|  |  |
| --- | --- |
| **PERSONNEL/BACKGROUND CHECKS for staff that work with individuals in the sample** |  |
| 1. Date of hire |  |
|  |  |
| 1. Initial BCII check |  |
| 1. Initial FBI check (required if employee lived outside of Ohio during the 5 years prior to employment) |  |
| 1. Evidence that the employer conducted a BCII check, and FBI check if applicable every 5 years for all direct service employees |  |
| 1. Evidence that the employee signed an attestation statement verifying that the employee has never been charged with, convicted of or pled guilty to a disqualifying offense as well as a statement verifying the employee will notify the employer in writing within 14 days if ever charged, convicted of or pleads guilty to a disqualifying offense |  |
| 1. Evidence of initial and 5 year checks of the following:  * abuser registry check * nurse aide registry check * Inspector general exclusion list * sex offender and child victim offender database * US general services administration system for award management database * incarcerated and supervised offenders database |  |
| 1. Evidence that the employee is 18 years of age or older |  |
| 1. Verification of High School Diploma (such as transcripts or diploma) or GED - Not required for TDD Providers |  |
| **TRAINING/CERTIFICATION for staff that work with individuals in the sample** |  |
| 1. Evidence of appropriate certifications if the staff person administers medication, insulin injections, G tube, or J tube |  |
|  |  |
| 1. Current CPR certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component. (CPR not required for TDD) |  |
| 1. Current First Aid certification- please note that online only certification will not be accepted. Online training must include evidence of hands on skills component. |  |
| 1. Evidence that direct service staff, received initial training prior to providing services to individuals that included (Initial training not required for TDD Providers):    1. Overview of serving individuals with disabilities    2. Overview of basic principles and requirements of providing HCBS waiver services    3. Initial Rights Training    4. Initial MUI Training    5. Universal Precautions |  |
|  |  |
| 1. Evidence that the staff person, prior to implementation, received training on the individual’s ISP/BSP |  |
| 1. Evidence of annual MUI/UI training. |  |
| 1. Evidence of annual written notification about the conduct for which an employee can be included on the abuser registry |  |
| 1. Evidence of annual training on the rights of individuals with DD |  |
| 1. Evidence of additional annual training as required by the waiver service the provider is delivering; please reference the rules for the services delivered. |  |
|  |  |
| **DRIVERS / ATTENDANTS / TRANSPORTATION – only applicable if providing transportation services – includes staff working with individuals in the sample** |  |
| 1. Evidence of initial Driver’s Abstract (free online abstract available via BMV website is acceptable) |  |
| 1. Evidence of driver’s abstract every three years |  |
| 1. Evidence of valid driver’s license |  |
|  |  |
|  |  |
| Evidence of current insurance policy for vehicles used for individuals identified in sample (includes private and/or agency policies) |  |
| Annual vehicle inspections – (Non-Medical transportation only) |  |
| Daily Pre-Trip Inspection Sheets - (Non-Medical transportation only) |  |