title 26, United States Code section 7213 and 7431.

The computer system, its component parts and related equipment are subject to monitoring. All transactions on the online system or its component parts may be monitored, recorded, or analyzed. This includes, but is not limited to accessing, communicating, transmitting, processing, or storing data.

Please be aware that during your visit to the system, we will record the following information:

Your User ID
Date/Time of transaction
IP Address
Actions Performed

This information may be provided upon request to any authorized personnel.

☒ Agree & Continue
☐ Disagree

[Back](#) [Sign Up](#)

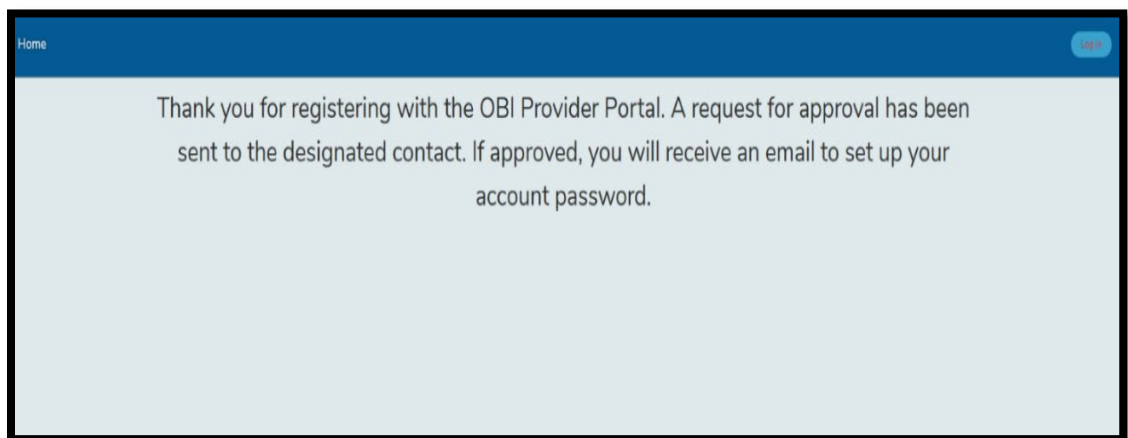
5. After clicking sign up, you will receive a success message.

Your user has been created successfully!
You will receive email to set password.

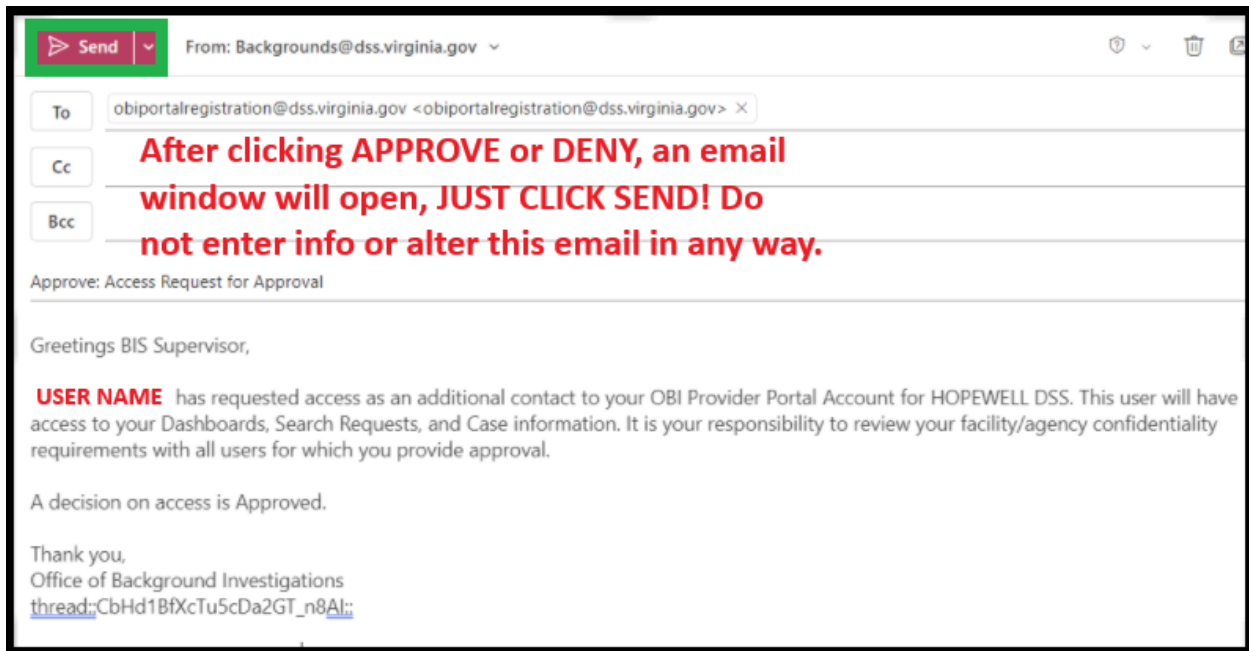
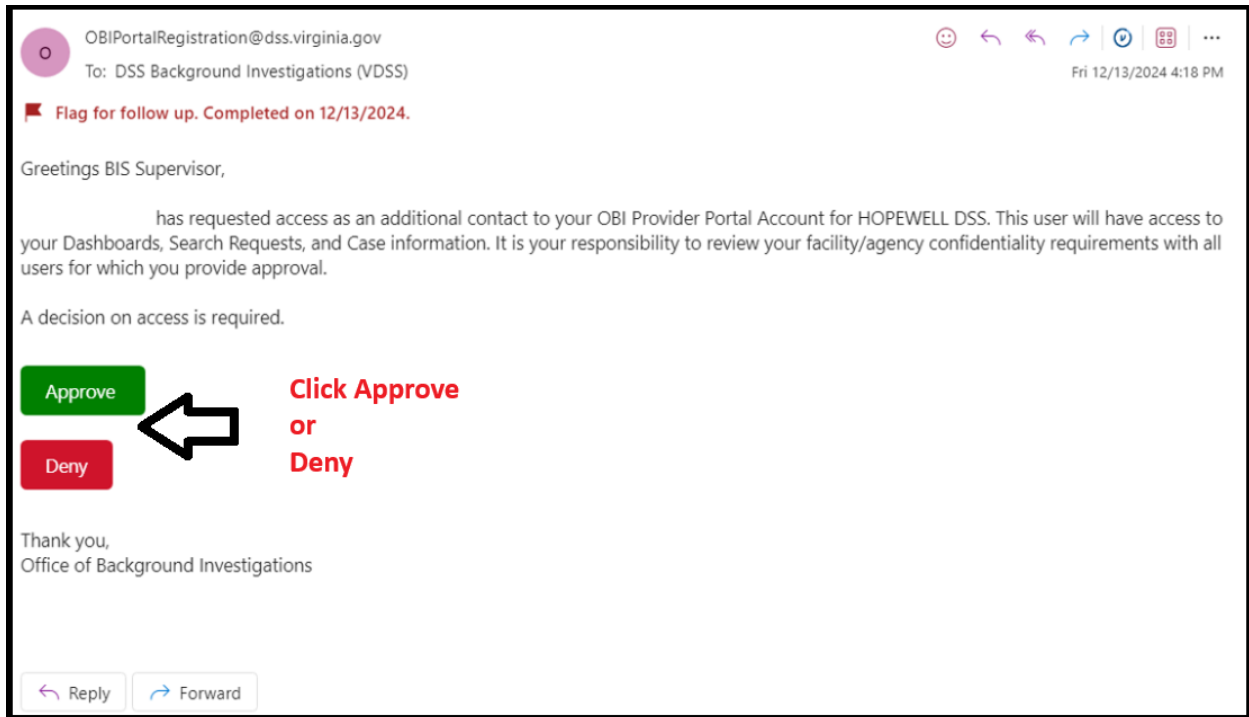
6. If the user has answered **No** to the Final Validation Question ‘Does your agency also require applicants to complete a criminal fingerprint- based background request which is processed through the office of background investigations (OBI)?’, a new Facility will be created in the backend of the provider portal based on the Facility Information that was entered during User Registration. A registration success email will be sent to the email address used during registration and a set password link will be available in the email. The user will be added as a Contact related to the Facility with a flag ‘Is Primary’ checked. This Primary User will have the ability to click the profile icon (top right-hand corner of the provider portal) and choose

Edit Registration to update information AND add up to five (5) additional contacts, who will be listed as secondary users. Additional contacts will require a name and email address. The secondary user(s) will also receive a registration email and a set password link. They will be able to create, view and track applicants for the Central Registry. **Only the primary registered user who created the account will receive determination letters.**

7. If the user has answered **Yes** to the Final Validation Question will be 'Does your agency also require applicants to complete a criminal fingerprint- based background request which is processed through the office of background investigations (OBI)?', the registration will be associated with an identified Facility and Facility ID and the user will be registered to create, submit and track Central Registry applicants as well as associated Criminal background fingerprint (BIS) applicant requests. After OBI approves, a registration success email will be sent to the email address used during registration and a set password link will be available in the email. The user will be added as a Contact related to the Facility and if there is no previous registration for this facility, the user will be marked as Primary user and will receive ALL determinations (BOTH CRS & BIS) for requests created or associated with the Facility/Facility ID. This Primary User will have the ability to click the profile icon (top right-hand corner or the provider portal) and choose Edit Registration to update information **AND** add additional contacts who will be listed as secondary users. Additional contacts will require a name and email address. The secondary user(s) will also receive a registration email and a set password link. They will be able to create, view and track applicants for the CRS requests & view/track BIS requests. Only the primary registered user who created the account will receive determination letters.
8. If another person registers after the primary user is set, the primary user will receive the approve or deny email request. The primary user should click approve or deny and send to send the response back to the system. If approved, the user will be added as a secondary contact. If denied, the user will receive a denial email. Examples of success message is below:



Example of the Approve/Deny access email and send:



9. Any questions or concerns with the registration process should be directed to OBI via email. Please include your agency name, contact name and phone number with a description of your question(s).

Central Registry questions: crs_operations@dss.virginia.gov

Criminal background fingerprint questions: backgrounds@dss.virginia.gov



Adam Walsh State Contacts and Procedures for Child Abuse Registry Checks

We strive to keep this list accurate and up to date. If you do notice any discrepancies, please contact us at centersupport@usf.edu so we can make any needed corrections.

Please Note: We maintain the listing for child placement purposes, not for employment.

STATE	CONTACT INFO	REQUIREMENTS/PROCEDURES
ALABAMA	<p>State of Alabama, Dept. of Human Resources, Child Abuse & Neglect Registry, 50 Ripley Street Montgomery, AL 36130</p> <p>Phone: (334) 242-9500 Fax: (334) 242-0939</p>	<p>Form Required (1598): https://dhr.alabama.gov/wp-content/uploads/2019/07/form1598.pdf</p> <p>Instructions to complete form 1598 : https://dhr.alabama.gov/wp-content/uploads/2019/07/InstructionsforCentralRegistryForm.pdf</p> <p>Original copy required, must be mailed via US Mai, UPS or Fed Ex.</p>
ALASKA	<p>Department of Health & Social Services 323 East 4th Avenue Anchorage, AK 99501</p> <p>Phone: (907) 269-4026 Fax: (907) 269-4098</p>	<p>Form Required: Clearance Form</p> <p>Email completed form to: Hss.ocsanccpchecks@alaska.gov</p> <p>Complete Instructions Available Online: http://dhss.alaska.gov/ocs/Pages/childprotection/default.aspx</p>
AMERICAN SAMOA		<p>Their registry is local and not available online. You must e-mail the agency to request the form</p> <p>Emails for the CPS unit to request the check are:</p> <p>CPS Branch Manager, Tufa Avegalio CFSD: Tufanua Avegalio : tavegalio@dhss.as</p> <p>Or CPS Program Coordinator Omeka "Max" Gaisoa: jezeniahhoo.com</p>
ARIZONA	<p>Arizona Department of Child Safety Central Registry P.O. Box 6030, Site Code C010-20 Phoenix, AZ 85005-6030 Fax: (833)856-8925</p>	<p>Form Required: Form CSO-1131A https://dcs.az.gov/file/14097/download?token=AYfSEg0h</p> <p>If you live in Arizona and are required to conduct this check for another state, please contact FHLAWA@azdcs.gov or call 602-255-</p>

	<p>For questions, contact Jermaine Moore-Tabron (Jermaine.Moore-Tabron@azdsc.gov) (602)255-2642 or Leticia Chavez (leticia.chavez@azdcs.gov)/ (602)255-2632.</p> <p>Please allow 3-5 business days for perspective caregivers or 7-10 business days for employment prior to sending a status update request.</p> <p>Forms may be faxed or emailed to DCSCentralRegistry@azdcs.gov. (Email is preferred). Adam Walsh requests requires an email address and CURRENT mailing address. Incomplete or unsigned requests cannot be processed and will be returned. Emailed request must be sent as a PDF attachment. Images, screenshots and other formats may be rejected.</p>	<p>2801. https://dcs.az.gov/content/cso-1131a</p> <p>Form CSO-1058A https://dcs.az.gov/file/12889/download?token=32jjldV8 To be used for placing children. https://dcs.az.gov/content/cso-1058a</p> <p>Form DCS-1083A https://dcs.az.gov/file/13311/download?token=iUts8VVQ To be used for employment purposes. https://dcs.az.gov/content/dcs-1083a</p> <p>ALL Adam Walsh requests require an email address. Incomplete or unsigned requests cannot be processed and will be returned. Additional info can be found online here: https://dcs.az.gov/</p>
ARKANSAS	<p>Arkansas Child Maltreatment Central Registry P.O. Box 1437, Slot S 566 Little Rock, AR 72203</p> <p>Phone: (501) 682-0405 Fax: (501) 682-0407</p> <p>Email: ARAbuseNeglectRecords@dhs.arkansas.gov</p>	<p>Child Maltreatment Registry Request Link: https://humanservices.arkansas.gov/resources/ebs/dchs-child-maltreatment-registry-request</p> <p>Additional Information located here: https://humanservices.arkansas.gov/about-dhs/dchs/central-registry</p>
CALIFORNIA	<p>California Dept. of Justice Bureau of Criminal Information & Analysis CACI P.O. Box 903387 Sacramento, CA 94203</p> <p>Phone: (916) 210-4092 Fax: (916) 227-5054</p> <p>Caci-inquiry@doj.ca.gov</p>	<p>Form Required: BCIA 4057 Child Abuse Central Index Inquiry Request for Out of State Foster Care & Adoption Agencies</p> <p>Original signature required, form can only be submitted by mail.</p> <p>\$15 Processing fee</p> <p>More information available online:</p>

		<p>http://oag.ca.gov/childabuse/outofstatefosteradoption</p> <p>Note: CA does not have a mechanism for releasing information for the purpose of Investigation unless to Law Enforcement conducting an investigation of a child abuse case.</p>
COLORADO	<p>CDHS Background Investigation Unit 1575 Sherman Street, Ground Floor Denver, CO 80203 Phone: (303) 866-7436 or 866-4614</p>	<p>If you live outside of Colorado but are required to conduct this check in your state:</p> <p>Complete, print and sign a Child Abuse and Neglect Records Check form. https://drive.google.com/file/d/1BsE_b0iNZb13SBaa54VI7iN3UOzT3fWa/view</p> <p>This request form generates ONE Results Letter. Results from this request are released to the person/agency/facility listed in the Results Letter release section of the form. If you want a Results Letter sent to the person being background checked AND another person, a second form and fee must be submitted.</p> <ul style="list-style-type: none">• The child abuse and neglect background check process can take up to 30 business days, so please plan accordingly. Requests are processed in the order they're received• A \$35 NONREFUNDABLE fee is required for each individual Trails abuse/neglect background check request. This fee only produces one Results Letter.<ul style="list-style-type: none">o Include a check or money order with your request. Cash or credit card payments are not accepted. Submitting the incorrect fee will delay the processing of your request.o The check or money order must be payable to the CDHS, Background Investigation Unit (BIU).

		<p>Mail completed form(s) and payment to:</p> <p>Colorado Department of Human Services Division of Early Care and Learning Attn: Trails Background Investigation Unit (BIU) 1575 Sherman Street, Garden Level Denver, CO 80203-1714</p>
CONNECTICUT	<p>Department of Children and Families Careline 505 Hudson Street Hartford, CT 06106 Or 1-800-842-2288 option #6Fax: 860-560-7071 E-mail: DCF.BackgroundCheck@ct.gov Phone: (303) 866-4614</p>	<p>Form Required (Form #DCF 3031): https://portal.ct.gov/-/media/DCF/Policy/NEW-fillin-Forms/DCF3031-6192020.pdf</p> <p>Additional background screening info can be located here: https://portal.ct.gov/DCF/Background-Checks/Home#Walsh</p>
DELAWARE	<p>DSCYF, OCCL Criminal History Unit 1825 Faulkland Road Wilmington, DE 19805 Phone: 302-892-5800 Fax: 302-633-5191</p>	<p>Form Required:</p> <p>All checks must be submitted through the Delaware Child Protection Registry Request Web Portal. They longer accept requests through email, fax, spreadsheet or postal mail. https://childprotectionregistry.delaware.gov</p> <p>A signed consent is required for each Child Protection Registry portal request. The consent form can be found on the web portal homepage under the blue registration buttons to the right</p> <p>Further information about the Child Protection Registry can be located at: https://kids.delaware.gov/fs/fs_cpr.shtml</p>
DISTRICT OF COLUMBIA	<p>Child & Family Services Agency Child Protection Register 200 I Street, SE Washington, DC 20003 Phone: 202-442-6100 Fax: 202-727-8040 Email: cfsa@dc.gov</p>	<p>Form Required: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR_Check_Application_July2020_childwelfare.pdf (Child Welfare purposes)</p> <p>Submission Instructions & Application: https://cfsa.dc.gov/sites/default/files/dc/sites/cfsa/publication/attachments/CPR_Submission_Instructions_04-22-</p>

		<p>20_English.pdf</p> <p>More information available online: https://cfsa.dc.gov/publication/cpr-request-application-child-welfare</p> <p><u>Note: Effective April 1, 2020, paper applications are not being accepted while DC Government is on telework status. CPR check applications must be submitted electronically.</u> More information available online: https://cfsa.dc.gov/publication/cpr-request-application-child-welfare</p> <p>Note: Effective April 1, 2020, paper applications are not being accepted while DC Government is on telework status. CPR check applications must be submitted electronically.</p>
FLORIDA	<p>Florida Department of Children and Families Office of Child Welfare 1317 Winewood Blvd. Tallahassee, Florida 32399-0700 Fax: 850-487-6064 Email: adamwalsh.requests@myflfamilies.com</p>	<p>Form Required: https://www.myflfamilies.com/service-programs/abuse-hotline/docs/Adam%20Walsh%20Request%20Form.pdf</p> <p>Form used for Employment purposes: https://www.myflfamilies.com/service-programs/background-screening/docs/Child%20Welfare%20Records%20Request%20for%20Employment.pdf</p> <p>*Submit via Fax or email</p> <p>Additional information may be available here: https://www.myflfamilies.com/service-programs/background-screening/</p> <p>Background Screening Help Desk: 888-352-2849 TTY: 711</p>
GEORGIA	<p>Georgia Dept of Human Services Attn: Child Protective Services Screening 2 Peachtree St. NW, 18 Floor Atlanta Georgia 30303</p>	<p>Screening Request Form/Application : https://dfcs.georgia.gov/document/document/submit-screening-request-form/download</p> <p>Submit the purpose of request on agency letterhead, along with the signed CPS application for each individual (18 years or</p>

	<p>For questions send e-mail to: georgiaadamwalshcheck@dhs.ga.gov</p> <p>*Note: Effective February 1, 2020, The Adam Walsh application process was amended which will now require that all applications be submitted as a PDF document. Applications submitted as word document will no longer be accepted.</p>	<p>older) to be screened. Send one application per person to GeorgiaAdamWalshCheck@dhs.ga.gov. Faxed or mailed in requests will not be accepted. Please ensure all applications are typed except for the required signature which must be a handwritten signature.</p> <p>For request related to open or on-going investigations, complete as much information as possible on the application to ensure a thorough screening can be completed. The section related to current household members will not need to be completed. (The agency representative will need to sign the application.)</p> <p>For requests related to prospective foster/adoptive applicants, all boxes (with the exception) of the current household members are required to be completed. If the purpose of the request is for adoption of any kind and or foster care, ensure the form is signed by the potential applicant(s). Please include DOB and complete SSN. <u>Please ensure that you provide the purpose (employment, adoption, foster care, investigation, home study, etc.) of the request and identifying information on your state agency letterhead and submit all documents together.</u></p>
GUAM	<p>Bureau of Social Services Administration Department of Public Health & Social Services 194 Hernan Cortez Avenue Hagatna, Guam 69610</p> <p>Phone: 671-475-2653 or 671-475-2672 Fax: 671-477-0500</p>	<p>Form Required: None. Print request for information on letterhead.</p> <p>Signed release required.</p> <p>Contact: Linda.rodriguez@dphss.guam.gov</p>
HAWAII	<p>Department of Human Services Child Welfare Services Section 420 Waiakamilo Road, Suite 300A Honolulu, HI 96817</p>	<p>Form Required: Consent to Release Information from the Child Protective Services System Central Registry</p> <p>Original form must be mailed.</p> <p>Additional Information</p>

	<p>Phone: 808-832-0609 Fax: 808-832-0628</p>	<p>available online: http://humanservices.hawaii.gov/ssd/backgroundcheck/</p>
IDAHO	<p>Idaho Department of Health & Welfare Criminal History Unit Attn: CWIS P.O. Box 83720 Boise, ID 83720</p> <p>Phone: (208) 332-7990 Fax: (208) 332-7991 crimhist@dhw.idaho.gov</p> <p>Contact: Fernando Castro, Program Supervisor Email: castrof@dhw.idaho.gov</p>	<p>Website: https://chu.dhw.idaho.gov</p> <p>Form: The form is the authorization from the subject of the search to complete the Idaho Child Protection Registry Check.</p> <p>Form: https://chu.dhw.idaho.gov/documents/Idaho CP Registry Check Request Form.pdf</p> <p>Go to: Instructions https://chu.dhw.idaho.gov</p> <p>Is the Form Required? Yes</p> <p>Signed release required? Yes – signed and notarized</p> <p>Methods of Transmission: Mail, fax, e-mail with attachment scanned in PDF format.</p> <p>Fee: \$20 per search. Will accept check or money order payable to IDHW that accompanies the request.</p> <p>Note: Processing fees are reimbursable under Title IV-E administrative expenses.</p>
ILLINOIS	<p>Department of Family & Children Services 406 E. Monroe Street, Station 30 Springfield, IL 62701</p> <p>Phone: 217-557-0758 Fax: 217-782-3991</p>	<p>Form Required: Form CFS 689 https://www2.illinois.gov/dcf/aboutus/notices/Documents/cfs_689_authorization_for_background_check_for_programs_not_licensed_by_dcf_fillable.pdf#search=689</p> <p>CFS689 forms will <u>only</u> be accepted <u>electronically</u>, via our dedicated email address: DCFS.689Background@Illinois.gov</p> <p>Complete all applicable fields on the form, <u>clearly and legibly</u>. Forms will not be</p>

		<p>processed if deemed illegible. (typed forms are preferred)</p> <p>The form must be signed (hand-written) and dated within one year of the process date. (typed signatures are not accepted)</p> <p>In order to apply our clearance stamps and process your form, it must be submitted as a <u>PDF attachment</u> with no encryption. The PDF must be an external attachment (<u>using the paperclip icon</u>) and not imbedded into the body of the email.</p> <p>Attach a maximum of 20 PDF file-formatted CFS689 forms per email. <u>Please combine multiple forms (up to 20) into 1 PDF document.</u></p> <p>If there is not DCFS history to be reported, you will receive your CFS689 form back via email, with the applied "NO PRIORS" clearance stamp.</p> <p>If there is a POSITIVE HIT, you will receive an email notifying you that your results will be returned via standard mail or fax. <u>Return Agency information is required.</u></p> <p>Please complete ALL agency fields in lower, left-hand corner.</p> <p>Our processing time fluctuates greatly throughout the year as it is based on the number of forms we receive. Please do NOT resubmit your request.</p>
INDIANA	<p>Indiana Dept. Of Child Services, COBCU 302 W. Washington St. Room E306, MS08 Indianapolis, IN 46204</p> <p>Fax: 317-234-4633 Email: background.checkunit@dcshs.gov</p>	<p>Requests for CPI/CPS history checks must be submitted via Indiana's on-line portal.</p> <p>For updates and implementation of this new portal and information specific to CPI/CPS History Check Requests, please visit the IN DCS Background Check Webpage at: https://www.in.gov/dcs/3928.htm</p> <p>Additional information may be available online: http://www.in.gov/dcs/2363.htm</p>
IOWA	<p>Central Abuse Registry Iowa DHS P.O. Box 4826 Des Moines, IA 50305 Fax: 515-564-4112</p>	<p>Form Required: https://dhs.iowa.gov/sites/default/files/470-3301.pdf?070520191428</p> <p>Complete a separate form for each person for</p>

	<p>Email: DHSAbuseRegistry@dhs.state.ia.us</p>	<p>whom info is requested. Forms may be submitted via Mail, Fax or Email</p>
KANSAS	<p>Attn: DCF/Child Abuse and Neglect Central Registry P.O. Box 2637 Topeka, KS 66612</p> <p>Fax: 785-296-8609</p>	<p>Form Required: http://www.dcf.ks.gov/services/PPS/Documents/OBI_1011_CAN_ROI.pdf</p> <p>Required fee of \$10</p> <p>Requests should be submitted via Mail/Email/or Fax” Email Address: DCF.CentralRegistry@ks.gov</p> <p>Additional Information available online: http://www.dcf.ks.gov/services/PPS/Pages/Adam-Walsh-Legislation.aspx</p>
KENTUCKY	<p>Department for Community Based Services Records Management Section 275 East Main Street, 3E-G Frankfort, KY 40621</p> <p>Phone: 502-564-3834 Fax: 502 564-9554</p>	<p>Form Required: None.</p> <p>Beginning Aug. 1, 2020, all CAN Registry checks must be submitted through the Kentucky On-Line Gateway online system</p> <p>Kentucky On-Line Gateway: https://kog.chfs.ky.gov/home/</p> <p>CAN Check Request User Guide</p> <p>Additional information may be available online: https://chfs.ky.gov/agencies/dcbs/dcc/Pages/nationalbackgroundcheck.aspx</p>
LOUISIANA	<p>Louisiana Department of Children and Dept. of Children & Family Services P.O. Box 3318 Baton Rouge, LA 70821</p> <p>Phone: 225-219-3461 Fax: 225-342-3480 Email: dcfs.childprotectiveservices.dcf@la.gov</p>	<p>The following types of clearances must be submitted through the Louisiana Child Abuse and Neglect Clearance System (CANS):</p> <p>Clearances for out of state licensed child care facility employees/volunteers (must be requested by the licensed facility and requires a \$25.00 fee)</p> <p>Requests from out of state Child Protection Agencies (no fee at this time)</p> <p>Requests for out of state agencies certifying foster/adoptive parents that serve foster children (no fee at this time)</p> <p>The CANS system can be accessed through the following link</p>

		https://dcfscans.dcf.la.gov/ . ***Please visit the following website for additional information: http://www.dcf.la.gov
MAINE	Office of Child and Family Services 2 Anthony Ave 11 State House Station Augusta, Me 04333-0011 Phone: 207-624-7900 FAX: 207-287-5282	Agencies Requesting Child Protective Records Research Questions should be directed to Child Protective Intake via by phone 207-626-8620, press 2 or fax 207-287-5065.
MARYLAND	Maryland Department of Human Resources In-Home Services Social Services Administration 311 W. Saratoga Street, Room 553 Baltimore, MD 21201	Form Required: http://dhr.maryland.gov/documents/Child%20Protective%20Services/1279A%20Background%20Clearance%20Form.pdf Form must be signed and Notarized. Click Here for instructions for completing the form. Additional information may be available online: http://dhr.maryland.gov/child-protective-services/child-protective-services-background-search-the-central-registry/
MASSACHUSETTS	Massachusetts Dept. of Children & Families Attn: Background Record Check Unit 2 Boylston St., 5 th Floor Boston, MA 02116 Phone: 857-338-2966 Fax: 617-748-2441	Required Form: https://www.mass.gov/files/documents/2020/02/24/Adam%20Walsh%20Form%20%28rev%2002.24.2020%29%20.pdf Additional information may be available online: http://www.mass.gov/eohhs/gov/departments/dcf/request-background-checks.html
MICHIGAN	Division of Child Welfare Licensing Michigan Department of Health and Human Services 235 S Grand Ave, Suite 1305 PO Box 30650 Lansing, MI 48909 Fax: 517-284-9719	Additional Information may be available online: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_7119_50648_48330-180331--,00.html#Section_1 Requests must come from the child placing agency working with the foster or adoptive applicant. The request must be

	<p>If you are with a child placing agency working with a foster home or adoptive applicant, mail, email, or fax requests to: MDHHS-DCWL-OSCR@michigan.gov</p>	<p>in writing on the requester's letterhead stating the reason for the request (example: foster home licensing, adoptive placement, etc.) and must include</p> <ol style="list-style-type: none"> 1) Name and title of individual requesting the information. 2) Contact information (phone, fax numbers, email address, etc.) 3) The following information on individuals for which Central Registry clearance is being requested: Name(s) of individuals. Any previous names. Date of birth. Social Security number.
MINNESOTA	<p>Minnesota Department of Human Services Background Studies Division P.O. Box 64172 St. Paul, MN 55164-0172</p> <p>Phone: 651-431-6620 Fax: 651-431-7670</p>	<p>Form Required: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7125-ENG</p> <p>Additional Information may be available online: https://mn.gov/dhs/general-public/background-studies/</p>
MISSISSIPPI	<p>Mississippi State Department of Human Services Division of Family and Children's Services, Protection Unit, Child Abuse Central Registry P.O. Box 352 Jackson, MS 39205-0352</p> <p>Phone: 601-359-4487</p>	<p>Form Required: Child Abuse/Neglect (CA/N) Common Central Registry Application (Docu-sign form) https://na2.docusign.net/member/PowerFormSigni.ng.aspx?PowerFormId=648d8b01-c287-45f5-9d43-31f10f7a915f</p> <p>http://www.dps.state.ms.us/wp-content/uploads/Authorization-to-Release-MS-Criminal-Record-Inquiry.pdf</p> <p>Complete instructions available here: https://www.mdcp.ms.gov/wp-content/uploads/2016/05/can_ccr_app.pdf</p> <p>Additional Information may be available online: https://www.mdcp.ms.gov/prevent-child-abuseneglect/</p>

MISSOURI	<p>Missouri Children's Division Background Screen/Investigations Unit P.O. Box 88 Jefferson City, MO 65103</p> <p>Phone: 573-751-2330 Fax: 573-751-2607</p>	<p>Form Required: http://www.msdp.dps.mo.gov/MSHPWeb/PatrolDivisions/CRID/documents/821-0353s11-18.pdf</p> <p>Completed form should be mailed to Missouri Children's Division Background Screen/Investigations Unit</p> <p>Additional Information may be available online: http://dss.mo.gov/cd/</p>
MONTANA	<p>Records Request DPHHS/CFSD PO Box 8005 Helena, MT 59604-8005</p> <p>DPHHS/CFSD ATTN: Records Request Fax: 406-841-2046</p>	<p>Form Required: https://dphhs.mt.gov/Portals/85/cfsd/documents/BackgroundChecks/cfs-lic-018releaseofinformation.pdf</p> <p>Completed form should be signed and notarized and submitted by mail or fax. Incomplete or Illegible forms will be returned.</p> <p>Additional Information may be available online: http://dphhs.mt.gov/CFSD/BackgroundChecks.asp_x#149211309-where-to-send-child-protective-service-background-check-requests</p> <p>Questions should be emailed to: ChildFamilyServicesDiv@mt.gov</p>
NEBRASKA	<p>Nebraska Department of Health & Human Services Children & Family Services, Policy Unit Attention Central Registry P.O. Box 95026 Lincoln, NE 68509</p> <p>Phone: 402 471 9272 Email: DHHS.CFSCentralRegistry@nebraska.gov</p>	<p>Requests are accepted via mail with the form below OR requests are accepted via our online portal found here: https://ecmp.nebraska.gov/DHHS-CR/</p> <p>Form Required: APS CPS CFS Form</p> <p>Form must be signed, notarized and mailed</p> <p>Additional Information may be available online: http://dhhs.ne.gov/Pages/Abuse-and-Neglect-Central-Registry.aspx <i>Please note:</i></p>

		<p>Requests via fax or e-mail are no longer accepted.</p> <p>There is a charge of \$2.50 per background check request with additional fees for payment processing when requests are completed on the online portal.</p>
NEVADA	<p>Nevada Division of child and Family Services Attn: Child Abuse and Neglect Records Check 4126 Technology Way, 1st Floor Carson City, NV 89706</p>	<p>Form Required: Request for Child Abuse & Neglect Screening http://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Policies/CW/1607B_Request_for_Child_Abuse_and_Neglect_Screening_ADA(2).pdf</p> <p>Type or print clearly on the correct request form. Please ensure the form is completed in its entirety as incomplete and/or illegible forms may delay processing time.</p> <p>Email the completed form to DCFS-CANS@dcfs.nv.gov</p> <p>For additional questions or if a response is not received within 15 business days of the request, please email DCFS-CANS@dcfs.nv.gov or call (775)684-7941.</p> <p>Additional Information may be available online: http://dcfs.nv.gov/Forms/CentralRegistry/</p>
NEW HAMPSHIRE	<p>NHDCYF Central Registry 129 Pleasant Street Concord, NH 03301</p> <p>Phone: 603-271-8383 Fax: 603-271-4729</p>	<p>Form Required (2202A): https://www.dhhs.nh.gov/oos/cclu/ycp/documents/central-registry-search-release.pdf#:~:text=STATE%20OF%20NEW%20HAMPSHIRE%20Department%20of%20Health%20and,be%20unlawful%20for%20any%20employer%20other%20than%20those</p> <p>Must be signed and notarized</p> <p>Form must be mailed, and include a self-addressed stamped envelope.</p>
NEW JERSEY	<p>Department of Children & Families Office of Licensing/CARI Unit</p>	<p>Submit requests through: www.njportal.com/dcf/cari Click on the Out of State "File an Out of State CARI"</p>

	<p>P.O. Box 717 Trenton, NJ 08625-0717</p> <p>Phone: : 877-667-9845</p> <p>State Central Registry: 877 NJ ABUSE (877) 652-2873</p>	<p>button. You will need the following information to complete the application: Requesting agency contact information - name, phone number, email address, and physical address.</p> <p>Please cite the statute that requires you to obtain the child abuse/neglect background check(s) and identify the reason for the background check(s) (i.e. employment, domestic/international adoption for resource (foster) care.)</p> <p>The information that the CARI Unit requires on the individual includes all aliases (married, maiden names, nicknames), race, date of birth, and <u>all</u> addresses where the person(s) resided while living in the State of New Jersey. Please include timeframe (days/months/years) when the individual lived in New Jersey. If the exact address is not known by the individual, the city or county that he/she lived in during the timeframe will suffice. Social security number is optional.</p> <p>If purpose is adoption or foster placement and you are not a governmental agency, <i>include a copy of the State agency license or certification for your agency or facility.</i> This can be uploaded during the last step.</p> <p>If other than an Adam Walsh, Hague Convention or UAA of 2012 request, or the Child Care and Development Block Grant Act include a copy of the legal authority (e.g. law, statute, administrative rule) which compels the disclosure of CARI information. This can be uploaded during the last step.</p>
NEW MEXICO	<p>CYFD Protective Services PO Drawer 5160 CRC Unit Room 225 Santa Fe, NM 87502-5160</p> <p>Phone: 505-827-8400 Email: cyfd.pscriminalreco@state.nm.us</p>	<p>Form Required: https://cyfd.org/docs/NM_Child_Abuse_and_Neglect_Check_Form.pdf</p> <p>Form must be signed, notarized and mailed.</p>
NEW YORK	<p>Office of Children & Family Services New York State Central</p>	<p>Form Required: Adam Walsh Child Protective and Safety Act of 2006 (multiple languages available); Search "Adam</p>

	<p>Register P.O. Box 4480 Albany, NY 12204</p> <p>Phone: 518-474-5297 Fax: 518-486-3424</p>	<p>Walsh” in the search box on this page: http://ocfs.ny.gov/main/documents/docsKeyword.asp (Click here for form to request records for potential Child Care providers)</p> <p>Form must be signed and notarized;</p>
NORTH CAROLINA	<p>NC Division of Social Services 952 Old US Hwy 70, Black Mountain, NC 28711 Attn: RIL</p> <p>Fax: (984) 285-7159, Attn: RIL Phone: 828-232-3160</p>	<p>Form Required:</p> <p>https://policies.ncdhhs.gov/divisional/social-services/forms/dss-5268-responsible-individuals-list-ril-information-request/@@display-file/form_file/dss-5268-ia.pdf/</p> <p>Must be signed and submitted via fax or Mail; If mailed, a self-addressed stamped envelope must be included.</p>
NORTH DAKOTA	<p>Department of Human Services Children & Family Services 600 E. Boulevard Avenue, Dept 325 Bismarck, ND 58505</p> <p>Phone: 701-328-1846 Fax: 701-328-3538</p>	<p>Form Required: For the purposes of requesting CPS history for an open investigation, request can be made on agency letterhead and emailed to Jen Grabar at jjgrabar@nd.gov or faxed to her attention at 701-328-3538. Her direct line is 701-328-1863</p> <p>For other CA/N Index checks, applicants are required to complete a form: (https://www.nd.gov/eforms/Doc/sfn00433.pdf) Submitted to dhscfscbc@nd.gov or Fax to: 701-328- 0358.</p>
OHIO	<p>Ohio SACWIS Registry Ohio Dept. of Job & Family Services Office of Families & Children PO Box 183204 Columbus, OH 43218-3204</p> <p>Phone: 614-752-1298 Fax: 614-728-6726</p>	<p>In order to submit requests, you will need to set up an Ohio ID and log into the state’s OSAPS system. This system will assist you in logging your requests and also track the progress of a request. Link to create an ID and submit request: https://ap.ifs.ohio.gov</p> <p>OSAPS Log-in: https://ap.ifs.ohio.gov/Login.aspx</p> <p>OSAPS Q&A: http://jfs.ohio.gov/ocf/SACWIS-AllegedPerpetratorSearch.stm</p>
OKLAHOMA	<p>Email: caniscps@okdhs.org Fax: 405-521-4373</p>	<p>****Please note: Oklahoma does not have a public child abuse registry. Oklahoma State Statutes are very specific</p>

		<p>as to what Child Welfare Services information maintained by the Oklahoma Department of Human Services can be released. Such records may only be made available when a current child abuse and neglect investigation is being conducted on an individual(s) by a child protective services agency, a district attorney's office, or a public law enforcement agency. Otherwise a court order rendered in Oklahoma is required for release of child abuse and neglect information. Requests for history for any other purpose, including foster care and placement will be sent a response letter stating the above information.</p> <p>https://ccrrpublicjl.okdhs.org/ccrrpublicjl/public/</p>
OREGON	<p>Oregon Department of Human Services Background Check Unit P.O. Box 14870 Salem, OR 97309</p> <p>Phone: 503-378-5470 Fax: 503-378-6314 Attn: Adam Walsh Coordinator Email: Adam-Walsh.Oregon@dhsosha.state.or.us</p>	<ul style="list-style-type: none"> •Form can be located here: https://apps.state.or.us/Forms/Served/me2702.doc •Form must be type-written and signed. •E-mail completed forms to Adam-Walsh.Oregon@dhsosha.state.or.us •If needed or an open CPS investigation, you can send an email to the following email address explaining in the body why you need the information and include name, DOB, etc. for the individual:DHS.RecordsRequest@dhsosha.state.or.us
PUERTO RICO	<p>Directora Centro Estatal PO Box 194090 San Juan, PR 00919 Phone: 787-625-4900</p> <p>E-mail contacts: Lisa M. Agosto Carrasquillo lmagosto@familia.pr.gov or Damaris Medina Ramos dmedina@familia.pr.gov</p>	<p>Register of Convicted Persons for Sexual Offenses and Child Abuse http://sor.cjis.pr.gov/</p> <p>Form Required: Puerto Rico Request Form</p>
RHODE ISLAND	<p>The Department of Children, Youth and Families Attn: Jan Mitchell, Record Center 101 Friendship Street Providence, RI 02903</p>	<p>No form Required. Print request on letterhead, and include the following: A signed release from both the individual and the staff from the agency requesting the clearance. You may send this release on agency letterhead.</p>

	<p>Phone: 800-742-4453 or 401-528-3842 Fax: 401-528-3480</p>	<p>Please also include:</p> <ul style="list-style-type: none"> o Name o DOB o Previous Rhode Island address(es), if known o Agency check or money order in the amount of \$10.00 <p>Made payable to "General Treasurer State of Rhode Island"</p> <p>Cash and personal checks are not accepted All requests must be mailed, we do not accept electronic payment</p>
SOUTH CAROLINA	<p>outh Carolina Department of Social Services Attn: Cashier 1535 Confederate Avenue PO Box 1520 Columbia, SC 29202 Phone: 803-898-7318</p>	<p>Form Required: https://dss.sc.gov/media/1753/dss-form-3072_rev_may-18.pdf</p> <p>Fee: \$8 payable by check or money order Form must be signed and witnessed or notarized and submitted via mail; include a stamped self- addressed envelope Additional Information may be available online: https://dss.sc.gov/content/customers/protction/cps/cr/index.aspx</p>
SOUTH DAKOTA	<p>Department of Social Services/CPS 700 Governors Drive Pierre, SD 57501 Phone: 605-773-3227 Fax: 605-773-6834</p>	<p>Form Required: https://dss.sd.gov/formsandpubs/docs/A BUSE/DSS-CPS-593.pdf</p> <p>Submit requests: DSS Central Registry Screenings Email: DSSCRS@state.sd.us</p> <p>Central Registry of Child Abuse & Neglect Information Brochure https://dss.sd.gov/formsandpubs/docs/A BUSE/CentralRegistry.pdf</p>
TENNESSEE	<p>Email: EI_DCS_CPS_CentralRegistryC heck@tn.gov</p>	<p>Form Required: Tennessee DCS Database Search Results form Available on this page: https://files.dcs.tn.gov/forms/0741.pdf</p> <p>Submit for EACH applicant for whom you are requesting a search:</p>

		<p>. A cover letter (notice) on your agency's letterhead stating the reason you are requesting a central registry search. Attached "Tennessee DCS Database Search Results" form completed in Word format. Copy of current agency license (if a CPA/private adoption agency). For independent home study writers, please include proof or verification noting your approval as a home study writer). A copy of the person's signed "authorization to release information" specifically stating information is to be shared from Tennessee Department of Children's Services with your agency. NOTE: This is NOT a TN form. This is a form that your agency should have, giving permission for "your" agency to "request" the information and "our" agency (TN Dept. of Children's Services) to "release" any CPS history information to "you".</p> <p>Additional Information may be available online: https://www.tn.gov/dcs/contact-us/records-management-division/cps-history.html</p>
TEXAS	<p>CBCU TX Abuse Neglect BGC, M/C 121-7 PO Box 149030 Austin, TX 78714</p> <p>Phone: 1-800-645-7549 Fax: 512-339-5829</p> <p>Email: TXAbuseNeglectBGC@dfps.state.tx.us</p>	<p>Central Registry requests from an out-of-state protective service agency to assist an open investigation or other case open action must be faxed on your state agency's letterhead to Statewide Intake: 800-647-7410 or 512-339-5900.</p> <p>Form must be notarized and submitted via fax</p> <p>An individual may use form 2970 to request a Texas Department of Family and Protective Services Central Registry Abuse and Neglect check on him or herself: http://www.dfps.state.tx.us/Application/Forms/showFile.aspx?NAME=F-500-2970.pdf</p>
UTAH	<p>Department of Human Services Division of Child & Family Services Attn: Child Abuse Background Screening</p>	<p>Form Required: https://dcfs.utah.gov/wp-content/uploads/2019/09/ChildAbuseCentralRegistryRequest-0919.pdf</p> <p>Please also include a copy of one of the following photo identifications:</p>

	<p>195 North 1950 West Salt Lake City, UT 84116</p> <p>Phone: 801-538-4466 Fax: 801-538-3993</p>	<ul style="list-style-type: none"> •Valid Driver's License •State Identification Card •Passport ID <p>E-mail form to: dcfscentralregistry@utah.gov</p> <p>If unable to e-mail, the completed form can be faxed or mailed to the fax number/address on the left</p> <p>Additional Information may be available online: http://dcfs.utah.gov/</p>
VERMONT	<p>Vermont Department for Children & Families Residential Licensing & Special Investigations 280 State Drive HC1 N., Bldg. B Waterbury, VT, 05671-1030 Phone: 802-241-0873 Fax: 802-241-0919 joann.berno@vermont.gov</p>	<p>Form Required:</p> <p>Please send your request on your Agency's letterhead with name, alias' and DOB to: joann.berno@vermont.gov or fax it to: 802-241-0919</p>
VIRGINIA	<p>Virginia Department of Social Services Office of Background Investigations – Search Unit 801 East Main Street, 6th Floor Richmond, VA 23219</p>	<p>Form Required: http://www.dss.virginia.gov/files/division/licensin/g/background_index_childrens_facilities/founded_cps_complaints/032-02-0151-12-eng.pdf</p> <p>Fee: \$10 , must be money order, company/business check or cashier's check made payable to Virginia Department of Social Services</p> <p>Form must be mailed</p>
WASHINGTON	<p>Department of Children, Youth, and Families 1310 Jefferson ST SE P.O. Box 40993 Olympia, WA 98504 Email: canhistorychecks@dcyf.wa.gov Phone: 1-800-998-3898 Fax: 1-206-341-7930</p> <p>Mail form with fee to: Department of Children, Youth, and Families ATTN: FISCAL</p>	<p>Form Required: Washington State Child Abuse and Neglect Founded Findings Request from Another State (form DCYF 23-041) https://www.dcyf.wa.gov/safety/can-founded-findings/history-checks</p> <p>Fee: \$20, check payable to Department of Children, Youth, and Families (DCYF) *Form must be typed, not handwritten, and signed. Any handwritten or incomplete forms will be returned.</p>

	<p>PO Box 40970 Olympia, WA 98504-0970</p> <p>Check the website for our new portal to submit electronic CA/N history check requests. The new portal is expected to go live in early 2021.</p> <p>https://www.dcyf.wa.gov/safety/can-founded-findings/history-checks</p>	<p>*Completed forms must be submitted by mail.</p> <p>Requests from State Child Protective Service Investigators For a Public Child Welfare agency requesting CA/N history as part of a CPS or Child Welfare investigation, the request must be submitted on the state agency's letterhead and include language indicating the subjects are part of an ongoing investigation. For specific instructions, click: https://www.dcyf.wa.gov/safety/can-founded-findings/history-checks Email requests to: canhistorychecks@dcyf.wa.gov or Fax to 206-341-7930</p>
WEST VIRGINIA	<p>Bureau of Children and Families 350 Capitol Street, RM 691 Charleston, WV 25301</p> <p>Phone: 304-558-7980</p>	<p>Form Required: https://dhhr.wv.gov/bcf/Providers/Documents/AUTHORIZATIONRELEASERECORDCHECKFOSTERADOPTONLY.pdf</p> <p>Child Care Agencies use this form: https://dhhr.wv.gov/bcf/Providers/Documents/AUTHORIZATIONRELEASERECORDCHECK.pdf</p> <p>Form should be filled out using blue ink; original should be submitted via mail to address listed on form.</p>
WISCONSIN	<p>Department of Safety and Permanence 201 E. Washington Street Madison, WI 53703 Email: CWBckgrdRequests@wisconsin.gov Fax: (608) 226-5521</p>	<p>Form Required: DCF-F-5065-E Request for Child Protective Services Background Check for Certain Purposes. Search for Form #5065 on this page to access form in English, Hmong, or Spanish: https://dcf.wisconsin.gov/forms Or click here for the direct link to the English version: https://dcf.wisconsin.gov/files/forms/doc/5065.doc x Form can be emailed or faxed. Hand-written signatures are required</p>
WYOMING	<p>Department of Family Services Central Registry 2300 Capitol Ave, 3rd Floor Cheyenne, WY 82002</p>	<p>Additional information and forms available on their website: https://dfs.wyo.gov/about/central-registry/ dates of birth, and social security numbers for all individuals being screened Application should be submitted by mail.</p>

Additional Information may be available
online:

<https://sites.google.com/a/wyo.gov/dfsweb/central-registry>