

RCS Character, Competence, and Suitability (CCS) Determination for Unsupervised Access to Minors and Vulnerable Adults

A CCS determination is a review process that the Department or its designee uses to decide whether an individual may have unsupervised access to minors and vulnerable adults. The decision is based on a review of available information about the individual. This form may **NOT** be used when the individual has automatically disqualifying conviction(s) or pending charge(s) per Chapter 388-113 WAC, or when an individual has automatically disqualifying negative action(s) under applicable regulations.

Note: This document is provided as a guide only and does not prevent the use of an alternative format.

Section 1. Demographic Information				
EMPLOYEE'S NAME	DATE OF BIRTH	DATE OF REVIEW		
FACILITY'S NAME	<input type="checkbox"/> New Review <input type="checkbox"/> Renewal. Last CCS is still applicable (ONLY if changed from last CCS).* * Renewal means that a CCS was completed in the past and nothing has changed since the last review.			
REVIEWER'S NAME				
REVIEWER'S TITLE				
Section 2. Information to review for determination (attached additional sheets if necessary)				
List the following: • Convictions • Pending Charges • Negative Actions • Other	DATE	SENTENCING OR INCARCERATION INFORMATION	NUMBER OF YEARS SINCE CONVICTION	BASIS FOR MAKING DECISION (SEE INSTRUCTIONS)
Example: DUI	1984	Fine	30	
Section 3. Suggested factors to consider when making a determination				
Include, but not limited to: <ul style="list-style-type: none"> • Vulnerability of the client under his or her care. <ul style="list-style-type: none"> • For example, if the client has dementia, if the client has previously been abused, neglected or exploited, or if the client does not have close friends or family. • Age when convicted of the crime or when he or she committed the act that resulted in a negative action. • Whether he or she self-disclosed the crime(s), pending charge(s) and/or negative action(s). • Concern about whether he or she would be unable to meet the care needs of the client. <ul style="list-style-type: none"> • For example, if he or she would be responsible for driving the client, and has multiple DUIs. • Pattern of offenses or other behaviors that may put the client at risk. <ul style="list-style-type: none"> • For example, if he or she would be working for a client with dementia, and has recent theft convictions. • Behaviors since the convictions, charges, negative actions or other adverse behaviors. 				

Section 4. Results of CCS determination

After careful review of the information above, the department or designee has determined that the individual (check either A or B below):

- A. May have unsupervised access to minors or vulnerable adults; **or**
- B. May not have unsupervised access to minors or vulnerable adults because:
- There is a concern the individual is not able to meet the care needs of the client.
 - There is a pattern of offenses that may put the client at risk.
 - There is a concern that the individual is putting the client's health, safety, or well-being at risk.
 - The individual failed to self-disclose the following:
 - Other (specify):

COMMENTS

Important Note: In deciding that an individual may not have unsupervised access to minors or vulnerable adults, you may consider points other than those listed above.

REVIEWER'S SIGNATURE

Instructions

A CCS determination is required whenever an individual has non-disqualifying crime(s), pending charge(s), and/or negative action(s) that appear on a background check result. In addition, a CCS may be completed when there are concerns about an individual related to the client's health and safety, or other risks to the client.

To make the CCS determination, please complete all 4 sections of this form.

Section 1

Write in the individual's name and date of birth, applicant's name and reviewer information. Mark whether or not this a new CCS review or a renewal.*

* Renewal means that a CC and S was completed in the past and nothing has changed since the last review.

Section 2

Have a copy of the individual's background check results letter and a copy of any documents attached to that letter, in order to make an informed decision. You may ask the individual to obtain and provide to you a copy of his or her fingerprint results from BCCU. List the individual's crimes, pending charges, negative actions or other applicable information that you have about the individual in the table on Page 1. The individual's crimes, pending charges and/or negative actions can be found in the background check results letter from the BCCU and in the documents (WSP RAP sheet, FBI RAP sheet, individual self-disclosure, etc.) attached to the letter.

Have copies of any supporting documentation received from the applicant. Recommended supporting documentation includes final orders from a court or administrative tribunal, and enforcement documentation. The Department of Health source information can be obtained at <https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>.

Finally, have a copy of the signed disclosure statement from the applicant.

Section 3

Review the information in Section 2 using the *factors to consider* list to help you make your determination.

Section 4

Fill out the "Results" section of this form documenting your decision, and sign your name on the signature line. You may state whether or not the individual should have unsupervised access to vulnerable adults.

Important Note: *You may not disclose the details of the individual's fingerprint results to a non-governmental agency.*