| CCRSS PROVIDER NAME | | | | CERTIFICATION NUMBER | | | RCS CONTRACTED EVALUATOR / STAFF NAME | | | | CERTIFICATION EVALUATION DATES | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 (WNDOB) background check completed | | 0075 |  | |  |  | |  |  |  | |  |  |
| WNDOB Result Type | |  | NR  RR  D  A | | NR  RR  D  A | NR  RR  D  A | | NR  RR  D  A | NR  RR  D  A | NR  RR  D  A | | NR  RR  D  A | NR  RR  D  A |
| Date of Character, Competence and Suitability Review (CCSR) following WNDOB.  N/A if no record | |  |  | |  |  | |  |  |  | |  |  |
| N/A | | N/A | N/A | | N/A | N/A | N/A | | N/A | N/A |
| Lives out of state? | |  | Yes  No | | Yes  No | Yes  No | | Yes  No | Yes  No | Yes  No | | Yes  No | Yes  No |
| Date Final Fingerprint (FP) Check completed | | 0070 |  | |  |  | |  |  |  | |  |  |
| Fingerprint Result Type | | 0070 | NR  RR  D  A  N/A | | NR  RR  D  A  N/A | NR  RR  D  A  N/A | | NR  RR  D  A  N/A | NR  RR  D  A  N/A | NR  RR  D  A  N/A | | NR  RR  D  A  N/A | NR  RR  D  A  N/A |
| FBI Record of Arrests and Prosecutions (RAP), in file? | |  | Yes  NO  N/A | | Yes  NO  N/A | Yes  NO  N/A | | Yes  NO  N/A | Yes  NO  N/A | Yes  NO  N/A | | Yes  NO  N/A | Yes  NO  N/A |
| Date of CCSR following FP check.  N/A if no record | |  |  | |  |  | |  |  |  | |  |  |
| N/A | | N/A | N/A | | N/A | N/A | N/A | | N/A | 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. | | | | | | | | | | | | | |
| 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 | Letter | | Letter | Letter | | Letter | Letter | Letter | | Letter | 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 |  | |  |  | |  |  |  | |  |  |
| **Notes** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |