| 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** |
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