Legal Applicant Name: Enter program name.

Program Year:2019-2020

ONestar Review Completed By: Choose a name.

onestar Review Date: Click here to enter a date.

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| **Program submitted updated NSCHC Policies and Procedure, which contains the following components:** | **OneStar Reviewer Comments:** |
| [ ]  Specifies the OneStar NSCHC Verification Form will be completed for all covered individuals. |  |
| [ ]  Verifies the identity of the candidate for a member/covered staff position through a government-issued photo ID. The program should ensure that the candidate name entered by the program in Truescreen exactly matches the government-issued ID that is uploaded in Truescreen by the candidate.  |  |
| [ ]  Obtains consent from candidates in Truescreen and Fieldprint prior to performing the State and FBI checks. |  |
| [ ]  Documents candidate’s understanding that his or her position is contingent on eligibility determined by the results of the NSCHC.  |  |
| [ ]  Indicates in Truescreen if an individual will have recurring access or episodic/no access to vulnerable populations.  |  |
| [ ]  Specifies which check components are required for all covered positions according to no access/episodic access or recurring access to vulnerable populations.  |  |
| [ ]  Specifies all NSOPW and State checks (State of Residence and State of Service) are run through Truescreen. |  |
| [ ]  Includes requirements to complete/adjudicate the NSOPW and State Check(s) in Truescreen before candidate begins work or service. |  |
| [ ]  Includes a process for how the program will determine the State of Residence for the applicant. Specifies how to determine if a State of Residence check is required.*States covered under CNCS Pre-Approved Alternative Search Procedure (ASP) for Truescreen and NFF States do not require a separate State of Residence check.* |  |
| [ ]  Specifies the following adjudicated/completed documentation must be maintained for Truescreen checks: Truescreen Adjudicated Results with a green dot for each check component under the Pass/Review Status, the last date under the “Completed” column is the date used for completion.  |  |
| [ ]  Specifies which staff person will be responsible for all steps of completing required checks in Truescreen and when they will be conducted, including:* Initiating/ordering checks in Truescreen
* Ensuring applicant has completed their portion in Truescreen and providing coaching as necessary
* Adjudicating checks in Truescreen
* Printing Truescreen reports and completing Truescreen portion of NSCHC Verification Form

\*Specify if these responsibilities will be different for members and staff.  |  |
| [ ]  Specifies FBI Fingerprinting checks must be run through Fieldprint. |  |
| [ ]  Includes requirements to initiate the FBI check by the start of service or work. |  |
| [ ]  Defines initiation as scheduling Fingerprinting Appointment. |  |
| [ ] Specifies the following documentation must be maintained to document initiation: Adjudicated Fieldprint Results with “Date Received” on Order Information serving as documentation of initiation. *If individual starts service/work but exits prior to being fingerprinted, report should be run through Fieldprint to document Fingerprinting Appointment was scheduled.*  |  |
| [ ]  Specifies completion is the date Fieldprint results were received, reviewed, and adjudicated. And that this is documented through the “Date of Consideration” listed by the program on the NSCHC Verification Form. This date must be on or after the “Date Completed” on the Order Information of the Fieldprint results.  |  |
| [ ]  If a Fieldprint result comes back as “not cleared,” policy outlines which steps the program will take to verify eligibility.  |  |
| [ ]  States the following documentation will be maintained as additional eligibility verification in the event that an individual receives a “not cleared” status on the Fieldprint result: 1) Dated copies of the “not cleared” status, 2) evidence the program used in making eligibility determination, 3) contemporaneously dated NSCHC Verification Form in the file documenting the determination of the individual’s eligibility. |  |
| [ ]  Specifies which staff person will be responsible for all steps of conducting an FBI Fingerprinting Check and when they will be conducted, including:* Initiating/ordering checks in Fieldprint
* Ensuring applicant has scheduled their Fingerprinting appointment through Fieldprint and providing coaching as necessary
* Viewing Fieldprint Results and determining if additional actions are required if a check comes back as “not cleared”
* Managing process of additional documentation in the event of a “not cleared” result for an applicant.
* Printing and maintaining Fieldprint checks and completing Fieldprint portion of NSCHC Verification Form

\*Specify if these responsibilities will be different for members and staff. |  |
| [ ]  Includes requirement that accompaniment must be provided until ALL checks have been completed/adjudicated.  |  |
| [ ]  Specifies how the program will provide accompaniment, and how it will be documented contemporaneously. Includes who is responsible for documenting accompaniment. *Accompaniment must be documented with time, date, name of person accompanying, and the name of the individual accompanied. If an individual is in service/work prior to the all checks being completed/adjudicated, but the individual does not have access to vulnerable populations (i.e. they are in training), explanation should be maintained of why there is no documentation of accompaniment.*  |  |
| [ ]  Specifies an individual has 45 calendar days to review their own results and challenge factual accuracies as needed.  |  |
| [ ]  Specifies that the program will maintain the results of the checks and keep the results of the NSCHC confidential. |  |
| [ ]  States that the program will pay for all criminal history checks. |  |
| [ ]  Specifies who will determine if an individual is eligible for service/work based on all check results, and that the program will verify eligibility on the OneStar NSCHC Verification Form.  |  |
| [ ]  Defines what results of the NSCHC will disqualify an individual from service/work. |  |
| [ ]  For full time fixed award programs, the policies and procedures state which staff are considered in covered positions requiring the NSCHC. |  |