

EEC BACKGROUND RECORD CHECK: APPLICANT / LICENSEE REQUEST

An applicant is the person responsible for the administration of the program or facility and is the duly authorized agent of the individual, partnership, corporation, association, organization or trust, department, agency or institution of the federal government or of the Commonwealth or any political subdivision thereof who is applying for licensure or approval. All applicants for licensure must complete and sign this request for a Criminal Offender Record Information (CORI) check and DCF (formerly known as DSS) Central Registry and Registry of Alleged Perpetrators check (Background Record Check) and for EEC approval. You and your EEC Licensing Specialist will be notified if no Background Record Check history exists and you can proceed with the license application process. You will be notified if your Background Record Check requires further review. If your Background Record Check requires further review, information regarding the procedures you must follow will be sent directly to you. The decision to allow you to proceed with your application for licensure will be made by the EEC review committee, based on the nature of your Background Record Check history, unusual or mitigating circumstances, and other information that you provide.

To Be Completed By the Applicant:

Full Name: FIRST MIDDLE LAST Maiden or other Surnames (list all)

Last Six digits of Social Security Number (required) Place of Birth Date of Birth (MM/DD/YYYY)

I have never been issued a Social Security Number _____

Dates and Places of Residence for the Past Seven Years:

From/To Present	Number & Street	City	State	Zip
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Please list other states in which you have resided: _____

Have you ever been convicted of a criminal offense? (Note: Although EEC may obtain such information, Massachusetts law provides that you are not required to disclose a first conviction of drunkenness, simple assault, speeding, minor traffic violations or disturbance of the peace, or any misdemeanor where conviction or incarceration was completed more than five years before this application.) -No -Yes If yes, please list convictions and dates: _____

Has the Massachusetts Department of Children & Families (DCF) ever supported allegations of abuse or neglect of a child by you? -No -Yes If yes, please list dates: _____

Has any other state or agency ever supported allegations of abuse or neglect of a child by you? -No -Yes

Will you delegate responsibility for Background Check Review to someone other than yourself? -No -Yes If yes, to whom? _____

Signing this form means that you are:

- granting EEC permission to review any record held about you by the Department of Criminal Justice Information Services;
- granting EEC permission to review any record held about you by the DCF Central Registry or Registry of Alleged Perpetrators;
- affirming that, once licensed, your program will request CORI and DCF Background Record Check data (Background Record Check data) only as a final step in the process of screening current or prospective staff persons or volunteers in an EEC regulated program;
- affirming that, once licensed, your program will request CORI and DCF Background Record Check data only for people whom you intend to hire;
- submitting the CORI and DCF Background Record Check request only where such candidates are otherwise qualified in all respects;
- affirming that signed authorizations from those individuals whose CORI and DCF Background Record Checks are being requested are on file or otherwise available, and that you have verified their identity by means of a government issued photo ID;
- affirming that you will only authorize individuals to receive CORI and DCF Background Record Check data if they have been approved by EEC for access to CORI and DCF Background Record Check data; and
- affirming your understanding that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c. 6, §§ 168 through 175, inclusive, shall for each offense be fined up to five thousand dollars (\$5,000) or imprisoned in a jail or house of correction for up to one year, or both

Signature Date

Licensee: _____

Program Name / Address / Phone Number: _____

EEC USE ONLY: License Type: _____ Facility #: _____ Licensors: _____

PLEASE READ AND SIGN STATEMENT ON PAGE 2 OF THIS FORM AND RETURN BOTH PAGES TO YOUR EEC LICENSOR

**Agreement of Non-Disclosure
And
Statement of Compliance**

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c.6 §§168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars (\$5000.00), or be imprisoned in a jail or house of correction for up to one year, or both and/or may be ordered by the Department of Criminal Justice Information Services (DCJIS) to pay civil fines for each willful violation.

I understand that I am only authorized to request, access and review CORI to the extent allowed by the DCJIS under its statute and regulations.

I have reviewed, understand and agree to comply with the DCJIS guidelines that are available at <https://www.mass.gov/eopss/agencies/dcjis>. I agree to store and disseminate CORI consistent with these requirements.

I understand how to read and interpret a CORI report and have reviewed the information provided by the DCJIS regarding that issue, available at <https://www.mass.gov/eopss/agencies/dcjis>. I agree to provide all applicants with a copy of their CORI upon request so they may review it.

I understand that my agency is required to maintain an agency CORI policy and will review the Model CORI policy that is available at <https://www.mass.gov/eopss/agencies/dcjis>.

I also understand that a criminal record check will be conducted on me by the Department of Early Education and Care as a prerequisite to my having authorization for access to CORI. I will only be notified if I am determined inappropriate to access CORI.

Signature

Date

Agreement Of Non-Disclosure of DCF Background Record Check Information

DCF Background Record Check records may be disseminated only to individuals authorized to receive such information. An individual authorized to receive such information shall have been hired in accordance with 606 CMR 14.00 and authorized by the licensee and EEC to review such DCF Background Record Check information. Willful dissemination of such DCF Background Record Check information to unauthorized individuals is punishable by a jail sentence of up to two and one half years and/or a fine of \$1000 in addition to civil penalties, pursuant to G.L. c. 119, §51F.

I agree to request DCF Background information only on those candidates for hire who are otherwise qualified in all respects, as a final step in the screening and hiring process;

I agree to disclose DCF Background Record Check information only to those individuals necessary to the hiring process who have been approved by EEC.

I understand that if I disclose DCF Background Record Check information to unauthorized individuals I may be subject to a jail sentence of up to two and one half years and/or a fine of \$1000 in addition to civil penalties.

Signature

Date

MAIL THIS COMPLETED FORM TO YOUR LICENSOR AT YOUR EEC REGIONAL OFFICE. MAILING ADDRESSES FOR EACH REGIONAL OFFICE CAN BE FOUND ON EEC'S WEB SITE (www.eec.state.ma.us).