

CCRSS PROVIDER NAME	CERTIFICATION NUMBER	RCS CONTRACTED EVALUATOR / STAFF NAME	CERTIFICATION EVALUATION DATES
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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	<input type="checkbox"/> EXEMPTION LETTER	<input type="checkbox"/> EXEMPTION LETTER	<input type="checkbox"/> EXEMPTION LETTER	<input type="checkbox"/> EXEMPTION LETTER	<input type="checkbox"/> EXEMPTION LETTER	<input type="checkbox"/> EXEMPTION LETTER	<input type="checkbox"/> 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) <input type="checkbox"/> N/A								
TB Test (GTH only) <input type="checkbox"/> N/A	0655							