



DIVISION OF LICENSED RESOURCES (DLR)

Comprehensive Review: Personnel Files

REVIEWER	DATE
CONTRACTOR / CONTRACTING AGENCY	
TELEPHONE NUMBER (AREA CODE)	PROVIDER NUMBER
CONTRACT NUMBER	

CONTRACTOR / CONTRACTING AGENCY ADDRESS	TELEPHONE NUMBER (AREA CODE)	PROVIDER NUMBER	CONTRACT NUMBER
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WAC 388 – 145 and 147	Requirements for Personnel Records				
	STAFF	NAME	COMMENTS	NAME	COMMENTS
145-1330 147-1330	Name:				
145-1510 147-1520	Job Title and Description:				
145-1550 147-1550	Date of Hire:				
See Staff Qualifications	Date of Birth:				
145-1330, 1325, 1510, 147-1520	Current DSHS criminal history background check and other criminal history or fingerprinting results if applicable <ul style="list-style-type: none">Date BAF Signed _____Date of Clearance _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
145-1420-30, 1440, 1445, 1455, 1460; 147-1445- 1460	Proof of degree(s), if required and transcript from college or other school awarding any degree(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
145-1330 147-1330	Job application and resume	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
145-1330 147-1330	References contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contracts	Annual performance evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contracts	Current license(s) or certification(s) to practice in WA with no limitation by Department of Health or other licensing / certifying agent. (Please review DOH website.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Transporting DSHS clients:		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
145-1755 147-1520	Current driver's license • Expiration date	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Contracts	Drivers are at least age 21	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
145-1755 147-1520	Staff transporting children in personal vehicles have proof of current insurance • Expiration date	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Staff Training Log			
145-1490 147-1500	Confidentiality training and signed statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
145-1490 147-1500	Mandated Reporter Training Viewed CPS Video - Signed Statement acknowledging duty to report child maltreatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
145-1500 147-1510	Staff have current First Aid and CPR Certification • Expiration date First Aid • Expiration date CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
145-1505 147-1515	HIV / AIDS Completion (Licensing) • Date Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
145-1335 147-1335	TB Test (Licensing) • Date Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
145-1790 Only Group Care	Food Handler's Permit (Licensing) • Expiration date	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
145-1490 147-1500	Orientation Completed (Licensing) • Date completed	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
145-1490 147-1500	Behavioral Management Training (Licensing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
145-1490 147-1500	Community resource training – for new staff who provide direct services to children	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

145-1495 147-1500	Total number of training hours for previous 12 months. (Group Care 24 hours, CPA 12 hours, and BRS contract requires 30 hours.)	TOTAL HOURS		TOTAL HOURS	
Staff Qualifications					
Executive Director or Administrator		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1425 147-1445	Appropriate education and four years of experience with similar duties, responsibilities for administrative oversight, and fiscal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
On-Site Program Manager		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1430 147-1450	Master's degree in social services or closely related field and one year experience working with children OR	<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	
	Bachelor's degree in social services or closely related field and two years of experience working with children OR	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Five years full-time experience in relevant field and supervisory abilities and relevant experience	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Case Management Staff: BRS HB 3.5 and 3.6		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1440 147-1455	Master's Degree in social work or closely allied field; be licensed or certified by the Washington State Department of Health (DOH certification is required by BRS) OR	<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	
	Bachelor's Degree in SW or closely related field; be certified by DOH (DOH certification is required by BRS)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Master's Level person must provide one hour of consultation for every 20 hours the employee works that has a Bachelor's Degree	<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	

145-1480 147-1495	Caseload does not exceed 25 cases per worker	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Direct Care Staff or Case Aids		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1445 147-1460	At least 21 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High school diploma or high school equivalency	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	One (1) year experience caring for and/or supervising children and have skills and ability to work successfully with the challenging behaviors of children in care	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Two years of social service education may be substituted for the required experience				
	Direct Care or Case Aides may be 18-20 years old if enrolled and participating in internship with an accredited college	<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	
Health Care Staff		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1455 147-1465	Meets full professional competency requirements in their respective field	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Maintains their certification and licensure as required	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consultant: BRS HB 3.4		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1460 147-1470	Master degree in social services or closely related field from accredited college	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Licensed or certified with DOH	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Documented training, experience, knowledge, and demonstrated skills in each area that he or she will be providing consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ability to ensure your staff develop their skills and the understanding needed to effectively manage their cases and knowledge of mandatory reporting requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Foster Home Licensor for CPA		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
147-1475	At least 21 years of age;	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bachelor's degree in social services or related field; OR	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Four (4) years of relevant full-time experience serving children may be substituted for bachelor's degree, with DLR administrative approval	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visit Services Providers: Employees, subcontractors, and/or volunteers providing visit services		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
Contracts	High school diploma or high school equivalency	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	One (1) year experience caring for and/or supervising children	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Knowledge in areas of client safety assessment and planning, problem-solving and crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
General Comments					
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Compliance Agreement		REVIEWER'S SIGNATURE		DATE	