

EEC BACKGROUND RECORD CHECK: REVIEWER REQUEST

Any person in the licensed program who is a necessary participant in the hiring decision and/ or who will receive, review or discuss the results of criminal background investigations or DCF (formerly known as DSS) Background Record Check information of potential employees or volunteers in your program must complete and sign this request for a Criminal Offender Record Information (CORI) check and DCF Background Record Check and for EEC approval. **The licensee will be notified if no criminal history and no DCF Background Record Check history exists and you are approved to access Background Record Check data. You and the licensee will be notified if your CORI check shows a criminal history or your DCF Background Record Check shows an abuse or neglect history that requires further review.** If your CORI or DCF Registry check requires further review, information regarding the procedures you must follow will be sent directly to you. The decision to allow you access to CORI data will be made by the EEC review committee, based on the nature of your criminal history or abuse or neglect background, mitigating circumstances, and other information that you provide.

To Be Completed By the Employee

- I am a necessary participant in the hiring decision. (Reviewer with Hiring Authority)
- I am not a participant in the hiring decision but I will have access to CORI and DCF Background Record Check information as part of my job responsibilities. (Reviewer with Access Only)

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

If yes, please explain: _____

I consent to: 1: EEC review of any record held about me by the Department of Criminal Justice information Services
2: EEC review of any record held about me by the DCF Central Registry or Registry of Alleged Perpetrators

Signature

Date

Licensee: _____

Program Name and Address: _____

Program Phone Number: _____

EEC Use Only: Program Type _____ Facility #: _____ Licensor: _____

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).