| 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 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) | 00550100 |  |  |  |  |  |  |  |
| 75 hours of basic training within 120 days - indirect supervision required until then or Exemption Letter | 0087 | [ ]  EXEMPTION LETTER | [ ]  EXEMPTION LETTER | [ ]  EXEMPTION LETTER | [ ]  EXEMPTION LETTER | [ ]  EXEMPTION LETTER | [ ]  EXEMPTION LETTER | [ ]  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) | 01050110 |  |  |  |  |  |  |  |
| Nurse Delegation Training | 0160 |  |  |  |  |  |  |  |
| NAR/NAC Training | 01600315 |  |  |  |  |  |  |  |
| 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) [ ]  N/A |  |  |  |  |  |  |  |  |
| TB Test (GTH only) [ ]  N/A | 0655 |  |  |  |  |  |  |  |