

## ESF Staff and Administrative Record Review

ENHANCED SERVICES FACILITY NAME				LICENSE NUMBER		INSPECTION DATE	
PROVIDER / LICENSEE'S NAME				LICENSOR'S NAME			
STAFF	ADMINISTRATOR	STAFF A (NEW)	STAFF B (NEW)	STAFF C (NEW)	STAFF D (>TWO YEARS)	STAFF E (>TWO YEARS)	
NAME							
DATE OF BIRTH							
DATE OF HIRE*							
BGI EXPIRE DATE*							
FINGERPRINT CHECK	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	
CCS EVALUATION*	<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	
DOH CREDENTIALS	<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	
DOH EXPIRE DATE							
12 HOURS CE*							
FACILITY ORIENTATION							
ORIENTATION AND SAFETY (5 HOURS)							
70 HOUR BASIC / POPULATION SPECIFIC <b>OR</b>							
EXEMPT PER WAC 388-112A-0090 AND 388-107-0630**	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	
FIRST AID / CPR							
TRAINING BY PHARMACIST							
FOOD SAFETY / HANDLER							
THREE (3) HOURS OF CE PER QUARTER (ALL STAFF)							

\* BGI = Background Inquiry; CCS = Character, Competency, and Suitability; CE = Continuing Education; Date of Hire = first date worked for pay.

\*\* Could include documentation employee worked in 2011 and met training requirements at that time or documentation employee has worked in current home since 2011. Has Fundamentals or Basics of Caregiving Certificate.

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LIABILITY INSURANCE (WAC 388-107-1110) Expiration date:				PROFESSIONAL LIABILITY INSURANCE (WAC 388-107-1130) Expiration date:			
<b>SPECIALTY TRAINING</b>		TRAINING NOT AVAILABLE AT THIS TIME					
ESF ADMINISTRATOR							
<b>DEMENTIA*</b>							
<b>MENTAL HEALTH*</b>							
<b>DE-ESCALATION*</b>							
<input type="checkbox"/> N/A <b>DDA*</b>							
<b>TB TESTING REVIEW FOR STAFF</b>							
STAFF	ADMINISTRATOR	STAFF A	STAFF B	STAFF C	STAFF D	STAFF E	
DATE TESTED							
TYPE OF TEST	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*		
DATE FIRST READ							
RESULT	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
INDURATION IF TST	MM	MM	MM	MM	MM	MM	
DATE OF SECOND TST TEST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST	
DATE SECOND READ							
RESULT	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	
INDURATION IF TST	MM	MM	MM	MM	MM	MM	
CHEST X-RAY	<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	
* TST = Tuberculin Skin Test; IGRA = Interferon Gamma Release Assays.							

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PROVIDER / LICENSEE'S NAME			LICENSOR'S NAME				
<b>PET RECORDS</b>		IF MORE THAN THREE (3), PLEASE DOCUMENT REMAINDER IN NOTES					
PET 1							
PET 2							
PET 3							
<b>ADMINISTRATIVE RECORDS REVIEW – BACKGROUND CHECKS / FORMER STAFF</b>							
<b>Instructions:</b> Document background check results for former staff here.							
STAFF	STAFF G	STAFF H	STAFF I	STAFF J	STAFF L	STAFF M	STAFF N
NAME							
DATE OF HIRE							
DATE OF BIRTH							
BGI EXPIRE DATE							
FINGERPRINT CHECK	<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
CCS EVALUATION	<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
<b>NOTES: STAFF AND ADMINISTRATIVE RECORD REVIEW</b>							