| CCRSS PROVIDER NAME | | | | CERTIFICATION NUMBER | | RCS CONTRACTED EVALUATOR / STAFF NAME | | | | CERTIFICATION EVALUATION DATES | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ATTACHMENT K  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS Certification Evaluation Staff Sample / Record Review** | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Staff Identifier | | **WACs** | **STAFF** | | **STAFF** | | **STAFF** | **STAFF** | **STAFF** | | **STAFF** | **STAFF** |
| Name | | 388-101D |  | |  | |  |  |  | |  |  |
| Hire Date | |  | |  | |  |  |  | |  |  |
| Training before working alone (IISP, emergency procedures, reporting requirements, client confidentiality) | | 0095 |  | |  | |  |  |  | |  |  |
| Staff Training within four weeks  (mission statement, policies, and procedures, on the job training) | | 0055  0100 |  | |  | |  |  |  | |  |  |
| 75 hours of basic training within 120 days - indirect supervision required until then or Exemption Letter | | 0087 | EXEMPTION LETTER | | EXEMPTION LETTER | | EXEMPTION LETTER | EXEMPTION LETTER | EXEMPTION LETTER | | EXEMPTION LETTER | EXEMPTION LETTER |
| Staff Training within six months (client services, residential guidelines, positive behavior support), Bloodborne Pathogens with HIV/AIDS) | | 0105 |  | |  | |  |  |  | |  |  |
| First Aid and CPR (within the first 6 month of hire and current) | | 0105  0110 |  | |  | |  |  |  | |  |  |
| Nurse Delegation Training | | 0160 |  | |  | |  |  |  | |  |  |
| NAR/NAC Training | | 0160  0315 |  | |  | |  |  |  | |  |  |
| CP Training | | 0480 |  | |  | |  |  |  | |  |  |
| Continuing Education (12 hours per calendar year) | | 0100 |  | |  | |  |  |  | |  |  |
| Annual review of DSHS 10-403 (Abuse / Neglect) | | 0500 |  | |  | |  |  |  | |  |  |
| **THE FOLLOWING TWO QUESTIONS ARE SETTING SPECIFIC, IF N/A IS MARKED, THE ENTIRE ROW WILL BE CONSIDERED N/A, AS THIS INDICATES IT DOES NOT APPLY TO SETTING BEING REVIEWED.** | | | | | | | | | | | | |
| COVID (vaccine or exemption) (SOLA only)  N/A | |  |  | |  | |  |  |  | |  |  |
| TB Test (GTH only)  N/A | | 0655 |  | |  | |  |  |  | |  |  |