PA Child Abuse History Certification

Completion of this clearance requires registration through the Pennsylvania Child Welfare Information Solution (CWIS), completing the certification application (including addresses that you have lived at since 1975), and submitting the results to the Office of Human Resources.

The steps outlined in this procedure will help you successfully complete the clearance. The clearance cost is \$13.00.

Follow Link: https://www.compass.state.pa.us/cwis/public/home

1. Select "Create Individual Account"



2. Select "Next"



3. Create "Keystone ID"

- Complete required fields
- Select "Finish"
- Compass will now send a temporary password to the e-mail address you provided

| | General information | 2 M Profile Information |
|--|---|---------------------------------------|
| Required | | |
| To create a nev | v Keystone ID, please provide th | ne following information: |
| Keystone ID | 4 | (must be 6 to 10 characters) |
| First Name | 4 | |
| Last Name | 4 | |
| Date Of Birth | | (MM/DD/000) |
| E-mail | Contraction | This E-mail address will receive your |
| Confirm E-mail | (| temporary password. |
| | A POST AND A CONTRACT AND A CONTRACT AND | |
| 21222/12/12/12/10/28/05/13 | | |
| Security Questio | n 1 Please select a security question | ¥] |
| Security Questio | n 1 Please select a security question | V |
| Security Questio Answer Security Questio | n 1 Please select a security question | ~ ~ |
| Security Questio Answer Security Questio Answer | n 1 Please select a security question | |
| Security Questio Answer Security Questio Answer Security Questio | n 1 Please select a security question | |
| Security Questio Answer Security Questio Answer Security Questio Answer | n 1 Please select a security question | |
| Security Questio Answer Security Questio Answer Security Questio Answer For security rea | n 1 Please select a security question n 2 Please select a security question n 3 Please select a security question n 3 Please select a security question asons, please answer the follow | ing question. |
| Security Questio Answer Security Questio Answer Security Questio Answer For security rea Question | n 1 Please select a security question n 2 Please select a security question n 3 Please select a security question n 3 Please select a security question asons, please answer the follow 36, twelve, 44, 7 or 16: which of these | ing question. |
| Security Questio Answer Security Questio Answer Security Questio Answer For security rea Question | n 1 Please select a security question | ing question. |
| Security Questio Answer Security Questio Answer Security Questio Answer For security rea Question Answer | n 1 Please select a security question | Ing question. |

4. Retrieve Temporary Password from e-mail

- Temp. Password is received at the e-mail address you provided

Thank you for creating a Keystone ID with the Commonwealth of Pennsylvania. Your temporary password is:



Please note that the password provided is system generated and can be easily mis-typed. We suggest copying the password from the e-mail and pasting it into the password field. To do this:

- · Highlight the password, right click and choose Copy.
- · Click in the Password field, right click and choose Paste.
- 5. Return to https://www.compass.state.pa.us/cwis/public/home

6. Select "Individual Login"



7. Select "Access My Clearances"

What Would You Like To Do Today?

Please select which account you would like to access.



8. Read the "Learn More" section

- Select "Continue"

Learn More

ABOUT THIS WEBSITE

This secure website is provided for individuals who want to have their **Pennsylvania Child Abuse History Clearance** processed online. The Pennsylvania Child Abuse History Clearance Check will provide the applicant information as to whether or not they are listed in the Pennsylvania statewide database as a perpetrator of child abuse.

DISCLOSURE OF PERSONAL INFORMATION

Public Disclosure

As a general rule, the Commonwealth does not disclose any personally identifiable information (PII) collected online except where you have given us permission, or where the information is public information under the Pennsylvania Right to Know Act 65 P.S. 66.1 et seq., or other applicable laws. Visitors should be aware that information collected by the Commonwealth on its websites may be subject to examination and inspection, if such information is a public record and not otherwise protected from disclosure.

Social Security Number Disclosure

You are consenting to a verification of your Social Security number through the Social Security Administration. Your Social Security number is also being sought under 23 Pa.C.S. 55 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child aouse.

Providing your Social Security number may enable the Department to expedite the review of your request for a clearance certificate. If you do not provide your Social Security number additional levels of identity verification may be required by ChildLine staff, reducing the chance of automatic processing of your request.

However, please note that disclosure of your Social Security number is voluntary and therefore, if you do not consent to having your Social Security number verified or used for checking your child abuse history, we will still process your request without your Social Security number.

WARNING

You are entering a secure government website for the purpose of requesting a Pennsylvania Child Abuse History Clearance. By entering this site, you certify that you have read and understand the above guidelines and legislation.

Note

If your web browser prompts you to accept a security certificate, you must accept it to proceed.

WARNING!

US GOVERNMENT SYSTEM and DEPARTMENT OF HUMAN SERVICES.

Unauthorized access prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986". Use of this system constitutes CONSENT TO MONITORING AT ALL TIMES and is not subject to ANY expectation of privacy.

CONTINUE>

9. Login with "Keystone ID" & "Temporary Password" (From Step. 4)



| Keystone Key | Self-service for Citizens |
|----------------------------------|--|
| Keystone ID | Forgot Password |
| Temporary Password (from E-mail) | Ledit Profile |
| LOGIN | Self-service for Commonwealth Employees |
| | Change CWOPA Password or Hint Questions |

10. Create a Permanent Password

e.

| Set Permanent Password | | |
|--|---|------------|
| Alert: Please change your current pas | isword before continuing. | |
| - = Required | | |
| User ID | mattyg13 | |
| First Name | Matthew | |
| Last Name | Gray | |
| Password | | _ |
| Confirm Password | | |
| To ensure online security, the Commonwealth o are at least eight characters long. contain at least one number. contain at least one upper case letter. contain at least one lower case letter. contain at least one special character, such as @&*list do not include any of your user name, your first name, or | f Pennsylvania requires passwords that : your last name. | |
| | | SUBMIT CAN |

11. Login with "Keystone ID & "Permanent Password"

12. Agree to Terms and Conditions

- Select "Next"

| Th ab | ank you for visiting My Child Welfare Account. This site is designed to make it easier and more efficient for Pennsylvania citizens to view informa out benefits and services they are receiving through the Department of Human Services. | CHC |
|----------|--|-----|
| Te | erms and Conditions | |
| The | is policy addresses the collection, security, access and use of information that may be obtained through "My Child Welfare Account. This policy o following topics: | QV |
| | Information we Collect | |
| | Access and Disclosure Security | |
| | Information disclaimer | |
| | - Penalty for Misuse | |
| 5) W | reference, the Department of Homan Services denies any warranty of the accuracy, reliability of timeliness of any information published by this stem and shall not be held liable for any losses caused by reliance upon the accuracy, reliability or timeliness of such information. Any person ho relies upon such information obtained from this system does so at his or her own risk. | |
| P | enalty for Misuse | |
| M fr | isuse of "My Child Welfare Account" including inappropriate access to another's account, knowingly giving false information, or any other audulent use can result in penalties under Pennsylvania laws. | |

13. Select "Create Clearance Application"

My PA Child Abuse History Clearances

CREATE CLEARANCE APPLICATION ADD APPLICATION TO ACCOUNT

14. Read "Getting Started"

- Select "Begin"

Getting Started

What to Expect

The exact amount of time it will take for you to complete this clearance application will vary depending on the information you supply.

If you have been provided an authorization code by the organization that is asking you to apply for a clearance, you will have a chance to enter it on the application payment page. Otherwise you will have the ability to enter your credit/debit card information as a form of payment.

You will be required to provide an electronic signature (e-Signature) in order for your Pennsylvania Child Abuse History Clearance application (CY113) to be accepted. If you do not wish to provide an e-Signature then you must download, complete, sign and mail in a paper copy of the CY113. You can download the CY113 by clicking nere C

You will be able to save and print your application once you have completed the application online.

Your clearance certificate will be available through your Child Abuse History Clearance Account once your application has been processed. Additionally, you can choose to have it sent to your home or mailing address. Your Child Abuse History Certification is valid for 60 months.

Information You Will Need

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

- Addresses where you have previously lived
- + Names of all individuals with whom you have lived to include parents, guardians, siblings, spouses, etc.
- Any previous names you have used or have been known by
- Applicants that do not meet the volunteer application criteria or volunteers who have already received a volunteer certification free of charge within the
 previous 57 months will need to provide either credit/debit card information for an \$5.00 application fee or an authorization code from the organization that is
 asking you to obtain a Pennsylvania Child Abuse History Certification.

Volunteer Applicants

As a volunteer applicant you are permitted to receive one certification free of charge every 57 months. In order to submit a volunteer application without a payment, you are required to affirm that you have not already received a paper or electronic volunteer certification free of charge within the previous 57 months.

Additional Information

All of the information that you entered here is secure and confidential. For more information on the security and confidentiality of this website, please view the Commonwealth of Pennsylvania's Privacy Policy C Additionally more information is provided in the Rights and Responsibilities.

If you have any questions about your application, please refer to the Frequently Asked Questions page. If you need further assistance, please contact the ChildLine and Abuse Registry's Child Abuse Clearance Unit at 1-877-371-5422.

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|---|-----|----|------|---|
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| | 1 | 00 | ч, | • |
| _ | 100 | | | |

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15. Complete "Application Purpose"

- Check Circle "School Employee Not Governed by Public School Code"
- Select "Next"



- 17. Complete "Application Information"
 - Provide all required applicant information
 - Provide SSN to expedite processing time (optional)
 - If applicable, provide previous names/nicknames
 - Select "Next"

| Part 1 | A COMPANY AND A COMPANY | and a second second | | | | 15 |
|---|---|---|--|--|---|--|
| Application Purpose | Applicant Information | | | | | |
| Applicant information | Figure provide some basic information about yourself and confirm that the small address listed below is the small | | | | | |
| Carryoni Antonno, | warness wrant for we | The receive an ensure regar | null car standoon. | | | |
| C Product Address | First Name | Middle Name | Last Marve | - | Soffix | |
| 🗘 Aquadrald Members 👘 💼 | Eg.jann | Eg. Scott | Eg. Smith | | -Select- | 4 |
| Application Summary | North State Contraction | | | | | |
| art 2 | Datz of Sirth | Gender | | | | |
| aliyata 🗖 | 01/07/1993 | Marie | ~ | | | |
| | registers, G344 (miating in training to family days and which inform). The dops whether you are listed a clearance certificate. If the required by Chikhile However, please note th having your Social Sam request without your So Would you like to provi | to Information Interest to Imforme Incodennis, and 6 Imforme Indus your Toola is the perpetrator in an Inco exarity assesses may esail your do not provide your e staff, reducing the char and the following of your Toola ity muniber verified or use call becuity humber. de a Social Security Numl | renegactive child care pers 444,2 prelating to information Socially remained to be and the social leaded or founded report of the file Department to cop Social Socialty number as are of automatic procession of social social procession of social social procession of concepting your child a soci (SSNI)? | ornel, 6344, on relating to the statework of child abuse edite the revi idenoral leve g of your rec- tary and then base history. | I prelating tal informa anter persona havin de central register to- to ser of your request to set al detectity verifica ganst. efone, if you do not o we will still process y | ton g contact determine for a tion may ormert to our |
| | SEN | 1 | | | | |
| | The remain before a base like to use a different on Fraffie line provided at t after your email has bee email address. | well has seen for all model null address, return to you for lup of the streets. This in updated IDHs have to re | PA Drift Abuse History D spplcation will be available norm to your PA Drift Abus | epranse Acto ther you to co a History Chi | I your application, if wint and stick the Acc ontinue Youry your ac entined Account to up | olari olari tolari dani yolar |
| | migray@hact.pdu | | | | | |
| | | | | | | |
| | Do you have any previo | ias names or nicknames t | hat you have used in the | pase or that y | you may be known b | y? |
| | Contact Informati | on | | | | |
| | ADD CONTACT NO | | er Harder | | Fateralise | |
| | | | | | 10/7 | 060079 |
| | CHEVICLE | | | | | - |

18. Complete "Current Address"

- Provide all required address information
- If you would like the paper certificate to be mailed to your address please indicate so
 - You will have access to an electronic copy through the website
- Select "Next"

| Applement August | Current Address | | | |
|--|---|---|-----------------------------------|-------------------------------------|
| Applicant Information Current Address Provinsi Address | Please enter your home method below. Please keep a copy of th | and mailing address informat is e-Dearance ID for future ref | ion on this page, and indicate y | your preferred certificate delivery |
| Appleation Sammary | Home Address | | | |
| art 2 | Country | | | |
| etgeature | unned States | | 7 | |
|) Application Payment | Address Line 1 | | Address Line 2 | |
| | Eg. 123 Main St | | Eg. Apartment 101 | |
| | City | State | Zip Code | County |
| 30 | | Pennoyivania | 9 | -Select- |
| | your personal P.O. Bo | x. the same as your home addr | es? 0 | |
| | Certificate Deliver | y Method a will be available from your P | A Child Abuse History Clearance | ce Account. You have the ability to |
| | Note The certificate will on | y be mailed to you if you selec | t Yes below. | |
| | Would you also like to 7 | ave a paper version of the ce | stificate sent to your home o | r mailing address?/ |
| | Important You will continue to re | ceive application updates and | i your certificate online, regard | Sess of your answer. |
| | <pre>entrypus</pre> | 0.00 | | |

19. Complete "Previous Addresses" (Since 1975)

Note: You are only required to complete these addresses to the best of your ability. Special instructions and FAQs are available <u>here</u>.

| Part 1 | Previous Ad | dresses | | | | |
|---|---|---|---------------------|-------------|--------------------|------------------|
| Application Purpose Applicant Information Current Address | Please enter everywh information as you ca + ADD PREVIOUS | ere you have lived since 197 n. ADDRESS | 75.If you cannot re | emember exa | ct addresses, plea | se enter as much |
| Previous Address | Country | Street Address | City | State | Zip Code | County |
| Application Summary | | | | | | EDIT |
| Part 2 | <pre> PREVIOUS </pre> | | | | | NEXT > |
| Application Payment | | | | | | |

20. Complete "Household Members" (Since 1975)

| Part 1 | Household Me | embers | | |
|---|---|---------------------------|-------------|--------|
| Application Purpose Applicant Information Current Address | Please tell us about everyone with whom you have ever lived since 1975 or anyone with whom you are currently liv This includes, but is not limited to, your parents, guardians, spouses and/or siblings. | | | |
| Previous Address Household Members | Full Name | Relationship To Applicant | Current Age | Gender |
| Application Summary | | | | EDIT |
| Part 2 | <pre>PREVIOUS</pre> | | | NEXT > |
| Application Payment | | | | |

21. Review "Application Summary"

- Select "Next"

| Part 1 | Application Summary | |
|--|---|---|
| Applicant Information Current Address | Below is a summary of the information you have entered so far. Please che information is not correct or needs to be updated, please click the edit but would like to update and modify it as necessary. | tck your information for accuracy. If your ton in the heading of the section that you |
| Household Members Application Summary | Application Purpose | |
| Part 2 | Applicant Information | EDIT + |
| Application Payment | Current Address | ЕОТ + |
| | Previous Address | EDIT + |
| | Household Members | ЕОП + |
| | <pre>≮PREVIOUS</pre> | NEXT > |

22. Complete "eSignature"

- Check Box "I hereby certify..."
- eSign
- Select "Next"



23. Complete "Application Payment"

- Select "No" to "Did an organization provide a code for your application?"
- Enter payment method/information
- Select "Submit Application"

24. Submission Confirmation Notification

Submission Confirmation

| Success. Your application (e-Clearance ID: 000001892710) has been successfully submitted! |
|--|
| Next Steps |
| Thank you for your submission. Please check your email for a confirmation notification that you may save for your own records. If you do not receive an email confirmation, contact ChildLine and Abuse Registry's Child Abuse History Clearance Unit at 1-877-371-5422. |
| You may view or check the status of your application from your PA Child Abuse History Clearance Account at any time. Once your application has been processed, you will receive a notification via email to log in to your account and view the outcome/result of the application. |
| You can also log into your account at any time from the Child Welfare Portal homepage. |
| Now that you have submitted your application, what would you like to do? |

25. Once your Child Abuse History Clearance has been reviewed you will be able to access the results from the website.

Please send a copy of the results to hr@hacc.edu

*Note: You can send copies via e-mail, fax, or mail.

- E-mail: <u>hr@hacc.edu</u>
- Fax: 717-901-4531
- Interoffice Mail: Ted Lick 205 (Harrisburg Campus)
- Mail: One HACC Drive, Ted Lick 205, Harrisburg, PA 17110