



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)
 LICENSING DIVISION (LD)
 BEHAVIORAL REHABILITATION SERVICES (BRS)
 CONTRACTS AND PROCUREMENT OFFICE (CPO)

**Comprehensive Review:
 Personnel Files**

REVIEWER	DATE
CONTRACTOR / CONTRACTING AGENCY	
TELEPHONE NUMBER (AREA CODE)	PROVIDER NUMBER
CONTRACT NUMBER	

CONTRACTOR / CONTRACTING AGENCY ADDRESS	TELEPHONE NUMBER (AREA CODE)	PROVIDER NUMBER	CONTRACT NUMBER
---	------------------------------	-----------------	-----------------

WAC 110 – 145 and 147	Requirements for Personnel Records				
	STAFF	NAME	COMMENTS	NAME	COMMENTS
145-1330 147-1330	Name:				
145-1510 147-1520	Job Title and Description:				
145-1550 147-1550	Date of Hire:				
See Staff Qualifications	Date of Birth:				
145-1330, 1325, 1510, 147-1520	Current DCYF criminal history background check and other criminal history or fingerprinting results if applicable • Date BAF Signed • Date of Background Clearance Notification	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	
145-1420-30, 1440, 1445, 1455, 1460; 147-1445- 1460	Proof of degree(s), if required and transcript from college or other school awarding any degree(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
145-1330 147-1330	Job application and resume	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
145-1330 147-1330	References contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contracts	Annual performance evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contracts	Current license(s) or certification(s) to practice in WA with no limitation by Department of Health or other licensing / certifying agent. (Please review DOH website.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Transporting DSHS clients:		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
145-1755 147-1520	Current driver's license • Expiration date	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Contracts	Drivers are at least age 21	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
145-1755 147-1520	Staff transporting children in personal vehicles have proof of current insurance • Expiration date	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Staff Training Log			
145-1490 147-1500	Confidentiality training and signed statement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
145-1490 147-1500	Mandated Reporter Training Viewed CPS Video - Signed Statement acknowledging duty to report child maltreatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contracts	Medication Management and Administration Training (online)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
145-1500 147-1510	Staff have current First Aid and CPR Certification • Expiration date First Aid • Expiration date CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____
145-1505 147-1515	HIV / AIDS Completion (Licensing) • Date Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
145-1335 147-1335	Influenza and Tdap (when licensed for children under 2 years of age) • Date Completed TB Test (Licensing) • Date Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____
145-1790 Only Group Care	Food Handler's Permit (Licensing) • Expiration date	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
145-1490 147-1500	Pre-service Completed 16 hours (Licensing) • Date completed	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

145-1490 147-1500	Behavioral Management Training (Licensing)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
145-1490 147-1500	Community resource training – for new staff who provide direct services to children	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
145-1495 147-1500	Total number of annual in-service training hours for previous 12 months. (Group Care 24 hours, CPA 12 hours, and BRS contract requires 30 hours.)	TOTAL HOURS		TOTAL HOURS	
Staff Qualifications					
Executive Director or Administrator		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1425 147-1445	Appropriate education and four years of experience with similar duties, responsibilities for administrative oversight, and fiscal	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
On-Site Program Manager		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1430 147-1450	Master's degree in social services or closely related field and one year experience working with children OR	<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	
	Bachelor's degree in social services or closely related field and two years of experience working with children OR	<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	
	Five years full-time experience in relevant field and supervisory abilities and relevant experience	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Case Management Staff: BRS HB 3.5 and 3.6		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1440 147-1455	Master's Degree in social work or closely allied field; be licensed or certified by the Washington State Department of Health (DOH certification is required by BRS) OR	<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	
	Bachelor's Degree in SW or closely related field; be certified by DOH (DOH certification is required by BRS)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Master's Level person must provide one hour of consultation for every 20 hours the employee works that has a Bachelor's Degree	<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	
145-1480 147-1495	Caseload does not exceed 25 cases per worker	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Direct Care Staff or Case Aids		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1445 147-1460	At least 21 years of age	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High school diploma or high school equivalency	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	One (1) year experience caring for and/or supervising children and have skills and ability to work successfully with the challenging behaviors of children in care	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Two years of social service education may be substituted for the required experience				
	Direct Care or Case Aides may be 18-20 years old if enrolled and participating in internship with an accredited college	<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	
Health Care Staff		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1455 147-1465	Meets full professional competency requirements in their respective field	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Maintains their certification and licensure as required	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consultant: BRS HB 3.4		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
145-1460 147-1470	Master degree in social services or closely related field from accredited college	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Licensed or certified with DOH	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Documented training, experience, knowledge, and demonstrated skills in each area that he or she will be providing consultation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Ability to ensure your staff develop their skills and the understanding needed to effectively manage their cases and knowledge of mandatory reporting requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foster Home Licensor for CPA		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
147-1475	At least 21 years of age;	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bachelor's degree in social services or related field; OR	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Four (4) years of relevant full-time experience serving children may be substituted for bachelor's degree, with LD administrative approval	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visit Services Providers: Employees, subcontractors, and/or volunteers providing visit services		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A	
Contracts	High school diploma or high school equivalency	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	One (1) year experience caring for and/or supervising children	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Knowledge in areas of client safety assessment and planning, problem-solving and crisis intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
General Comments					
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Compliance Agreement		REVIEWER'S SIGNATURE		DATE	