

The Commonwealth of Massachusetts
Department of Early Education and Care

**STATEMENT OF COMPLIANCE WITH BACKGROUND RECORD
CHECK REQUIREMENTS**

This form must be completed by the Licensee or Reviewer (employer) and placed in the employee's personnel file when CORI and DCF Background Responses are reviewed.

NAME OF PROGRAM: _____

NAME OF EMPLOYEE: _____

THIS IS TO CERTIFY THAT I HAVE RECEIVED AND REVIEWED THIS
CANDIDATE'S **CORI** RESULTS.

Signature of Licensee or Reviewer

Date

THIS IS TO CERTIFY THAT I HAVE RECEIVED AND REVIEWED THIS
CANDIDATE'S **DCF** RESULTS.

Signature of Licensee or Reviewer

Date