RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH & FAMILIES
EMPLOYEE & INTERN
DCYF CLEARANCE REQUEST
AND
RHODE ISLAND CRIMINAL HISTORY SYSTEM CLEARANCE (BCI)

(Section I)
Please check one of the following: ☐ INITIAL ☐ SUBSEQUENT
Agency: ___**Department of Children, Youth and Families**_____

Worker: ___***Colleen B. Walters, Program Manager***_____ Date: _____

Subject: ☐ **Male** ☐ **Female**

_____
Last Name **First** **Middle** **Maiden**

_____
Other Names **DOB** **Ethnicity**

_____
Address

CHECKS COMPLETED
MASTER FILE - ☐ **RICHIST -** ☐ **CA/N for Employment -** ☐

RICHIST: ☐ No Prior Contact ☐ Active ☐ F ☐ I ☐ Closed Date: _____

Case #: _____ Worker Code _____ Record Location _____

Name _____

Masterfile: ☐ No Prior Contact ☐ Closed ☐ F ☐ I Date: _____

Case #: _____ Worker Code _____ Record Location _____

Name _____

Child Abuse/Neglect Investigation (CA/N) Information

☐ Prior Contact (Family) ☐ Prior Contact (Individual)
☐ No Prior Contact (Family) ☐ Reporter/Source Only

SCR #	**Type**	**Sequence**	**Status**	**Date of Status Report**

Name(s)	**Involvement**	**Allegations**

(Include in this section additional CA/N Information or results of State Central Registry Checks of other states)

Rhode Island Criminal History System Clearance (BCI)
Completed by DCYF

To be Completed by Person Completing Clearance

Name of person completing search _____ Date Completed: _____

☐ (Check box if) Search Completed. No people located matching information provided.

☐ (Check box if) Search Completed Results of possible matches are attached

Attached Documents are NOT to be given to Non-DCYF persons.

Criminal History Affidavit

Have you ever been arrested for or convicted of any offense set forth in DCYF Policy 900.0040, Criminal Records Checks Addendum – Disqualifying Information? ☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

_____

I, the undersigned, attest that the information contained in this affidavit is complete and accurate and understand that any false representation may be cause for denial or termination of employment or denial or revocation of licensure or certification. I further agree to apply to the Bureau of Criminal Identification of the State or local Police for nationwide criminal records check prior to beginning employment. I also understand the Department and/or employer will receive information relating to the results of the criminal records check. I understand if there is a question as to the conviction information, I am entitled to an appeal to the FBI. If there is a question as to my denial of termination of employment or denial or revocation of licensure or certification due to the results of the criminal records check, I am entitled to appeal to the DCYF Administrative Hearing Officer.

Applicant Signature: _____ Date: _____

Witness: _____ Date: _____