**National Service Criminal History Check Component Assessment**

This form must be saved as grant record in each individual’s file for which the assessment is conducted.

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| **Yes** | **No** | **Assessment Questions - General** |
|  | | 1. What is the name of the individual in this covered position? Click here to enter text. |
|  |  | 1. Does this covered position have recurring access to vulnerable populations? |
|  | | 1. When did the covered position start work/service in the program? Click here to enter a date. |
|  |  | 1. Is the state of service different than the state of residence at the point of application? |

**COMPONENT 1 - National Sex Offender Public Website (NSOPW) Check**

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| **N/A** | **Yes** | **No** | **Assessment Questions - NSOPW** |
|  |  |  | 1. Was the NSOPW check conducted? |
|  | | | 1. What is the documented date on the screenshot or printout of the NSOPW result? Click here to enter a date. |
|  |  |  | 1. Was this check result dated prior to the first day the individual accrued hours? |
|  | | | 1. If this check was not required until 1/1/13 for this covered position, when was it conducted? Click here to enter a date. |
|  |  |  | 1. Was a second NSOPW conducted or was the first one supplemented with state sex offender searches for any state registries not reporting on the initial check? *Enter N/A if all states were reporting on the result.* |
|  |  |  | 1. For a result with hits on a candidate’s name, were all hits resolved before clearing the individual? *Enter N/A if the result was ‘no record found’.* |

If you answered No to any of the above, you must perform corrective action and ensure the NSOPW check in performed on time and the results are nationwide.

**COMPONENT 2 - State of Service and State of Residence Checks**

Required

N/A because of no access to vulnerable population and opted to do FBI check instead.

N/A because of ASP approval

N/A because of Exemption approval

N/A because it was not required on individual’s start date on the grant.

Individual self-certified for no murder conviction as required by 1/1/13. Click here to enter a date.

On what date was the state of service check initiated? Click here to enter a date.

On what date was the state of service results received? Click here to enter a date.

On what date was the state of residence check initiated? Click here to enter a date.

On what date was the state of residence results received? Click here to enter a date.

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| **N/A** | **Yes** | **No** |  |
| **Assessment Question - State of Service** | | | |
|  |  |  | 1. Was the state of service check conducted? |
|  |  |  | 1. Was this check initiated no later than the first day the individual accrued hours? |
|  |  |  | 1. If accompaniment was required, was accompaniment documented? |
|  |  |  | 1. Was accompaniment documented with dates, times, accompanier? |
| **Assessment Question - State of Residence** | | | |
|  |  |  | 1. If a state of residence check was not the same as the state of service, was the state of residence check conducted? |
|  |  |  | 1. Was this check initiated no later than the first day the individual accrued hours? |
|  |  |  | 1. If accompaniment required, was accompaniment documented? |
|  |  |  | 1. Was accompaniment documented with dates, times, accompanier? |

If you answered No to any of the above, you must perform corrective action and ensure the State check is performed for the state of service and the state of residence at the point of application through the designated CNCS state sources.

**COMPONENT 3 - Federal Bureau of Investigation (FBI) Check**

Required

N/A because of no access to vulnerable population and opted to do state checks instead.

N/A because of ASP approval

N/A because of Exemption approval

N/A because it was not required on individual’s start date on the grant.

Individual self-certified for no murder conviction as required by 1/1/13. Click here to enter a date.

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| **N/A** | **Yes** | **No** | **Assessment Questions - FBI** |
|  | | | 1. On what date was the FBI check initiated? Click here to enter a date. |
|  |  |  | 1. Was this check initiated no later than the first day the individual accrued hours? (Y/N) |
|  | | | 1. On what date were results received? Click here to enter a date. |
|  |  |  | 1. If accompaniment required, was accompaniment documented? (Y/N) |
|  |  |  | 1. Was accompaniment documented with dates, times, accompanier? |

If you answered No to any of the above, you must perform corrective action and ensure the FBI check is initiated on time and conducted for all those that have recurring access to vulnerable populations.