Background Record Check (BRC) Account Registration

This guide outlines the steps to successfully register for a Background Record Check (BRC) account with the Department of Early Education and Care.

First, using Microsoft’s Internet Explorer 6.0 or above, navigate to EEC’s Single Sign In web site at https://www.eec.state.ma.us/SSO/.

The web site includes a link for first time users to begin the registration process. Click on the provided link.

The next screen lists a number of web applications maintained by the EEC. Click on the check box to the left of I do not have any account with EEC. Next, click on the button labeled Continue to continue with the registration process.
Sign In Information

On the Sign In Information screen you are required to create a username and password for your account. You may enter any username that is not already in use; and that meets the minimum requirements.

A User Name must:
- be at least four characters long
- not contain only numbers
- be a maximum of 20 characters long
- contain no spaces between characters

After entering your username in the provided text box, click on the button labeled Check Availability to ensure that your chosen username is not already in use.
If your chosen username is not available; you must select a different username. The system will provide suggested usernames which may be used.
After selecting a username; enter a password in the text boxes labeled **Password** and **Confirm Password**.

A password must:
- be at least six characters long
- contain at least one lower case character
- contain at least one upper case character
- contain at least one number
- contain no spaces between characters

Click on **Next** to continue with the registration process.
Security Word or Phrase

The next step requires you to enter a security word, or phrase, which will be displayed when you access your single sign in account. This added security protects your password, and indicates that you are accessing the EEC’s web site. Your security word, or phrase, should be visible after entering your username. If this information does not appear; you should not enter your password, and contact the EEC.

Click on the button labeled Next after entering a security word or phrase.
Security Information

The Security Information screen requires you to select from a list of four security questions, enter an answer to the selected question, and enter the date of the day of your birth. This information will enable you to reset your password if you are unable to remember it.

After entering the required security information click on the button labeled Next.
Personal Information

The required information, on the Personal Information screen, includes First Name, Last Name, and Gender. If an email address is not available a mailing address is also required.

After entering the required information click on the button labeled **Next**.
Terms and Agreement

The Terms and Agreement screen displays the terms of use for single sign and includes a check box for indicating agreement to these terms.

Click on the check box to the left of “I agree to the Terms and Agreement” and click on the button labeled Next to continue with the registration process.
Confirm and Finish

The system will display a summary of the information you had entered. Review the information to ensure that it is correct.

Click on the button labeled Finish to proceed with your registration.

The system will display a list of EEC applications. Click on the check box to the left of Electronic Child Care Information Management System Background Records Check Only (eCCIMS BRC).

Click on the button labeled Continue to proceed to your single sign in home page.
Your single sign in home page will include a link to the Background Record Check application. Click on the link to proceed with your BRC Registration.

The BRC User Registration page requires that you enter a Job Title, Workplace Name, Program Number, Phone, and Email Address.
Your program number may be found on the upper left corner of your license to operate.
BRC USER REGISTRATION

Please fill out the following information. * indicate all required fields.

<table>
<thead>
<tr>
<th>User Information</th>
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<tbody>
<tr>
<td>User Name</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Address 1</td>
</tr>
<tr>
<td>Address 2</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
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<tr>
<td>Zip Code</td>
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<tr>
<td>* Job Title</td>
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<tr>
<td>* Workplace Name</td>
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<tr>
<td>* Program Number</td>
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<tr>
<td>* Phone</td>
</tr>
<tr>
<td>* Email Address</td>
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</tbody>
</table>

After entering all the required information; click on the arrow to the left of Save This Information to complete your BRC registration.
BRC functions are available within the drop-down menus on the orange menu bar.
Employee Consent Form

All applicants for employment or volunteers or intern positions, where they have the potential for unsupervised contact with children, must complete and sign a BRC Consent Form before a BRC request is submitted to EEC. The BRC Employee/Volunteer/Intern Consent Form may be accessed from the Print BRC Consent Form function located on the BRC Reports drop-down menu.

Important note to employers: The Background Record Check (BRC) Employee/Volunteer/Intern Consent form was updated on April 17, 2007 and has replaced any previous forms. To download the new Employee/Volunteer/Intern BRC Consent form, please click here. You must ensure that the applicant has completed and signed the new form prior to submitting a BRC request.

Please note that BRC forms accessed through eCCIMS may only be used for electronic BRC request submissions through eCCIMS.

The Download Background Record Check Consent Form screen will appear. This screen contains a link to the Employee/Volunteer/Intern Consent form in PDF format.
COMMIT FOR BACKGROUND RECORD CHECK OF
EMPLOYER / VOLUNTEER / INTERN

All current or prospective employees/volunteers/assistants who work in a Department of Early Education and Care (EEC) licensed program and who have been found responsible for unauthorized conduct with children (as defined in EEC regulations, 600 CMR 14.00) must complete and sign this Consent Form.

To be completed by applicant:

Full Name __________________________
Last First Middle Maiden or other surname:

Date of Birth (MM/DD/YY) Place of Birth Gender (M/F) Social Security #

Height ______ Weight ______ Eye Color ______ Mother’s Maiden Name:

Dates and Places of Residence for the Last Seven Years:
From To Number & Street CITY STATE ZIP

Please list other states in which you have resided: ________________________________

I certify that the information above is correct to the best of my knowledge.
Applicant’s Signature ______ Date ______

Employer Certification:
The applicant is applying for a position or is currently employed in an EEC licensed program. I understand that the use of this form for any reason other than its intended purpose is unlawful.
The applicant’s identity was verified by reviewing the following form of government issued photographic identification:

Signature of Authorized Background Record Check Reviewer: __________________________ Date: ______

employee/volunteerCOM
Submission of a Background Record Check request begins by clicking on the Submit BRC Request function located on the BRC Reports drop-down menu.
SUBMIT BACKGROUND RECORD CHECK REQUEST

Important note to employer: The Background Record Check (BRC) Employee/Volunteer/Intern Consent form was updated on April 17, 2007 and has replaced any previous forms. To download the new Employee/Volunteer/Intern BRC Consent form, please click here. You must ensure that the applicant has completed and signed the new form prior to submitting a BRC request.

The Information you submit to EEC is solely for the purpose of obtaining a Background Record Check (BRC) for prospective/current employees/interns/volunteers of the EEC licensed program within your agency. This information may not be used to obtain BRC information for any program within your agency that is not licensed through EEC. The use of background record information for any other reason than its intended purpose is unlawful.

Before entering BRC information, a user must certify that a BRC Employee/Volunteer/Intern Consent form had been completed by the potential employee, volunteer, or intern, and that the applicant has been properly identified. This certification is completed by clicking on the check box which appears on the Submit Background Record Check Request screen. Click on Enter BRC Information at the bottom left of the screen to continue with the BRC process.

The Site Listing screen will appear on which a Location of Care is selected from those available on the drop-down list. If a user is licensed to provide care at multiple sites, the user must select a site when the potential employee/volunteer/intern will work (the “Location of Care”). Once the location of care is selected, click on Enter BRC Information at the bottom left of the screen to continue with the BRC process.
SUBMIT BRC REQUEST

Please fill out the following information. * indicate all required fields.

Please enter the State value if you wish to search for other cities outside of MA (Massachusetts is the default search State).
The zip code search function allows the use of trailing wild cards. For example, searching for 'New' would position the cursor
to the City 'Newton'.

**Applicant Information**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Suffix</th>
<th>Alias Name 1</th>
<th>Alias Name 2</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Maiden Name</th>
<th>SSN</th>
<th>BirthDate</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Zip code</th>
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</table>

**Date and Location of Residence(s) for the Last 7 Years**

Electronic submission of this information is not required. Please note, however, that all programs are legally required to obtain
the Employee/Volunteer/Intern Consent form, signed by the applicant, the date and location of all residence(s) of the
applicant for the past 7 seven years and information regarding any states in which the applicant has resided.

**Mail Results to (check Program or Licensee address)**

- **Program**
  - Program #: 12345
  - Name: A Child's Place
  - Address: 51 Sleeper ST
  - City: Boston
  - State: MA
  - Zipcode: 02210

- **Licensee**
  - Licensee #: 087654
  - Name: A Child's Place, Inc.
  - Address: 51 Sleeper ST
  - City: Boston
  - State: MA
  - Zipcode: 02210

I hereby certify that the applicant has completed and signed the EEC Employee/Volunteer/Intern Background Record Check
Consent form and produced a government issued photo ID to verify his/her identity. In the case of a person age 16 or 16,
who may not yet have a government issued ID, verification of identity of may be documented from another source acceptable
to EEC, e.g., teacher or parent.

**Confirm BRC Information**

Required fields on the Submit BRC Request form are indicated with an asterisk. After entering the required information, select to have the results mailed to either the Program or Licensee address. Click on the check box to verify that a consent form has been completed and click on Confirm BRC Information at the bottom left of the screen.
After clicking on **Confirm BRC Information**, the address information that had been entered will be verified with information provided by the United States Postal Service (USPS). You may choose to accept or ignore the address suggested for use by the USPS.

**Please verify addresses below. Click on the appropriate button.**

<table>
<thead>
<tr>
<th>User Input Address</th>
<th>USPS Suggested Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applicant Information</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address1:</strong> 51 Sleeper Street</td>
<td><strong>Address1:</strong> 51 SLEEPER ST</td>
</tr>
<tr>
<td><strong>Address2:</strong></td>
<td><strong>Address2:</strong></td>
</tr>
<tr>
<td><strong>City:</strong> Boston</td>
<td><strong>City:</strong> BOSTON</td>
</tr>
<tr>
<td><strong>State:</strong> Ma</td>
<td><strong>State:</strong> MA</td>
</tr>
<tr>
<td><strong>Zipcode:</strong> 02210</td>
<td><strong>Zipcode:</strong> 02210</td>
</tr>
</tbody>
</table>

[Buttons: Ignore USPS Address, Accept USPS Address]

[Button: Cancel save and close this window]

After selecting an address you may continue with the confirmation process or cancel.

**Please verify addresses below. Click on the appropriate button.**

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<td><strong>Address1:</strong> 51 Sleeper Street</td>
<td><strong>Address1:</strong> 51 SLEEPER ST</td>
</tr>
<tr>
<td><strong>Address2:</strong></td>
<td><strong>Address2:</strong></td>
</tr>
<tr>
<td><strong>City:</strong> Boston</td>
<td><strong>City:</strong> BOSTON</td>
</tr>
<tr>
<td><strong>State:</strong> Ma</td>
<td><strong>State:</strong> MA</td>
</tr>
<tr>
<td><strong>Zipcode:</strong> 02210</td>
<td><strong>Zipcode:</strong> 02210</td>
</tr>
</tbody>
</table>

[Buttons: Cancel save and close this window, Continue Save Process]
Once the **BRC Confirmation** screen appears you may submit the BRC request or edit the applicant information if it appears to be incorrect. A link is provided to edit the information if needed.

If the applicant information is correct, click on **Submit BRC Request** at the bottom left of the screen.

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**BRC CONFIRMATION**

The following information has not been saved yet. If this is incorrect, you can edit it, else press the submit BRC button to save.

<table>
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<tr>
<td><strong>Maiden Name</strong></td>
</tr>
<tr>
<td><strong>Alias Name 1</strong></td>
</tr>
<tr>
<td><strong>Alias Name 2</strong></td>
</tr>
<tr>
<td><strong>SSN</strong></td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
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<tr>
<td><strong>City</strong></td>
</tr>
<tr>
<td><strong>State</strong></td>
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<tr>
<td><strong>Zip</strong></td>
</tr>
</tbody>
</table>

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Submit BRC Request
Once the BRC Request is submitted, the **BRC Confirmation** screen is displayed and a Background Record Check Request Receipt is generated and displayed in PDF format. Programs must print the BRC Request Receipt and maintain it in a secure place in accordance with EEC Requirements. In addition to printing, the BRC Request Receipt, programs also have the ability to save the document as a PDF file.

Clicking on the **print** link, which appears on the BRC Confirmation screen, will also generate this document.
Statement of Compliance with Background Record Check Requirements

Applicant Information

Last Name: Sparrow
First Name: Jack
Middle Initial:
Suffix:
Maiden Name:
Alias 1:
Alias 2:
Social Security No: XXX-XX-0789
Date of Birth: 12/22/1965
Number & Street: 81 SLEEPER ST
Town: BOSTON
State: MA
Zip: 02210

Mail results to (program or licensee address)
Program #: 1204396
Name: A Child's Place
Address: 81 Sleepers ST, Boston 02210

This section must be completed by the EEC approved Licensee or Reviewer(employer) and placed in the employee's personnel file when CORI and DSS Background record check results are reviewed. Both CORI and DSS results must be reviewed and both boxes must be checked.

I hereby certify that on ____________(Date), I received the CORI results from EEC for the applicant named above and have reviewed those results in accordance with EEC, regulations 500 CMR 14.00 and 102 CMR 1.00.

I hereby certify that on ____________(Date), I received the DSS background check results from EEC for the applicant named above and have reviewed those results in accordance with EEC, regulations 500 CMR 14.00 and 102 CMR 1.00.

Signature of EEC approved Licensee or Reviewer: ___________________  Date: ______________

04/2007

Employer/Volunteer BPC
BRC Status

To view the status of a pending BRC submission click on the **View BRC Status** function located on the **BRC Reports** drop-down menu.

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*Visit the [EEC Web site](#) for more information on Child Care licensing and regulations.*

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The BRC Listing screen, which contains a list of BRC submissions for the past 90 days, will appear. This list includes the current status of each request.

Confirmation information, including the BRC Request Receipt, may be retrieved by clicking on the checkbox to the left of an applicant’s name and clicking on Print Report at the bottom left of the screen.
BRC CONFIRMATION

The BRC submitted successfully. You must print out this page for your record.

Click Here for a new BRC Request.

Applicant Information

Last Name: Spanow
First Name: Jack
Maiden Name: 
Alias Name 1: 
Alias Name 2: 
SSN: XXX-XX-6789
Date of Birth: 12/22/1960
Address: 51 SLEEPER ST
City: BOSTON
State: MA
Zip: 02210

Click on the print link to view the BRC Request Receipt.
Statement of Compliance with Background Record Check Requirements

Background Record Check Request Receipt and Compliance Form

Applicant Information

Last Name: Sparrow
First Name: Jack
Middle Initial:
Suffix:
 Maiden Name:
Alias 1:
Alias 2:
Social Security No: XXX-XX-0789
Date of Birth: 12/22/1995
Number & Street: 81 SLEEPER ST
Town: BOSTON
State: MA
Zip: 02210

Mail results to (program or licensee address)
Program #: 1244396
Name: A Child’s Place
Address: 81 SLEEPER ST, Boston, MA, 02210

This section must be completed by the EEC approved Licensee or Reviewer/employer and placed in the employee’s personnel file when CORI and DSS Background record check results are reviewed. Both CORI and DSS results must be reviewed and both boxes must be checked.

I hereby certify that on ____________/_________ (Date) I received the CORI results from EEC for the applicant named above and have reviewed those results in accordance with EEC regulations 500 CMR 14.00 and 182 CMR 1.00.

I hereby certify that on ____________/_________ (Date) I received the DSS background check results from EEC for the applicant named above and have reviewed those results in accordance with EEC regulations 500 CMR 14.00 and 182 CMR 1.00.

Signature of EEC approved Licensee or Reviewer: __________________________ Date: __________________________
For Additional Help:
Contact EEC eCCIMS Help Desk:
EECHelpDesk@MassMail.state.ma.us