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| <b>Hawkeye Area Community Action Program, Inc.<br/>Policy &amp; Procedure</b> | Policy # 255       |
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| <b>Criminal History Record Information Policy</b>                             | Effective: 12/7/17 |
|   | Revised:           |
| APPROVED BY: HACAP Board of Directors   |                    |

## **Policy Statement**

HACAP will comply with all pertinent federal and State of Iowa regulations, as an Iowa Division of Criminal Investigation designated Qualifying Entity, relating to the receipt, use, handling, dissemination, and destruction of criminal history record information.

## **Procedure**

1. Requests will be submitted to the Iowa Division of Criminal Investigation (DCI) for criminal history record checks according to the DCI Qualified Entity User Agreement only for the Agency's current or prospective Iowa licensees, employees, volunteers, contractors, and subcontractors.
2. A completed and signed Waiver Agreement and Statement form will be obtained from every current or prospective licensee, employee, volunteer, contractor, or subcontractor, for whom the agency submits a request for criminal history record check to the Iowa DCI, and the Waiver Agreement and Statement will be retained.
3. Criminal history record information will be acquired only to screen the Agency's current and/or prospective licensees, employees, and/or volunteers (including contractors and subcontractors) and only for the purpose(s) of licensing, employment, and/or determination of suitability.
4. Criminal history record information will not be disseminated to the prospective licensee, employee, or volunteer, but the individual will be informed of his/her right to obtain a copy of the criminal history records, if any, contained in the report, and of the person's right to challenge the accuracy and completeness of any information contained in any such report, and to obtain a determination as to the validity of such challenge before a final determination regarding the person is made.
5. All personnel with access to criminal history record information are aware of the rules and responsibilities concerning criminal history record information security and confidentiality, according to the most current version of the FBI Criminal Justice Information Systems Security Policy. All authorized personnel complete Security Awareness Training within six months of initial assignment and biennially thereafter.
6. Criminal history record information acquired will not be duplicated and/or disseminated for use outside of the agency unless explicitly allowed by law.

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7. A dissemination log of all authorized dissemination will be maintained by the Human Resources Department.
8. Criminal history records acquired will be kept in a secure file, safe, or other security devices, such as a locked file cabinet in an access-controlled area, and further steps will be taken as are necessary to ensure that the records are accessible only to employees who have been trained in their proper use and handling and have a need to examine such records.
9. Misuse of criminal history record information will result in disciplinary action, including possible termination of employment.
10. All records necessary to facilitate a security audit by the Iowa Division of Criminal Investigation (DCI) and the Federal Bureau of Investigation (FBI) will be maintained, and the Agency will cooperate in such audits as necessary.
11. HACAP complies with all applicable laws regarding record check retention. Original Waiver Agreement and Statement forms and dissemination logs are destroyed after one-year post-audit and/or after licensee, employee or volunteer is no longer relevant to, working for or licensed with the Agency, whichever is longer. The destruction will be completed by authorized personnel, and the secure method will be via shredding.

**My signature on this statement certifies that I have read and understand HACAP's Criminal History Record Information Policy and that I will abide by the terms and conditions stated within.**

\_\_\_\_\_  
**Authorized Employee Signature**

\_\_\_\_\_  
**Date**

**Authorized Employee Printed Name:** \_\_\_\_\_