

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 Staff Background Check and Record Review

Staff Identifier	WACs	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF
Name	388-101D								
Hire Date									
Date WA State Name and Date of Birth (WNOB) background check completed	0075								
WNOB Result Type		<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A
Date of Character, Competence and Suitability Review (CCSR) following WNOB. N/A if no record		<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	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Lives out of state?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Final Fingerprint (FP) Check completed	0070								
Fingerprint Result Type	0070	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A	<input type="checkbox"/> NR <input type="checkbox"/> RR <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> N/A
FBI Record of Arrests and Prosecutions (RAP), in file?		<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	<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	<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	<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
Date of CCSR following FP check. N/A if no record		<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	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Each box for a sampled staff should be completed or have further explanation.
Result Type Meanings: NR – No Record; RR – Review Required; D – Disqualify; A – Additional Information needed.

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Staff Identifier	WACs	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF
Name	388-101D								
Hire Date									
Training before working alone (IISP, emergency procedures, reporting regulation, client confidentiality)	0095								
Training within four weeks	0055, 0100								
75 hours basic training within 120 days – indirect supervision or exemption letter required until then	0055, 0100	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter	<input type="checkbox"/> Letter
Staff Training within six months	0105								
Bloodborne Pathogens	0090								
First Aid and CPR (within first six months and current)	0105, 0110								
Nurse Delegation Training	0160								
NAR / NAC Training	0150, 0315								
CP Training	0480								
Continuing Education (12 hours per calendar year)	0100								
Annual review of DSHS 10-403 (Abuse / Neglect)	0500								
The following question is setting specific, if N/A is marked, if the certification is not for a GTH, the entire row will be considered N/A.									
TB Test (GTH only)	0655								

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Name	388-101D								
Hire Date									
Notes									