

CRIMINAL HISTORY CHECK

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

Print Name of Organization

Print Name of Employee/Volunteer/Contractor

Employee Start Date/First Day of Connected Youth Initiative Salary Charged to Grant

- Connected Youth Initiative Covered Position (Staff)
- Obtained prior, written authorization from the individual to conduct the state criminal registry check, FBI fingerprint check, if applicable, and the appropriate review of such checks (not necessary for the NSOPW check).
- Documented the individual's understanding that selection is contingent upon the organization's review of the individual's criminal history, if any.
- Verified the individual's identity by examining their government-issued photo identification card, such as a driver's license.
- Individual has been deemed eligible for participation in a covered position (as a grant supported program staff) after review of the criminal history check results.

OR

- The individual has been deemed ineligible for employment in a Connected Youth Initiative covered position after review of the criminal history check and/or the National Sex Offender Registry check.

The undersigned certifies that the items checked above have been completed and compiled in accordance with all related CNCS regulations and procedures.

Signature and Date

Printed Name and Title of Authorized Program Staff Representative

Yes	No	Assessment Questions - General
		1. What is the name of the individual in this covered position? _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Does this covered position have recurring access to vulnerable populations?
		3. When did the covered position start work/service in the program? _____
<input type="checkbox"/>	<input type="checkbox"/>	4. 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

N/A	Yes	No	Assessment Questions - NSOPW
	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the NSOPW check conducted?
			2. What is the documented date on the screenshot or printout of the NSOPW result? _____
	<input type="checkbox"/>	<input type="checkbox"/>	3. Was this check result dated prior to the first day the individual accrued hours?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. 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? <i>Enter N/A if all states were reporting on the result.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. For a result with hits on a candidate's name, were all hits resolved before clearing the individual? <i>Enter N/A if the result was 'no record found'.</i>

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

COMPONENT 2 - State of Service and State of Residence Checks

On what date was the state of service check initiated? _____

On what date was the state of service results received? _____

On what date was the state of residence check initiated? _____

On what date was the state of residence results received? _____

N/A	Yes	No	Assessment Question - State of Service
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the state of service check conducted?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was this check initiated no later than the first day the individual accrued hours?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. If accompaniment was required, was accompaniment documented?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was accompaniment documented with dates, times, accompanier?
Assessment Question - State of Residence			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. If a state of residence check was not the same as the state of service, was the state of residence check conducted?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was this check initiated no later than the first day the individual accrued hours?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. If accompaniment required, was accompaniment documented?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was accompaniment documented with dates, times, accompanier?

COMPONENT 3 - Federal Bureau of Investigation (FBI) Check

Required

N/A because of no access to vulnerable population

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.

N/A	Yes	No	Assessment Questions - General
			1. On what date was the FBI check initiated? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was this check initiated no later than the first day the individual accrued hours?
			3. On what date were results received? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. If accompaniment required, was accompaniment documented?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. 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.