

**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](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](https://odhgateway.odh.ohio.gov/nar/nar_registry_search.aspx)

Date Checked:  Outcome:

**National Public Sex Offender Public Website:** <https://nsopw.gov>

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:

Completed By: \_\_\_\_\_ Date:

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