



HR BEST PRACTICES: HIRING AND EMPLOYEE FILES

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Long-Term Care Foundation

of Washington State

LEARNING OBJECTIVES

- Review new hire paperwork requirements
- New hire checklist
- Review what should be in your employee files
- Record retention
- Training requirements and recent certification deadlines
- Other resources and FAQ's

NEW HIRE PAPERWORK REQUIREMENTS

- Signed offer letter, job description, and reference checks
- Background Check and Fingerprints (CC&S review if needed)
- Verification of DOH certification (CNA or HCA)
- I-9 Employment Verification
- W-4



NEW HIRE PAPERWORK REQUIREMENTS CONT.

- TB Testing
- CPR/First Aid
- Food Handler's Card
- Specialty Trainings (Mental Health, Dementia, DD)
- Nurse Delegation/Diabetes
- Any other policies or documents that need to be signed at the time of hire



Employee Name:
Start Date:

Position:

New Hire Checklist

	TASK	DATE
✓	New Employee Information	MM/DD/YYYY
	Employee Data Information Sheet Collected	
	WA State DSHS Background Form Completed – Submit online background check authorization form	
	Fingerprint Appointment Made – Employee can work up to 120 days while fingerprint results are pending	
	Employee Information Entered into Payroll	
	I-9 Work Authorization Complete	
	Orientation to the Facility – AFH must ensure that all staff receives the orientation and training necessary to perform their job duties	
	HR Personnel File Created	
✓	New Employee HR Personnel File Documentation	MM/DD/YYYY
	Federal Fingerprints Completed – Keep appointment receipt in employee file while results are pending	
	WA State DSHS Background Check Result Letter	
	Offer Letter Signed	
	Job Description Signed	
	W-4 Form Completed	
	Employee Handbook Signed	
	Policy Documents Reviewed & Signed	
	Direct Deposit Form	
	Employee Benefits Enrollment Form Signed	
	TB Test #1 Must be completed within 3 days of hire	
	TB Test #2 Must be completed 1 to 3 weeks after first TB test	

Employee Name:
Start Date:

Position:

	TB Chest X-Ray (if skin test is positive, x-ray must be done within 7days of skin test)	
	Food Handler's Card – Food Handler Permit is good for 2 years https://www.foodworkercard.wa.gov (Must be completed before handling food at the AFH.)	
	Active HCA or CNA License – Must have an active credential in employee file within 200 days of hire	
	CPR/First Aid (within 30 days of hire, must work under direct supervision while pending)	
	Specialty Training Certificates (Mental Health, Dementia, DD) – If an AFH serves one or more residents with special needs, all LTC workers must receive training regarding the specialty needs of individual residents in the home within 120 days of hire .	
	Nurse Delegation Core and Special Focus on Diabetes – Must be a Nursing Assistant Registered, Nursing Assistant Certified, or a Certified Home Care Aide and complete Nurse Delegation core training before accepting a delegated task.	
✓	Ongoing Information To be Kept in Employee Files	MM/DD/YYYY
	WA State DSHS Background Check – Must be completed every two years	
	Continuing Education – 12 hours of continuing education by employee's birthday each year, except the first year that initial HCA or CNA certification is obtained. Copy of CE certificates must be in employee files at the AFH.	
	Department of Health License – Employee must renew their license each year by their birth dates, or they will be penalized with a late fee, and you will be out of compliance with training/certification	
	CPR/First Aid – Must maintain a current certification	

REVIEW NEW HIRE PAPERWORK – OFFER LETTER EXAMPLE

MM/DD/YYYY

Candidate First and Last Name

Candidate Address

City, State, Zip

Dear [*Candidate Name*],

We are pleased to offer you the [*full-time, part-time, etc.*] position of **caregiver** at **Loving Adult Family Home** with a start date of [*10/10/2023*], contingent upon *background check, I-9 form, etc.* We believe your skills and experience are a match.

In this role, you will be required to [*briefly mention relevant job duties and responsibilities*].

Your hourly rate will be \$18 per hour. After 3 months if the work is satisfactory, you will receive an increase of \$1, making the hourly rate a total of \$19 per hour.

Your employment will be on an at-will basis, which means you and the company are free to terminate the employment relationship at any time for any reason. This letter is not a contract or guarantee of employment for a definitive period.

As an employee of **Loving Adult Family Home**, you are also eligible for our benefits program, which includes [*medical insurance, vacation time, etc.*], and other benefits which will be described in more detail in the [*employee handbook, orientation package, etc.*].

Please confirm your acceptance of this offer by signing and returning this letter by [*offer expiration date*].

We are excited to have you join our team! If you have any questions, please feel free to reach out at any time.

Sincerely,

[*Your Signature*]

[*Candidate's Name*]

[*Job Title*]

Signature: _____

Printed Name: _____

Date: _____

REVIEW NEW HIRE PAPERWORK – W-4

Form W-4	Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.		2023
Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
	City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.			
Step 2: Multiple Jobs or Spouse Works	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following.</p> <p>(a) Reserved for future use.</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</p> <p>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/></p> <p>TIP: If you have self-employment income, see page 2.</p>		
Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)			
Step 3: Claim Dependent and Other Credits	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>Multiply the number of other dependents by \$500 \$ _____</p> <p>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here</p>		3 \$
Step 4 (optional): Other Adjustments	<p>(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income</p> <p>(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here</p> <p>(c) Extra withholding. Enter any additional tax you want withheld each pay period</p>		4(a) \$ 4(b) \$ 4(c) \$
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

REVIEW NEW HIRE PAPERWORK – I-9



Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	
				OR	Foreign Passport Number and Country of Issuance	
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

E-Verify

- [For Employers](#)
- [For Federal Contract Employers](#)

E-Verify (formerly the Basic Pilot/Employment Eligibility Verification Program) is an online system operated by the Department of Homeland Security and the Social Security Administration (SSA). Participants use E-Verify to check the work status of new hires and to verify information from an employee's Social Security record. The Department of Homeland Security reports that over 69,000 employers are enrolled in the program. E-Verify is free and voluntary, and it is available to all employers and the validity of their Social Security numbers.



EMPLOYMENT VERIFICATION AND RESOURCES

- Federal law requires employers to verify the identity and employment authorization of new employees
- You are required to get each employee's name and SSN and enter them on the W-2 tax form
- The Social Security Administration offers Social Security Number (SSN) verification [Social Security number \(SSN\) verification](#)
- Any employee without a Social Security card should apply for one using [Form SS-5, Application for Social Security Card](#)

WA STATE BACKGROUND CHECK FORM



Background Check Authorization

Section 1. Required: Applicant Information (All sections completed by the applicant, the person receiving a background check). The requesting entity will submit the applicant's information through the online Background Check System (BCS).				
1. REQUIRED: LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)				
FIRST	MIDDLE	LAST		
2. REQUIRED: OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED				
FIRST	MIDDLE	LAST		
3. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)		4. REQUIRED: PHONE NUMBER (INCLUDE AREA CODE)		<input type="checkbox"/> I authorize BCCU to leave a detailed message.
5. EMAIL ADDRESS		<input type="checkbox"/> By checking this box, I consent to and authorize BCCU to email my confidential and sensitive background check information, including a fingerprint rap sheet (if applicable), to the email address I have provided. By NOT checking this box, BCCU will use the mailing address provided to send me my background check information.		
6. SOCIAL SECURITY NUMBER		7A. REQUIRED: VALID DRIVER'S LICENSE OR STATE ID (WRITE NONE IF NONE)		7B. REQUIRED: ISSUING STATE
8. REQUIRED: HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. REQUIRED: MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION				
STREET	APT. NO.	CITY	STATE	ZIP CODE
10. REQUIRED: PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)				
STREET	APT. NO.	CITY	STATE	ZIP CODE
Section 2. Required: Self-Disclosure Questions for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. SEE INSTRUCTIONS.				
11A. Have you been convicted of any crime? If <u>yes</u> , complete Page 2, Section 3. <input type="checkbox"/> Yes <input type="checkbox"/> No				
11B. Do you have charges (pending) against you for any crime? If <u>yes</u> , complete Page 2, Section 4. <input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? .. <input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? .. <input type="checkbox"/> Yes <input type="checkbox"/> No				
14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<ul style="list-style-type: none"> • Permanent vulnerable adult protection order / restraining order, either active or expired. • Sexual assault protection order. • Permanent civil anti-harassment protection order, either active or expired. 				
I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, or children. I understand and agree my signature in the box below means: <ul style="list-style-type: none"> • I give DSHS permission to check my background with any governmental entity and law enforcement agency. • My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law. • If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result. • DSHS will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law. 				
15. REQUIRED: SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.			16. REQUIRED: TODAY'S DATE (MM/DD/YYYY)	

NOTIFICATION OF BACKGROUND CHECK RESULTS

BCCU currently issues 4 different result notifications:

1. No Record

WHAT THIS MEANS: None of the background check data sources reported criminal or negative action records that disqualify the applicant from having unsupervised access to children or vulnerable adults and there are no background check records to review.

NOTIFICATION OF BACKGROUND CHECK RESULTS

2. REVIEW REQUIRED

WHAT THIS MEANS: One or more of the background check data sources reported criminal or negative action records that are not listed on the oversight program's list of disqualifying crimes and negative actions. The department or other entity must determine whether the applicant can work in a position that may have unsupervised access to children or vulnerable adults by:

- Completing a [Character, Competence, and Suitability review](#); and
- Documenting the decision as required

NOTIFICATION OF BACKGROUND CHECK RESULTS

3. DISQUALIFY

WHAT THIS MEANS: At least one disqualifying: conviction, pending charge, or negative action was found that is listed in at [Chapter WAC 388-113-0020: DISQUALIFYING CRIMES AND NEGATIVE ACTIONS](#). The applicant cannot have unsupervised access to children or vulnerable adults. If you allow the applicant to have unsupervised access, you may be violating federal or state regulations.

NOTIFICATION OF BACKGROUND CHECK RESULTS

4. ADDITIONAL INFORMATION NEEDED

WHAT THIS MEANS: The BCCU requires additional information before a determination about this applicant's background can be made. The status of this background check is pending until additional information is received by BCCU and a new result notification (No Record or Review Required) is obtained.

BACKGROUND CHECKS – CHARACTER, COMPETENCE, AND SUITABILITY (CC&S) REVIEW

A CC&S review and determination is required when:

- An individual has a Review Required background check result that includes non-disqualifying:
 - Conviction(s)
 - Pending charge(s)
 - Negative action(s)
- A CC&S determination can never be used to allow a provider to work when the individual has automatically disqualifying convictions, pending charges, or negative actions.



BACKGROUND CHECKS – CHARACTER, COMPETENCE, AND SUITABILITY (CC&S) REVIEW

Factors to consider when making a CC&S
determination:

- Whether you have reasonable, good faith that a provider would be unable to meet the care needs of the client
- Vulnerability of the client under the provider's care
- Behaviors since the convictions, charges, or negative actions
- Pattern of offenses or other behaviors that may put the client at risk
- Number of years since the conviction, or negative action
- Did the provider self-disclose the conviction, pending charge or negative actions.



BACKGROUND CHECKS – CHARACTER, COMPETENCE, AND SUITABILITY (CC&S) REVIEW

Documenting your decision

After careful review of the information about the applicant, **you** determine if the individual:

- May have unsupervised access to minors or vulnerable adults; or
- May not have unsupervised access to minors or vulnerable adults
- After the CC&S form is completed, it should be maintained according to your program rules

[Character, Competency, and Suitability Assessment for Residential Care Services \(NH, ALF, and AFH\)](#)



VERIFICATION OF DOH CREDENTIAL



Provider Credential Search

Search	Health Professions	Glossary	FAQs	File Complaint
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Search

DISCLAIMER: The absence or presence of information in this system does not imply any recommendation, endorsement, or guarantee of competence of any health care professional, the mere presence of such information does not imply a practitioner is not competent or qualified. Please refer to the [RN and LPN primary source verification website](#) for more information on nurses practicing with a multi-state license as this information is not available on Provider Credential Search.

Access to high volumes of Provider Credential Search data is available at our [open data portal](#). It gives users a variety of searching, filtering, and data exporting options. We implemented this system to better serve our high-volume customers.

Search Criteria


Select the credential criteria, then click on the Search button.

Credential Type:

Credential Number: (8 digit numbers only, ie: 00000001)

Last Name: First Name: (When searching for a home care aide credential by name, you must use the "Exact button" - [RCW 42.56.640](#))

Start with Exact

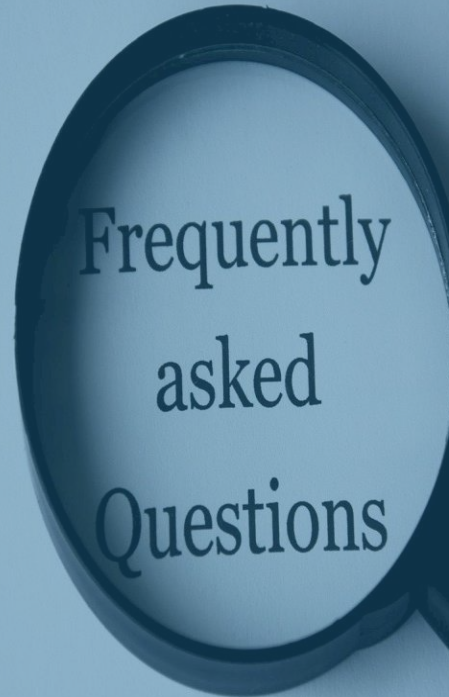
 In the box below, enter the security code you see above (not case sensitive):

<https://fortress.wa.gov/doh/providercredentialsearch/Default.aspx>

FREQUENTLY ASKED QUESTIONS
TUBERCULOSIS TESTING
WAC [388-76-10265](#) THROUGH [10310](#)

Who must have a TB test within three days of hire?

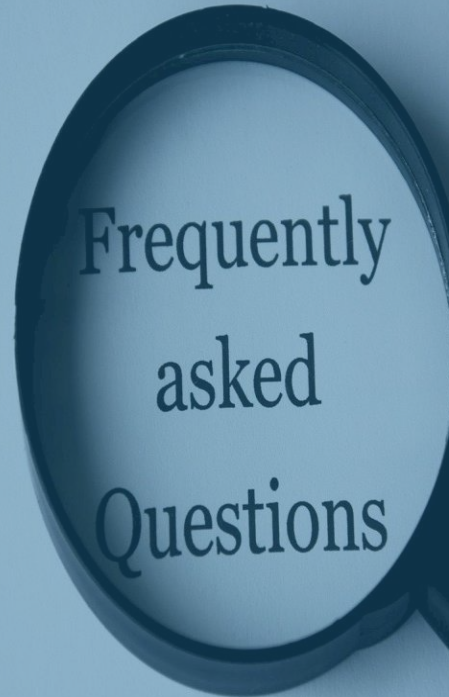
- Provider and/or Entity Representative
- Resident Manager
- Caregiver and AFH Staff
- Students or Volunteers providing resident care or services



FREQUENTLY ASKED QUESTIONS
TUBERCULOSIS TESTING
WAC [388-76-10265](#) THROUGH [10310](#)

Who does not need a TB test?

- Residents
- Family Members
- Visitors
- Staff who never provide resident care or services
- Family members of the provider living in the AFH



FREQUENTLY ASKED QUESTIONS TUBERCULOSIS TESTING WAC [388-76-10265](#) THROUGH [10310](#)

Two-step vs. One-step TB testing:

Who needs a two-step TB test?

- Individuals who have not had previous TB testing
- Individuals who do not have documentation of previous TB testing

What makes a two-step TB test valid?

- An initial test within three days of the start of employment AND
- A second skin test done no less than one week and no more than three weeks after the first skin test

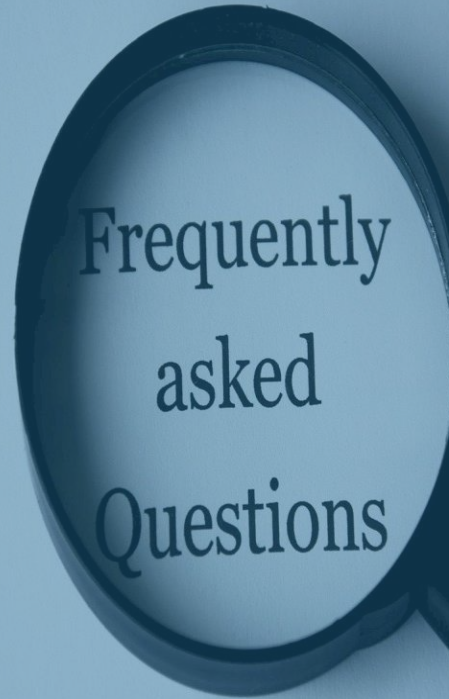


FREQUENTLY ASKED QUESTIONS TUBERCULOSIS TESTING WAC [388-76-10265](#) THROUGH [10310](#)

Two-step vs. One-step TB testing:

Who needs a one-step TB test? Within three days of hire you need a one-step TB test if you have:

- Documented history of negative skin test result from a previous two-step between one and three weeks apart
- Documented negative result from a one-step TB skin test or a TB blood test done in the last twelve months



FREQUENTLY ASKED QUESTIONS
TUBERCULOSIS TESTING
WAC [388-76-10265](#) THROUGH [10310](#)

How long are TB tests valid?

- For the duration of employment in the AFH – OR – For as long as the employee holds his/her current position in the AFH



CPR AND FIRST AID TRAINING REQUIREMENTS FOR LTC WORKERS

Adult family home long-term care workers must obtain and maintain a valid CPR and First Aid card, or certificate as follows:

- Within 30 days of beginning to provide care for residents if directly supervised by a fully qualified long-term care worker with a valid CPR and First Aid card or certificate
- Before providing care for residents, if not directly supervised by a fully qualified long-term care worker with a valid CPR/First Aid card or certificate.

TRAINING REQUIREMENTS

WAC 388-112A

Type of Training	When is it needed?
First Aid & CPR (must have in person component)	Within 30 days of employment if directly supervised by person with valid card, or before providing care if not directly supervised.
Orientation (2 hours)	Prior to providing care to residents unless exempt from training
Safety (3 hours)	Prior to providing care to residents unless exempt from training
Facility Orientation (no set hours)	The AFH must ensure that all staff receive the orientation and training necessary to perform their job duties.
70-hour LTC Worker Basic Training	<p>Within 120 days unless exempt</p> <p>*Exemption WAC 388-112A-0090 WAC 246-980-070</p>
Specialty Training (Dementia, Mental Health, DD)	<p>If an AFH serves one or more residents with special needs, all LTC workers must receive training regarding the specialty needs of individual residents in the home.</p> <p>Within 120 days but cannot work with residents without direct/indirect supervision until training is complete.</p>
Nurse Delegation Core & Diabetes	Must be a Nursing Assistant Registered, Nursing Assistant Certified, or a Certified Home Care Aide and complete Nurse Delegation Core training before accepting a delegated task.

TRAINING REQUIREMENTS WAC 388-112A

Type of Training	When is it needed?
Continuing Education	12 hours per year by birthdate, for all long-term care workers.
Food Handling & Safety	Before serving or preparing food.
AFH Administrator Training WAC 388-112A-0810 and WAC 388-76	N/A
AFH Orientation Class WAC 388-76-10060	N/A; not needed for Resident Manager

DSHS AFH Training Requirements Summary:

<https://www.dshs.wa.gov/altsa/training/training-requirements-adult-family-homes>

EMPLOYEE FILES

WAC 388-76-10198

Adult family home—Personnel records.

The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (1) Staff information such as address and contact information.**
- (2) Staff orientation and training records pertinent to duties, including, but not limited to:**
 - (a) Training required by chapter [388-112A](#) WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;**
 - (b) Cardiopulmonary resuscitation;**
 - (c) First aid; and**
 - (d) HIV/AIDS training.**
- (3) Tuberculosis testing results.**
- (4) Criminal history disclosure and background check results as required.**

UPDATED TRAINING AND CERTIFICATION DEADLINES

Worker hired or rehired during the time frame of:	Must complete basic training no later than:	Must be certified no later than:
8/17/2019 to 9/30/2020	1/31/2023	1/31/2024
10/1/2020 to 4/30/2021	4/30/2023	4/30/2024
5/1/2021 to 3/31/2022	7/31/2023	7/31/2024
4/1/2022 to 9/30/2022	10/31/2023	10/31/2024
10/1/2022 to 6/30/2023	11/30/2023	1/31/2025
7/1/2023 to 1/31/2024	Standard Training Requirements - 120 days from hire date	4/30/2025
Beginning 2/1/2024	Standard Training Requirements - 120 days from hire date	Standard certification requirements - 200 days from hire date

L&I RECORDKEEPING REQUIREMENTS

Keep your records for the current year plus three prior calendar years. Other agencies, such as the IRS, may require you to hold records longer.

<https://www.lni.wa.gov/agency/small-business/recordkeeping-requirements>



HIRING AND EMPLOYEE FILES

RESOURCES

- [Adult Family Home Training Network](https://www.longtermcarefoundationwa.org/training-network)
<https://www.longtermcarefoundationwa.org/training-network>
- <https://www.irs.gov/forms-pubs/about-form-w-4>
- <https://www.uscis.gov/i-9>
- [Character, Competency, and Suitability Assessment for Residential Care Services \(NH, ALF, and AFH\)](#)

QUESTIONS?



Long-Term Care Foundation

of Washington State

Thank you for joining us today!