

## Please read each attestation carefully. Check the box to the left to confirm that you agree to each attestation below.

□ This individual verifies that he/she has never had a DCF supported finding of abuse or neglect in a DCF Report pursuant to M.G.L. c. 119 § 51B, also known as a 51B Report.

 $\Box$  This individual verifies that he/she has never been identified by any child protection agency as a perpetrator of child abuse or neglect.

 $\Box$  This individual has read <u>M.G.L. c. 119 § 51A</u>, which requires educators and others who are paid to care for or work with children to make a report immediately to the Department of Children and Families or to the person in charge of the school or institution if there is a reasonable cause to believe a child under 18 is suffering physical or emotional injury as a result of abuse, including sexual abuse, or neglect. This individual understands his/her obligations under § 51A and the penalties for failure to comply.

 $\Box$  This individual understands that he/she must notify the Municipal Approving Authority in writing within ten days if in the future the answers to any of these questions change.

 $\Box$  This individual understands that knowingly providing any false information regarding DCF findings, including submission of false information on this form, to EEC or to the Municipal Approving Authority will result in immediate closure of the Remote Learning Enrichment Program and may result in additional legal action.

I verify that the foregoing is correct to the best of my information and belief.

Signature:	Date:
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Role at Remote Learning Enrichment Program: \_\_\_\_\_

## ACCEPTED BY MUNICIPAL APPROVING AUTHORITY

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Attestation Form