

## ESF Staff and Administrative Record Review

ENHANCED SERVICES FACILITY NAME				LICENSE NUMBER		INSPECTION DATE	
PROVIDER / LICENSEE'S NAME			LICENSOR'S NAME				
STAFF	ADMINISTRATOR	STAFF A (NEW)	STAFF B (NEW)	STAFF C (NEW)	STAFF D (>TWO YEARS, CURRENT OR FORMER STAFF)	STAFF E (>TWO YEARS, CURRENT OR FORMER STAFF)	
NAME							
DATE OF BIRTH							
DATE OF HIRE*							
BGI EXPIRE DATE*							
FINGERPRINT CHECK	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING	
CCS EVALUATION*	<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	
DOH CREDENTIALS	<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	
DOH EXPIRE DATE							
12 HOURS CE*							
FACILITY ORIENTATION							
ORIENTATION AND SAFETY (5 HOURS)							
70 HOUR BASIC / POPULATION SPECIFIC <b>OR</b>							
EXEMPT (WAC 388-112A-0090 AND 388-107-0630**)	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	
FIRST AID / CPR							
TRAINING BY PHARMACIST							
FOOD SAFETY / HANDLER							
THREE (3) HOURS OF CE PER QUARTER (ALL STAFF)							
<p>* BGI = Background Inquiry; CCS = Character, Competency, and Suitability; CE = Continuing Education; Date of Hire = first date worked for pay.</p> <p>** Could include documentation employee worked in 2011 and met training requirements at that time or documentation employee has worked in current home since 2011. Has Fundamentals or Basics of Caregiving Certificate.</p>							

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LIABILITY INSURANCE (WAC 388-107-1110) Expiration date:			PROFESSIONAL LIABILITY INSURANCE (WAC 388-107-1130) Expiration date:				
<b>SPECIALTY TRAINING</b>		TRAINING NOT AVAILABLE AT THIS TIME					
ESF ADMINISTRATOR							
<b>DEMENTIA*</b>							
<b>MENTAL HEALTH*</b>							
<b>DE-ESCALATION*</b>							
<input type="checkbox"/> N/A <b>DDA*</b>							
<b>TB TESTING REVIEW FOR STAFF</b>							
<b>STAFF</b>	<b>ADMINISTRATOR</b>	<b>STAFF A</b>	<b>STAFF B</b>	<b>STAFF C</b>	<b>STAFF D</b>	<b>STAFF E</b>	
DATE TESTED							
TYPE OF TEST	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*		
DATE FIRST READ							
RESULT	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
INDURATION IF TST	MM	MM	MM	MM	MM	MM	MM
DATE OF SECOND TST TEST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST	<input type="checkbox"/> N/A, NOT TST
DATE SECOND READ							
RESULT	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
INDURATION IF TST	MM	MM	MM	MM	MM	MM	MM
CHEST X-RAY	<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
* TST = Tuberculin Skin Test; IGRA = Interferon Gamma Release Assays.							

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<b>PET RECORDS</b> <input type="checkbox"/> <b>No Pets</b> IF MORE THAN THREE (3), IDENTIFY A RANDOM SAMPLE OF THREE PETS			
PET 1			
PET 2			
PET 3			
<b>NOTES</b>			