

## HCS / AAA / DDA Character, Competence and Suitability (CCS) Determination for Unsupervised Access to Minors and Vulnerable Adults

A CCS determination is a review process that the Department or its designee uses to decide whether an individual may have unsupervised access to minors and vulnerable adults. The decision is based on a review of available information about the individual. This form may **NOT** be used when the individual has automatically disqualifying: convictions, pending charges (WAC 388-113-020) or negative actions (ABC Result Letter).

<b>Section 1. Demographic Information</b>				
INDIVIDUAL'S NAME	DATE OF BIRTH	CLIENT'S NAME (HCS / AAA ONLY)		
REVIEWER'S NAME	REVIEWER'S TITLE		DATE OF REVIEW	
OFFICE NAME	<input type="checkbox"/> New Review <input type="checkbox"/> Renewal.* Last CCS is still applicable. (see instructions)			
<b>Section 2. Information to review for determination (additional space available on back of form)</b>				
List all non-disqualifying: • Convictions • Pending Charges • Negative Actions • Other	Date	Sentencing or Incarceration information	Number of years since conviction, charge, negative action, or other issue	Comments or other factors (see instructions)
<b>Example: Theft 3</b>	<b>01/15/1984</b>	<b>Jail</b>	<b>30</b>	<b>3-year disqualification. IP has had no other convictions in the last 30 years.</b>
<b>Section 3. Factors to consider when making a determination include, but are not limited to, the following:</b>				
<ul style="list-style-type: none"> <li>• Whether you have a reasonable, good faith belief that he or she would be unable to meet the care needs of the client.               <ul style="list-style-type: none"> <li>◦ e.g., if he or she would be responsible for driving the client, and has multiple DUIs.</li> </ul> </li> <li>• Vulnerability of the client under his or her care.</li> <li>• Behaviors since the conviction(s), negative action(s) or other adverse behavior(s).</li> <li>• Pattern of offenses or other behaviors that may put the client at risk.               <ul style="list-style-type: none"> <li>◦ e.g., if he or she would be working for a client with dementia, and has recent theft convictions.</li> </ul> </li> <li>• Number of years since the conviction(s), negative action(s), or other issue(s).</li> <li>• Whether he or she self-disclosed the conviction(s), pending charge(s) and/or negative action(s).</li> <li>• Other health and safety concerns.</li> </ul>				
<b>Section 4. Results of CCS determination</b>				
After careful review of the information above, the department or designee has determined that the individual (check one):				
<input type="checkbox"/> A. <u>May</u> have unsupervised access to minors or vulnerable adults; or Comments:				
<input type="checkbox"/> B. <u>May not</u> have unsupervised access to minors or vulnerable adults. Comments:				
<input type="checkbox"/> C. Does not have the character, competence or suitability to work with the client named in Section 1 above. (HCS / AAA only) Comments:				
Signature of Reviewer:				

## Instructions

To make a CCS determination, complete all four sections of this form. For IPs, file this form in the IP file.

A CCS determination is required: :

- a. When an individual has non-disqualifying: conviction(s), pending charge(s), and/or negative action(s) that appear on a background check result.
- b. At each background recheck when "a" above is true.
- c. When there are concerns about an individual related to the client(s) health and safety, or other risks to the client(s).
- d. When you have a reasonable, good faith belief that the individual can't meet the care needs of the client(s).

### Section 1

Write the individual's name and birthdate, client's name (for HCS/AAA the CCS is specific to each client. This field is optional for HCRR and not required for DDA), and reviewer information. Write the date of the review and office name. Indicate whether this CCS is a new review or a renewal. You have the option of completing a renewal\* when a CCS was completed in the past and nothing has changed since the last review. Less documentation is required on a renewal. For a renewal you must:

- Complete Sections 1, 3, and 4 of a new form.
  - Section 1: Complete this section and mark *Renewal*.
  - Section 2: Review the information in Section 2 of the last CCS marked with *New Review*. YOU DO NOT HAVE TO FILL IN SECTION 2 OF A RENEWAL.
  - Section 3: Consider the factors listed in this section in your determination.
  - Section 4: Document your results and sign the form.

### Section 2

Have a copy of the individual's background check result letter and all documents attached to that letter. You may ask the individual to obtain and provide to you a copy of his or her fingerprint results from BCCU if you do not have them. List the individual's non-disqualifying: conviction(s), pending charge(s), negative action(s) or other applicable information in the table on Page 1. (Additional space on last page). Some of this information can be found in the documents (WSP RAP sheet, FBI RAP sheet, individual self-disclosure, etc.) attached to the result letter. You may use the comments section to add any information that is needed to support or clarify your decision. (E.g. didn't self-disclose, source of information, additional clarification that is relevant.)

### Section 3

Review the information in Section 2 using the "factors to consider" list in Section 3 to help you make your determination.

### Section 4

Fill out the "Results" section by documenting your decision and signing your name. You must state whether the individual may have unsupervised access to minors or vulnerable adults.

#### **For HCS/AAA this form is client specific:**

This means the results are applicable to this client and may be different for another client.

If you determine that the IP does not have the character, competence or suitability to work with the selected client based upon a reason that is specific to the client (e.g. excessive commuting distance), check the "C" box in the Results section. If the "C" box is checked, the IP will not be able to work for the selected client, but may be able to work for another a client. A new CCS may be required if the IP applies to work for another client.

#### **Important Note re: IPs**

You may not disclose the details of the individual's fingerprint results to a non-governmental agency. This means that this form must be removed in some instances when transferring an IP file to a non-governmental entity.

#### **You may use this box or attach additional pages if more space is needed for Section 2.**

List all non-disqualifying: <ul style="list-style-type: none"><li>• Convictions</li><li>• Pending Charges</li><li>• Negative Actions</li><li>• Other</li></ul>	Date	Sentencing or Incarceration information	Number of years since conviction, charge, negative action, or other issue	Comments or other factors (see instructions)