

ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
ADOLI I AMILI HOML 3 (ALTI) NAML	LICENSE NOMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
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LICENSOR'S NAME	
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ATTACHMENT O

 $\begin{array}{c} \text{AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)} \\ \text{ADULT FAMILY HOME (AFH)} \end{array}$ 

## Administrative Records Review - Former Staff and Others with Unsupervised Access

Instructions: Documen	t background ch	eck results for fo	ormer staff here.			
STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF
NAME						
DATE OF HIRE						
DATE OF DEPARTURE						
BGI EXPIRE DATE	□ NR □ RR □ DQ					
FINGERPRINT CHECK (CHECK N/A IF NOT REQUIRED)	□ N/A □ PENDING					
CCS REVIEW* (CHECK N/A IF NOT REQUIRED)	□ N/A					
Instructions: Documen adults here.	t background ch	eck results for o	ther individuals v	vho have unsupe	ervised access to	vulnerable
OTHERS WITH UNSUPERVISED ACCESS	OTHER	OTHER	OTHER	OTHER	OTHER	OTHER
NAME						
BGI EXPIRE DATE	□ NR □ RR	□ NR □ RR	□ NR □ RR □ DQ	□ NR □ RR	□ NR □ RR	□ NR □ RR
FINGERPRINT CHECK (CHECK N/A IF NOT REQUIRED)	□ N/A □ PENDING					
CCS REVIEW* (CHECK N/A IF NOT REQUIRED)	□ N/A					
* BGI - Background Inquand Suitability	uiry; NR - No Re	cord; RR - Revie	ew Required; DQ	e - Disqualifying,	CCS - Character	r, Competency,
NOTES						



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LICENSOR'S NAME	

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