

CCRSS PROVIDER NAME	CERTIFICATION NUMBER	RCS CONTRACTED EVALUATOR / STAFF NAME	CERTIFICATION EVALUATION DATES
---------------------	----------------------	---------------------------------------	--------------------------------



ATTACHMENT L

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

CCRSS Background Record Review

Instructions: Sample should include staff who have been hired since last certification.

Result Type Meanings: NR – No Record; RR – Review Required; D – Disqualify; A – Additional Information needed.

Staff Identifier	WACs	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF
Name	388-101D								
Hire Date									
Date WA State Name and Date of Birth (WDOB) background check completed	0075								
WDOB Result Type		<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A
Date of Character, Competence and Suitability Review (CCSR) following WDOB. N/A if no record		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Date Final Fingerprint Check completed	0070								
Fingerprint Result Type	0070	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A
FBI Record of Arrests and Prosecutions (RAP), in employee file?		<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> N/A
Date of CCSR following fingerprint check. N/A if no record		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A