|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | RESIDENTIAL CARE SERVICES (RCS)  **Adult Family Homes Program Training Plan** | | | | |
| STAFF’S NAME | | REGION / UNIT | SUPERVISOR’S NAME | | DATE OF HIRE |
| The training plan is designed to be completed in 24 weeks and outlines the specific training activities new regulatory staff must complete to meet the state training requirements. Not all staff will require the full 24-week training plan depending on their skill and experience as assessed by the supervisor. The training activities outlined in this training plan are flexible, unless noted as prerequisites. New regulatory staff may complete the training activities outlined below in any order that best meets their training needs. Participants must document the date they completed each training activity in the space provided. The supervisor will review the training plan regularly to track the status of the regulatory staff as they progress throughout their orientation. | | | | | |
| **Training Activity** | | | | **Date Completed** | |
| **Week 1: Orientation Overview** | | | | | |
| **Orientation and Resources** | | | | | |
| Must complete the Criminal Justice Information System training **within one week of hire**, and prior to reviewing Criminal History Record Information for training or work-related purposes. Staff will upload their completion certificate to the WA State Learning Center (LC) **(**[**resource guide**](https://stateofwa.sharepoint.com/sites/DSHS-ALT-Organizational-Development/Learning%20Center%20Support%20Documents/Forms/Default%20View.aspx?id=%2Fsites%2FDSHS%2DALT%2DOrganizational%2DDevelopment%2FLearning%20Center%20Support%20Documents%2FWashington%20State%20Learning%20Center%20User%20Tool%20%2D%20Adding%20A%20Self%20Reported%20Training%20Record%2Epdf&parent=%2Fsites%2FDSHS%2DALT%2DOrganizational%2DDevelopment%2FLearning%20Center%20Support%20Documents)**).** | | | |  | |
| With supervisor, develop an individualized training plan with specific learning goals in the space provided at the end of this form, titled “Individualized Training Plan.” | | | |  | |
| Meet with assigned mentor to discuss individualized training plan, training materials, policies (for example, Standard Operating Procedures (SOP), Management Bulletins (MB), regulations, etc.) and information found on [ALTSA intranet](https://intra.altsa.dshs.wa.gov/). Mentor’s name: | | | |  | |
| Meet with regional Regulatory Quality Assurance (QA) Training Program Manager to discuss training resources | | | |  | |
| Arrange to have uninterrupted time away from core work and adjust alternate work schedule (i.e., 9/80) for all required training activities | | | |  | |
| **Instructor Led Training (ILT)** | | | | | |
| Review all assigned RCS ILTs on your Washington State Learning Center (LC) Timeline with  your supervisor. The training descriptions on each ILT will detail any applicable prerequisites  required or recommended for training registration. Use the training calendar posted on the  [RCS Training](https://intra.altsa.dshs.wa.gov/training/rcs/) intranet page to view upcoming training dates and begin planning your training  schedule with your supervisor. Use this document as a guide for the recommended order of  training completion.   * DSHS ALTSA RCS – Intro to Residential Care Services * DSHS ALTSA EDAI – Cultural Community Onboarding * DSHS ALTSA RCS – Adult Family Homes and Assisted Living Facilities Combo * DSHS ALTSA RCS – Core Investigator * DSHS ALTSA RCS – Adult Family Homes * DSHS ALTSA RCS – Food Safety * DSHS ALTSA RCS – Community Principles of Documentation * WA State SAA DSHS ALTSA RCS – Advanced Investigator   The following trainings will not be assigned to you, but are available for your optional  registration in the LC:   * DSHS ALTSA RCS – Preceptor Training * DSHS ALTSA RCS – Trauma Informed Care: Awareness, Resilience, and Self-Care | | | |  | |
| **SOP and Feedback Tool Review** | | | | | |
| [Review SOP Chapter 1 Administration, Part I](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%201%20-%20Administration.pdf) | | | |  | |
| [Review SOP Chapter 12 Adult Family Homes](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2012%20-%20AFH.pdf) | | | |  | |
| [Review SOP Chapter 18 Across All Settings, Parts I, II, and IV](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2018%20-%20Across%20All%20Settings.pdf) | | | |  | |
| [Review SOP Chapter 19 Staff Training](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2019%20-%20Staff%20Training.pdf) | | | |  | |
| [Review SOP Chapter 21 Occupational Health and Safety](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2021%20-%20Occupational%20Health%20and%20Safety.pdf) | | | |  | |
| Review position specific Skill Building Tool (SBT) | | | |  | |
| **Week 2: New Employee and Infection Prevention Training** | | | | | |
| **Online Modules** | | | | | |
| Complete [DSHS required training](https://stateofwa.sharepoint.com/sites/DSHS-EXE-Learning-Center/SitePages/DSHS.aspx) for new employees as assigned on your LC Timeline. | | | |  | |
| **Infection Prevention Training** | | | | | |
| Complete the following mandatory trainings within the [Nursing Home Infection Preventionist Training Course](https://www.train.org/cdctrain/training_plan/3814) on CDC Train website. You will need to create an account. Upload the completion certificates to the LC ([resource guide](https://stateofwa.sharepoint.com/sites/DSHS-ALT-Organizational-Development/Learning%20Center%20Support%20Documents/Forms/Default%20View.aspx?id=%2Fsites%2FDSHS%2DALT%2DOrganizational%2DDevelopment%2FLearning%20Center%20Support%20Documents%2FWashington%20State%20Learning%20Center%20User%20Tool%20%2D%20Adding%20A%20Self%20Reported%20Training%20Record%2Epdf&parent=%2Fsites%2FDSHS%2DALT%2DOrganizational%2DDevelopment%2FLearning%20Center%20Support%20Documents)). | | | |  | |
| * Module 4 – Infection Surveillance | | | |  | |
| * Module 5 – Outbreaks | | | |  | |
| * Module 6a – Principles of Standard Precautions | | | |  | |
| * Module 6b – Principles of Transmission-Based Precautions | | | |  | |
| * In the LC: [DSHS ALTSA Respiratory Protection Program Training](https://sowa.sumtotal.host/rcore/c/pillarRedirect?relyingParty=LM&url=core%2factivitydetails%2fViewActivityDetails%3fActivityId%3d1232246%26UserMode%3d0) (upon hire and prior to entering facilities or homes, annually thereafter) | | | |  | |
| * [Personal Protective Equipment (PPE) Skills Check](https://forms.dshs.wa.lcl/formDetails.aspx?ID=81178) | | | |  | |
| * [Personal Protective Equipment (PPE) Knowledge Check](https://forms.dshs.wa.lcl/formDetails.aspx?ID=81180) | | | |  | |
| * [PPE – Sequence CDC](https://adsaweb.dshs.wa.gov/rcs/documents/InfectionForms/PPE-Sequence%20CDC.pdf) | | | |  | |
| * [Standard and Transmission Based Precautions](https://stateofwa.sharepoint.com/sites/DSHS-ALT-RCS-Training/Support%20Call%20Library/Forms/AllItems.aspx?id=%2Fsites%2FDSHS%2DALT%2DRCS%2DTraining%2FSupport%20Call%20Library%2F2023%20Support%20Call%20Resources%2F03%2E21%2E2023%20IPC%20Support%20Call%2FRCS%20IPC%20Support%20Call%2003%2E21%2E2023%20Standard%20and%20Transmission%20Based%20Precautions%20PPT%2Epdf&parent=%2Fsites%2FDSHS%2DALT%2DRCS%2DTraining%2FSupport%20Call%20Library%2F2023%20Support%20Call%20Resources%2F03%2E21%2E2023%20IPC%20Support%20Call) | | | |  | |
| **Week 3: ILT and Onsite Experience** | | | | | |
| **Field Experience Plan** | | | | | |
| Supervisor and mentor must plan for observations and incremental participation of inspections and/or complaint investigations throughout individualized training plan for new staff.  Staff must use the appropriate SBT to track the type of onsite observation and/or tasks completed during a participatory visit. The **number of observational and participatory visits will depend** on the staff’s skill, experience and progress as determined by the supervisor and/or mentor. Staff must complete at least one observational visit prior to completing participatory visits.  **Observational visits** are visits in which new regulatory staff are only observing.  **Participatory visits** are visits in which new regulatory staff participate in a specific task for learning. Use the SBT to guide observational and participatory visits.  Completed SBT will be uploaded onto the LC for record keeping ([resource guide](https://stateofwa.sharepoint.com/sites/DSHS-ALT-Organizational-Development/Learning%20Center%20Support%20Documents/Forms/Default%20View.aspx?id=%2Fsites%2FDSHS%2DALT%2DOrganizational%2DDevelopment%2FLearning%20Center%20Support%20Documents%2FWashington%20State%20Learning%20Center%20User%20Tool%20%2D%20Adding%20A%20Self%20Reported%20Training%20Record%2Epdf&parent=%2Fsites%2FDSHS%2DALT%2DOrganizational%2DDevelopment%2FLearning%20Center%20Support%20Documents)). | | | | | |
| Review with supervisor the plan for observations and incremental participation of inspections and/or complaint investigations throughout individualized training plan. | | | |  | |
| Meet with mentor to:   * Discuss the roles and responsibilities during a visit * Observe and discuss the use of STARS, EWP, CARE, TIVA2, Perceptive Content, and Instructor and Curriculum Tracking System (ICTS) * Review the [Complaint Investigation Pathways](https://intra.altsa.dshs.wa.gov/rcs/documents/AFH%20CI%20Pathways.docx), [Key Triggers](https://intra.altsa.dshs.wa.gov/rcs/keytriggers.htm), and investigative documentation as applicable to the type of regulatory visit for each observation; * Examine relevant regulations based on the observations, interviews, and record review; and * Discuss the observational visits and plan / assignments for participating in the first onsite visit. | | | |  | |
| Complete observational visit prior to program specific ILT. Provider: | | | |  | |
| DSHS ALTSA RCS - Intro to Residential Care Services (1.5-day training) | | | |  | |
| **SOP Chapters to Review** | | | | | |
| [Chapter 2: Background Checks](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%202%20-%20Background%20Checks.pdf) | | | |  | |
| [Chapter 4: Complaint Resolution Unit](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%204%20-%20Complaint%20Resolution%20Unit.pdf) | | | |  | |
| [Chapter 7: Enforcement](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%207%20-%20Enforcement.pdf) | | | |  | |
| [Chapter 10: Quality Management System](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2010%20-%20QMS.pdf) | | | |  | |
| [Chapter 20: Complaint Investigations](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2020%20-%20Complaint%20Investigations.pdf) | | | |  | |
| [Chapter 25: Civil Money Penalty – State Civil Reinvestment Program](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2025%20-%20CMP-SCPRP.pdf) | | | |  | |
| **Week 4: Skill Building** | | | | | |
| DSHS ALTSA RCS – Core Investigator (2.5-day training) | | | |  | |
| [Review AFH Provider Guidebook](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/AFH%20Guidebook.pdf) | | | |  | |
| [Review AFH Provider Internet Page](https://www.dshs.wa.gov/altsa/residential-care-services/information-adult-family-home-providers) | | | |  | |
| **Review the following regulations throughout individual training plan** | | | | | |
| [Chapter 388-76 WAC Adult Family Home Minimum Licensing Requirements](https://apps.leg.wa.gov/wac/default.aspx?cite=388-76&full=true) | | | |  | |
| [RCW 70.128 Adult Family Homes](https://app.leg.wa.gov/rcw/default.aspx?cite=70.128&full=true) | | | |  | |
| [Chapter 388-112A WAC Residential Long-term Care Services Training](https://app.leg.wa.gov/WAC/default.aspx?cite=388-112A&full=true) | | | |  | |
| [RCW 74.34 Abuse of Vulnerable Adults](https://apps.leg.wa.gov/rcw/default.aspx?cite=74.34&full=true) | | | |  | |
| [RCW 70.129 Long-term Care Resident Rights](https://apps.leg.wa.gov/rcw/default.aspx?cite=70.129&full=true) | | | |  | |
| [Chapter 246-217 Food Worker Cards](https://app.leg.wa.gov/wac/default.aspx?cite=246-217&full=true) | | | |  | |
| [Chapter 246-840-910 to 970 WAC Practical and Registered Nursing](https://app.leg.wa.gov/wac/default.aspx?cite=246-840&full=true) | | | |  | |
| **Field Experience Plan** | | | | | |
| As staff progress through their individualized training plan, supervisor and/or mentor should assign tasks to apply skills learned in instructor led trainings and completed participatory visits. | | | | | |
| **Week 5: Skill Building** | | | | | |
| DSHS ALTSA RCS – Adult Family Homes and Assisted Living Facilities Combo (1-day training) | | | |  | |
| **SOP Chapters to Review** | | | | | |
| [Chapter 8: Policy](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%208%20-%20Policy.pdf) | | | |  | |
| [Chapter 9: Public Disclosure](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%209%20-%20PDD.pdf) | | | |  | |
| [Chapter 22: Informal Dispute Resolution](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2022%20-%20Informal%20Dispute%20Resolution.pdf) | | | |  | |
| [Chapter 23: Records Management](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2023%20-%20Record%20Management.pdf) | | | |  | |
| **Week 6: Program Specific Training** | | | | | |
| DSHS ALTSA RCS – Adult Family Homes (4-day training) | | | |  | |
| [Review STARS manual and training modules](https://stateofwa.sharepoint.com/sites/DSHS-ALT-RCS-STARS/SitePages/Home.aspx) | | | |  | |
| [Review EWP manual](https://teamshare.dshs.wa.gov/sites/rcs/RCS%20Systems/EWP/_layouts/15/start.aspx#/Shared%20Documents/Forms/AllItems.aspx) | | | |  | |
| **Week 7 to Week 11: Applying Knowledge and Skills** | | | | | |
| **Field Experience Plan** | | | | | |
| Upon completion of Program Specific Training, additional tasks should be assigned to apply knowledge, leading up to staff independence. | | | |  | |
| Meet with supervisor and/or mentor to assess progress with individualized training plan. Identify areas needing further support and set goals to address training gaps. Update individualized training plan as needed. | | | |  | |
| DSHS ALTSA RCS – Food Safety (1-day training) | | | |  | |
| **SOP Chapters to Review** | | | | | |
| [Chapter 3: Business Analysis and Applications Unit (BAAU)](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%203%20-%20BAAU.pdf) | | | |  | |
| [Chapter 5: Construction Review](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%205%20-%20Construction%20Review.pdf) | | | |  | |
| [Chapter 11: Residential Inspection and Quality Assurance](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2011%20-%20RIQAP.pdf) | | | |  | |
| [Chapter 24: Employment Procedures](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2024%20-%20Employment%20Procedures.pdf) | | | |  | |
| [Chapter 29: Behavior Health Support Team](https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/SOP/Chapter%2029%20-%20BHST.pdf) | | | |  | |
| Review applicable [Management Bulletins](https://intra.altsa.dshs.wa.gov/docufind/mb/displayRCS.aspx) and [Support Call Library](https://stateofwa.sharepoint.com/:u:/r/sites/DSHS-ALT-RCS-Training/SitePages/Support-Call-Library.aspx?csf=1&web=1&e=LwIfoD) material | | | |  | |
| **Week 12 to Week 24: Working towards Independence** | | | | | |
| **Field Experience Plan** | | | | | |
| Use the completed SBT from the participatory visits to develop training goals towards independent work. Meet with supervisor and/or mentor regularly after independent visits to discuss and review work. Supervisor will update the individualized training plan section as needed to show progress towards proficiency.  Beyond Week 12, supervisor may have discretion to determine the time needed to complete this training plan based on skills, experience, and progress of staff. Not all staff will require the full 24-week training plan. | | | | | |
| DSHS ALTSA RCS – Community Principles of Documentation (2-day training) | | | |  | |
| **Week 25 and Beyond: Ongoing Trainings and Quality Assurance Visits** | | | | | |
| After successfully completing all the requirements in weeks 1 through 24 and being assessed by supervisor to have met all training requirements, the supervisor will request an Initial Quality Assurance Visit from the RCS Training Unit.  Initial QA Visit: | | | | | |
| **Field Experience Plan** | | | | | |
| Supervisor may arrange an observation of an initial licensing inspection with the Residential Inspection and Quality Assurance Unit Manager. It is recommended that staff are independent in their work and have a strong understanding of their role prior to this observation. Scheduling is based on availability. (Optional) | | | | | |
| WA State SAA DSHS ALTSA RCS – Advanced Investigator (1-day training) | | | |  | |
| DSHS ALTSA EDAI – Cultural Community Onboarding | | | |  | |
| DSHS ALTSA RCS – Preceptor (1-day training) (optional) | | | |  | |
| DSHS ALTSA RCS – Trauma Informed Care: Awareness, Resilience, and Self-Care (2.5-hour training) (optional) | | | |  | |
| **Individualized Training Plan** | | | | | |
| With supervisor, use this space to document identified training needs and set goals for skill development. | | | | | |
| **Upon completion of all tasks, the staff member will upload this signed document to their LC account for record retention (**[**resource guide**](https://stateofwa.sharepoint.com/sites/DSHS-ALT-Organizational-Development/Learning%20Center%20Support%20Documents/Forms/Default%20View.aspx?id=%2Fsites%2FDSHS%2DALT%2DOrganizational%2DDevelopment%2FLearning%20Center%20Support%20Documents%2FWashington%20State%20Learning%20Center%20User%20Tool%20%2D%20Adding%20A%20Self%20Reported%20Training%20Record%2Epdf&parent=%2Fsites%2FDSHS%2DALT%2DOrganizational%2DDevelopment%2FLearning%20Center%20Support%20Documents)**).** | | | |  | |
| **Upon completion of this training plan, staff are responsible for staying current with program information by reviewing MBs, Provider Letters, SOPs, and other sources of guidance as they are updated.** | | | |  | |
| **By providing their signatures below, staff and supervisor attest to the completion of all trainings and activities listed on the training plan.** | | | | **Date Completed** | |
| STAFF’S SIGNATURE | | | |  | |
| SUPERVISOR’S SIGNATURE | | | |  | |