

Record of Background Investigations for Employment

Residential Care Facilities: 5122-30-31

Facility Name: **Licensure No:**

Applicant/Staff Name: **Length of time resident of Ohio:**

(3) An owner, operator, manager, or prospective operators shall check each of the following databases to determine if the applicant is included: (f) The owner, operator, manager or perspective operator must maintain written evidence of the results of these database checks

List of Excluded Persons: <http://exclusions.oig.hhs.gov/>

Date Checked: Outcome:

Abuser Registry: https://its.prodapps.dodd.ohio.gov/abr_default.aspx

Date Checked: Outcome:

Nurse Aid Registry: https://odhgateway.odh.ohio.gov/nar/nar_registry_search.aspx

Date Checked: Outcome:

Sex Offender and Child-Victim Offender Registry: <http://www.icrimewatch.net/index.php?AgencyID=55149&disc=>

Date Checked: Outcome:

U.S. General Services Administration Database: <https://www.sam.gov/>

Date Checked: Outcome:

Database of Incarcerated and Supervised Offenders: <https://drc.ohio.gov/OffenderSearch>

Date Checked: Outcome:

5122-30-31 (C)(6)(a): Signed Non-Conviction Statement regarding Prohibited or Disqualifying Offense date:

512-30-31 (C)(6)(b): Signed Agreement to Notify within 14 days if Charged, Convicted/Pled Guilty date:

BCI Criminal Records Check Ordered: Outcome:

FBI Records Check Ordered: Outcome:

Not Applicable

Completed By: _____ Date:

Please keep this, copies of the results of each of the database checks, signed statements, the results of the BCI , and if applicable FBI record on file for surveyor review.