



|                                |                 |
|--------------------------------|-----------------|
| ADULT FAMILY HOME'S (AFH) NAME | LICENSE NUMBER  |
| PROVIDER / LICENSEE'S NAME     | INSPECTION DATE |
| LICENSOR'S NAME                |                 |

ATTACHMENT N

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)  
ADULT FAMILY HOME (AFH)

## Administrative Records Review Continuation

| Instructions: Document background check results for additional staff here.  |  |  |  |  |  |
|---|--|--|--|--|--|
| STAFF   | CAREGIVER  | CAREGIVER  | CAREGIVER  | CAREGIVER  | CAREGIVER  |
| NAME  |  |  |  |  |  |
| DATE OF HIRE  |  |  |  |  |  |
| BGI EXPIRE DATE   | <input type="checkbox"/> NR <input type="checkbox"/> RR<br><input type="checkbox"/> DQ | <input type="checkbox"/> NR <input type="checkbox"/> RR<br><input type="checkbox"/> DQ | <input type="checkbox"/> NR <input type="checkbox"/> RR<br><input type="checkbox"/> DQ                   | <input type="checkbox"/> NR <input type="checkbox"/> RR<br><input type="checkbox"/> DQ | <input type="checkbox"/> NR <input type="checkbox"/> RR<br><input type="checkbox"/> DQ |
| FINGERPRINT CHECK (CHECK N/A IF NOT REQUIRED)   | <input type="checkbox"/> N/A<br><input type="checkbox"/> PENDING                       | <input type="checkbox"/> N/A<br><input type="checkbox"/> PENDING                       | <input type="checkbox"/> N/A<br><input type="checkbox"/> PENDING   | <input type="checkbox"/> N/A<br><input type="checkbox"/> PENDING                       | <input type="checkbox"/> N/A<br><input type="checkbox"/> PENDING                       |
| CCS REVIEW (CHECK N/A IF NOT REQUIRED)  | <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   |
| STAFF   | CAREGIVER  | CAREGIVER  | CAREGIVER  | CAREGIVER  | CAREGIVER  |
| NAME  |  |  |  |  |  |
| DATE OF HIRE  |  |  |  |  |  |
| BGI EXPIRE DATE   | <input type="checkbox"/> NR <input type="checkbox"/> RR<br><input type="checkbox"/> DQ | <input type="checkbox"/> NR <input type="checkbox"/> RR<br><input type="checkbox"/> DQ | <input type="checkbox"/> NR <input type="checkbox"/> RR<br><input type="checkbox"/> DQ                   | <input type="checkbox"/> NR <input type="checkbox"/> RR<br><input type="checkbox"/> DQ | <input type="checkbox"/> NR <input type="checkbox"/> RR<br><input type="checkbox"/> DQ |
| FINGERPRINT CHECK (CHECK N/A IF NOT REQUIRED)   | <input type="checkbox"/> N/A<br><input type="checkbox"/> PENDING                       | <input type="checkbox"/> N/A<br><input type="checkbox"/> PENDING                       | <input type="checkbox"/> N/A<br><input type="checkbox"/> PENDING   | <input type="checkbox"/> N/A<br><input type="checkbox"/> PENDING                       | <input type="checkbox"/> N/A<br><input type="checkbox"/> PENDING                       |
| CCS REVIEW (CHECK N/A IF NOT REQUIRED)  | <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   |
| New resident manager meets: <input type="checkbox"/> 1,000 hours direct care experience <input type="checkbox"/> Educational experience<br><input type="checkbox"/> N/A, no new resident manager. |  |  |  |  |  |
| Succession Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  | Medical Test Site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |  |  |
| Commercial Liability Insurance<br>Expiration date:  |  |  | Professional Liability Insurance<br>Expiration date:   |  |  |
| <b>Pet Records</b> <input type="checkbox"/> N/A, no pets in the home.   |  |  |  |  |  |
| <b>Evacuation Logs</b>  |  |  |  |  |  |
| <input type="checkbox"/> Every two (2) months? <input type="checkbox"/> Under five (5) minutes? <input type="checkbox"/> Annual evacuation of all residents?                                      |  |  |  |  |  |
| * BGI - Background Inquiry; NR - No Record; RR - Review Required; DQ - Disqualifying, CCS - Character, Competency, and Suitability  |  |  |  |  |  |



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ADULT FAMILY HOME (AFH)

## Administrative Records Review Continuation

NOTES