



## New Hire Checklist

### Documents for Employee:

- A. DMV Printout
- B. Proof of auto insurance - Liability 100/300
- C. Copy of vehicle registration
- D. Proof of ID
- E. Proof of Legal authorization to work in the US (if not a citizen)
- F. Blank Check for Direct Deposit (optional)

### Forms to Review with Employee:

- A. Form I-9
- B. Form IRS W-4
- C. Employee Status Form
- D. Introduction and Mission Statement of Side By Side Program Design
- E. Policies and Procedures
- F. SLS Principles
- G. Org. Chart Program Design
- H. Anti-discrimination and abuse
- I. Client rights and responsibilities
- J. Special Incident Reporting
- K. Food Safety
- L. Note writing - Service Provision

By signing this form, I \_\_\_\_\_ acknowledge that my employer, Side by Side has reviewed these documents with me.

Employee Signature	Date

## **JOB APPLICATION**

Side By Side Supported Living Services  
576 Cottonwood Dr. Santa Rosa, CA 95407  
775.721.5714

Side By Side Supporting Living Services is an equal-opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

**Please fill out the sections below:**

### **Applicant Information**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### **Employment Position**

Position(s) applying for: DIRECT SERVICE PROVIDER (PART-TIME)

### **Additional Information:**

How did you learn about this position?

\_\_\_\_\_

What days are you available to work?

\_\_\_\_\_

What hours or shifts are you available to work?

\_\_\_\_\_

If needed, are you available to work overtime?

\_\_\_\_\_

On what date can you start working if you are hired?

\_\_\_\_\_

Do you have reliable transportation to and from work?

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### **Personal Information**

Do you have any friends, relatives, or acquaintances working with Side By Side Supporting Living Services?

Circle Answer: Yes      No

If yes, state name and relationship: \_\_\_\_\_

Are you a US citizen or approved to work in the United States?

Circle One: Yes      No

What document can you provide as proof of citizenship or legal status: \_\_\_\_\_

Do you have any condition(s) which would require job accommodations?

Circle One: Yes      No

If yes, please describe accommodations required below:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)?

Circle One: Yes      No

If yes, please state the nature of the crimes, when and where convicted, and the disposition of the case:

\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on grounds of conviction of a criminal offense. the date of the offense, the nature of the offense, including any significant details that affect the description of the event, in the surrounding circumstances, and the relevance of the offense to the positions applied for may, however, be considered.)

### **Skills and Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: Side by Side Supported Living Services complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions)

**Education and Training**

Highschool

Name	Location (City, State)	Graduation Year	Degree Earned

College/University

Name	Location (City, State)	Graduation Year	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Graduation Year	Degree Earned

**Military**

Are you a member of the Armed forces? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position? \_\_\_\_\_



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

## INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

Be sure to take identification to the live scan site. You must show ID prior to having your fingerprints taken.

The following information ***must*** be printed or typed on the form. All other spaces on the form should remain blank.

**Name of Applicant:** Enter your full name.

**Alias:** Enter any other names you have used.

**Date of Birth:** You ***must*** provide your date of birth in order for the Secretary of State's Office to process your background check.

**Sex:** Gender (male or female)

**Height**

**Weight**

**Eye Color**

**Hair Color**

**Place of Birth**

**SOC:** Social Security Number.

**Driver's License No.:** California driver's license number. If you do not have a California driver's license, enter other identifying numbers such as another state driver's license number or California ID card number.

**Agency Billing No.:** Please be prepared to pay the fingerprint processing fee and the rolling fee at the live scan site (cash, check or money order). Be sure to call the live scan site to determine the acceptable type of payment and the amount of the required fee.

**Agency/OCA No.:** Enter your driver's license number or birth date.

**IMPORTANT:** Retain one copy of the Request for Live Scan Service form for your records in case you need to have your prints retaken. This copy will serve as your proof that you have paid the fingerprint processing fee so you will not be required to pay again. You may, however, be required to pay for the rolling fee.



# REQUEST FOR LIVE SCAN SERVICE

*Applicant Submission*

ORI: <u>AN013</u> Type of Application: <u>EMPLOYEE</u>	
<small>Code assigned by DOJ</small>	
Job Title or Type of License, Certification or Permit: <u>EMPLOYEE</u>	
Agency Address Set Contributing Agency:	
<u>SIDE BY SIDE SUPPORTED LIVING SERVICES</u>	<u>23506</u>
<small>Agency authorized to receive criminal history information</small>	
<small>Mail Code (five digit code assigned by DOJ)</small>	
<u>576 COTTONWOOD DRIVE</u>	
<small>Street No.</small>	<small>Street or P.O. Box</small>
<u>SANTA ROSA</u>	<u>CA</u>
<small>City</small>	<small>State</small>
<u>95407</u>	<u>( )</u>
<small>Zip Code</small>	<small>Contact Name (Mandatory for all school submissions)</small>
<small>Contact Telephone No.</small>	
Name of Applicant: _____	
<small>(please print)</small>	<small>Last</small>
<small>First</small>	
<small>MI</small>	
Alias: _____	Driver's License No. _____
<small>Last</small>	<small>First</small>
Date of Birth: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
Misc. No. <b>BIL</b> - <u>APPLICANT MUST PAY AT LIVE SCAN SITE</u>	
<small>Agency Billing Number</small>	
Height: _____	Weight: _____
Misc. No: _____	
Eye Color: _____	Hair Color: _____
Home Address: _____	
<small>Street or P.O. Box</small>	
Place of Birth: _____	_____
<small>City, State and Zip Code</small>	
SOC: _____	
Your Number: _____	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
<small>OCA No.</small>	
If resubmission, list Original ATI No. _____	
Employer: (Additional response for agencies specified by statute)	
_____	
<small>Employer Name</small>	
_____	_____
<small>Street No.</small>	<small>Street or P.O. Box</small>
<small>Mail Code (five digit code assigned by DOJ)</small>	
_____	<u>( )</u>
<small>City</small>	<small>State</small>
<small>Zip Code</small>	<small>Agency Telephone No. (optional)</small>
Live Scan Transaction Completed By: _____ Date: _____	
<small>Name of Operator</small>	
_____	_____
<small>Transmitting Agency</small>	<small>ATI No.</small>
<small>Amount Collected/Billed</small>	



# 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	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>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.</b>		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 <b>Item Numbers 2. and 3. above</b> ) authorized to work until (exp. date, if any)					
If you check <b>Item Number 4.</b> , 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)		<b>Additional Information</b>			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> 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.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

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

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

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

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
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Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	



## **Attendance - Callout & Holiday Time Off**

### **Attendance and Call-Outs (paid Absences)**

All employees are expected to arrive on time, ready for work, every day.

If you're unable to arrive at work on time or must be absent for an entire day, you must contact your supervisor as soon as possible before the start of work. You must communicate with your supervisor not a co-worker directly. Voicemail, email, instant message, or any social media is not an acceptable form of communication.

Callouts from a regularly scheduled work day should be made 12 hours before the shift start on the date of the occurrence.

Failure to show up or call for a scheduled shift without prior approval may result in disciplinary action up to and including termination.

### **Procedure In Case of Illness**

An employee who cannot report to work due to an illness, accident, or feels ill during working hours is required to notify his or her supervisor directly voicemail, email, instant messages or any social media is not an acceptable form of communication.

Side By Side SLS Employees are to report missing a regularly scheduled work day due to illness or other personal reasons to their direct supervisor. If an employee's direct supervisor is not available because of scheduled time off employees are to contact the Side By Side SLS director to report the call out.

### **Holiday Time Off**

This regulation is for unplanned holiday time off. As a business, accommodations for the request received for time off during company-approved holidays are diligently considered and approved.

***In an attempt to avoid a shortage of Staff during the following holidays; Thanksgiving Christmas and New Year's week, the following directive is now in place:***

Any side-by-side SLS employee who is calling in sick and or goes home sick during the week of; Thanksgiving, Christmas, and New Year's Eve is required to present medical verification to his or her supervisor upon returning to work.

### Holiday/Vacation & Request for Time Off Form

Employee	Reviewed By
Name:	Name:
Position:	Position:
Date Submitted:	Date Submitted:

Date(s) Requested Off		
First Day Off:	Return to Work Date:	# of Days Off:

Indicate the type of leave used for time off:

Type of Request			
<input type="checkbox"/>	Vacation	<input type="checkbox"/>	Bereavement/Funeral Leave
<input type="checkbox"/>	Personal Holiday	<input type="checkbox"/>	Leave of Absence
<input type="checkbox"/>	Sick Time	<input type="checkbox"/>	Compensated days
<input type="checkbox"/>	FMLA time	<input type="checkbox"/>	Leave w/o pay (requires Director approv.)
<input type="checkbox"/>	Jury Duty	<input type="checkbox"/>	Other- Explain:
<input type="checkbox"/>	Military Leave	<input type="checkbox"/>	

For partial day requests indicate hours (Example: Date \_\_\_\_ From \_\_\_\_ To \_\_\_\_):

Date: \_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Date: \_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Date: \_\_\_\_ From: \_\_\_\_ To: \_\_\_\_

Employee Comments

Status of Time Off Request
<input type="checkbox"/> Approved
<input type="checkbox"/> Not Approved
<input type="checkbox"/> Modified Request Approved - Additional Comments:

## **Side by Side Supported Living Services' Design**

### 1. Philosophy, values, and goals

#### Mission Statement:

Side by Side Supported Living Services provides support to our community members living with developmental disabilities; by promoting Community values, personal growth, and working together to Achieve Personal goals and ambitions, by providing self-directed support and client-centered services.

How does Side By Side relate to the mission statement?

Independence - Our clients should be encouraged to direct our service in terms of their own time, schedules, and priorities.

Community - We encourage our clients to actively participate in community events and activities to promote a sense of belonging, purpose, and self-worth.

Personal Development - Side by Side believes that it is important to identify our clients' strengths early in our partnership these strengths will be utilized to Direct Services which will support our clients in their personal development and growth.

Dignity - We believe that all of our clients are treated with the dignity they deserve through our speech and actions.

Health - Side by Side believes that to accomplish a productive and satisfying life, personal health is paramount. I'll providers will support our clients with medication compliance, meta medical appointments, and promote exercise and healthy eating and living habits.

What are our goals? The goal of Side by Side is to support our clients in a meaningful and productive capacity by providing effective services for as long as they are needed and that ultimately help the clients achieve their personal life goals and outcomes. Our goal is to provide Supported Living Services following the principles of supported living as Divine in regulation and statute.

What are the principles of Supported Living?

Supported Living Services are based on a set of principles or expected outcomes that set the services apart from any other vendor's service. these principles give direction to the mission, policies, and practices of our agency.



## Policy and Procedures

**All staff and volunteers are required to be informed of the following policy and procedures upon employment. Policies and procedures may change over time. staff will be trained and informed of these changes within one week of the changes' effective date.**

- A. Staff will be respectful and encourage positive language at all times and will model appropriate social and behavioral norms.
- B. Staff will be able and willing to provide appropriate Personal Care in a safe, private, and respectful manner, whenever and wherever it is required.
- C. Staff will immediately report any suspected abuse or other special incidents (as defined in training) to the state and NBRC and their supervisor.
- D. Staff will respect the confidentiality of consumers at all times, this includes not discussing names, identifiable features, or sensitive information when speaking with or in the presence of other consumers, friends family members, or entities not employed by Side by Side Supported Living Services or NBRC. (mandated reporting is accepted)
- E. Staff will not borrow or lend money to clients. except where specifically required due to disability and approved in the ISP, staff will not handle the client's cash, credit cards, or other sensitive Financial information. all such transactions are to be overseen by the service coordinator supervisor.
- F. Staff will provide services and support at a date, time, location, and in a manner, which is preferred by the client.
- G. Staff will complete all reports (ISP, semi-annual, and monthly check-ins) the month they are due. requesting assistance from the supervisor, if they feel they are unable.
- H. Staff will prioritize and respond to the health and safety concerns of clients and contact the supervisor for assistance immediately if there are scheduling conflicts, emergencies or if any unforeseen circumstances arise.
- I. Staff will promptly communicate unavoidable changes in his or her schedule, to the client, supervisor, and appropriate professionals at least 15 minutes or more before the appointment occurs.
- J. Staff will be available at all times during work hours. staff are to contact their supervisor beforehand if they will not be in a position to answer the phone immediately (i.e. outside cell coverage, movie night, at the Social Security Administration, attending an appointment with a client, or if their mobile battery is low).
- K. Staff will respond to Communications with NBRC, clients' family members, or other professionals within one business day, or contact their supervisor if they feel they're unable to fulfill this requirement.

By signing this I, \_\_\_\_\_ acknowledge that my employer, Side by Side, has reviewed these policies with me.

Employee Signature	Date

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Side by Side Supported Living Services

## **Client Rights and Responsibilities**

**As a consumer of services from Side by Side Supporting Living Services, and North Bay Regional Center, you have certain rights:.**

**You have the right to:**

- A. Live where you like and with whom you like.
- B. Keep the character and appearance of your home the way you like.
- C. Make choices about your life.
- D. Speak for yourself or have a person of your choosing to speak for you.
- E. Have relationships of your choosing.
- F. Community membership and access.
- G. Flexible support and services that are tailored to your needs.
- H. Training so you better understand the objectives and philosophy of supported living.
- I. Ask for a new Side by Side Supported Living Services worker or personal assistant, and the right to leave our services entirely.
- J. View your file, and be notified when changes in our organization may affect your services.
- K. Participate in your IPP process so that the services you receive are based on your needs and preferences, and amend either your ISP or IPP at any time.
- L. An explanation of services you are provided, and to have your questions answered.
- M. Change your mind
- N. File a complaint about your services, either with Side by Side SLS or with the regional center.
- O. Be free from abuse and or restraint.
- P. A fair hearing if your rights have been violated

**As a consumer of services through Side by Side Supported Living Services, you have four main responsibilities:**

- A. You are willing to follow through with the agreements you made with Side by Side staff.
- B. You are respectful towards yourself, our staff, and other clients.
- C. You are willing to accept assistance with important health and safety issues.
- D. You are willing to take part in your ISP process.

By signing below, I acknowledge that I understand my rights and responsibilities as a recipient of Side by Side Supported Living Services.

Client Signature	Date

Staff Signature	Date

## **Client Rights and Responsibilities**

### **1) A Home of One's Own:**

- a. Individuals live in homes that they own, lease or rent, like other members of their community.
- b. Individuals choose where they live and with whom, and they control what happens in their homes.
- c. Individuals' housing is separate from their services, so they are secure in their homes and do not have to move if their needs, their services, or their service agency changes.
- d. Individuals are safe in their home and their neighborhoods.

### **2) Choice and Self-directed Services:**

- a. Individuals make their own everyday decisions.
- b. Individuals plan their futures.
- c. Individuals direct these Services they receive and have a choice of agencies and staff.
- d. Individuals are supported (by technology, communication devices, and behavioral support) to communicate their preferences, choices, and needs.
- e. Individuals are satisfied with the services they receive.

### **3) Relationships:**

- a. Individuals have family, friends, and neighbors who support them in regular ways or as paid help.
- b. Individuals and their circle of support work together as a team with the supported living agency and others to share responsibility for his or her well-being.

### **4) Community Membership:**

- a. Individuals fully participate in the mainstream of community life according to personal choice and preference.
- b. Individuals have opportunities to join clubs, groups, and organizations and attend religious services.
- c. Individuals use local community resources and generic services.

### **5) Flexible, Tailored Services, and Support:**

- a. Individual service plans are developed through a personal-centered planning process.
- b. Service plans reflect the support each individual wants and needs, and plans change as wants and needs change.
- c. Individuals have opportunities to increase their abilities, confidence, and quality of life and support to maintain an adequate level of health and safety.

## **Employee Responsibilities**

**This document outlines the core responsibilities and expectations for all employees. The guidelines detailed herein are designed to ensure the provision of our services is conducted with the highest standards of cleanliness, orderliness, communication, documentation, and professionalism within the client's homes. Adherence to these standards is essential for the smooth operation of our services and the maintenance of a positive work environment for both staff and clients.**

**Client Tasks:** A chore list is provided at the client's residence, outlining tasks that must be completed during each shift. This list is designed to ensure that the client's home and personal areas remain clean and orderly.

It is the responsibility of each employee to ensure that the client adheres to completing the tasks outlined in the chore list. Should the client create any mess following the completion of their chores, it is incumbent upon the employee present to address this immediately. The aim is to rectify the situation before the end of the shift, thereby preventing the transference of responsibility to the next staff member.

**Communication:** Each residence is assigned a designated lead staff member who serves as the primary point of contact for any issues or complaints that may arise. Employees are required to direct all concerns and queries to the lead staff member corresponding to each client. This protocol ensures that issues are addressed efficiently and by the appropriate individuals.

In the event that the lead staff member is unavailable, employees are then instructed to escalate the matter by contacting the program director. This step should only be taken after attempting to reach the designated lead staff member.

This chain of communication is established to streamline the resolution process and maintain the quality of service. Adherence to this protocol is crucial for effective issue resolution and maintaining operational harmony.

**Documentation:** Documentation and note-taking are essential duties for all employees. It is mandatory for each employee to complete a service note by the end of their shift using the tablet provided. The service note must be accurately dated and include the employee's initials at the conclusion of the note.

When composing service notes, employees are instructed to adhere strictly to factual observations. These notes should include objective accounts of interactions with clients during the shift. It is imperative to exclude personal opinions or feelings, focusing solely on observable facts and professional interactions.

This practice ensures that all documentation remains professional, clear, and useful for ongoing and future reference. Compliance with these guidelines is crucial for maintaining a high standard of service and accountability within our organization.

**Payroll and Timesheets:** All employees are required to adhere to the following procedure for submitting timesheets:

1. Print your name clearly at the top of the timesheet.
2. Sign and date the timesheet in the designated areas.
3. Ensure that the timesheet is fully completed and submitted by the stipulated due date, which is 10:00 a.m.

Timesheets that are missing, unsigned, or do not have the employee's name printed on them will be deemed incomplete and will not be processed for payroll. It is imperative to ensure that all information is accurately provided to avoid any delays or issues with payroll processing. Furthermore, timesheets submitted for processing after payroll has been completed will incur a penalty of \$35. This fee will be deducted from the employee's paycheck and is facilitated by the payroll company to address the administrative costs of processing late submissions.

Compliance with these guidelines is essential for the timely and efficient processing of payroll. It is the responsibility of each employee to ensure their timesheet is complete and submitted in accordance with these instructions.

**In conclusion:** the adherence to these outlined responsibilities is not only a testament to our commitment to providing exceptional service but also reflects our organizational values and dedication to excellence. It is through meticulous attention to cleanliness, effective communication, diligent documentation, and punctual payroll practices that we foster a professional and respectful working environment for our employees and clients alike.

By signing this I, \_\_\_\_\_ acknowledge that I am responsible for the above-listed responsibilities.

Employee Signature	Date

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Side by Side Supported Living Services

### **Employee Language**

Addressed	Modeled
Advocated	Notified
Assisted	Obseved
Assured	Participated
Brainstorm	Posed Question
Clarified	Practiced (practiced social skills w/client)
Conferred	Received Information
Demonstrated	Redirected
Developed	Reframe
Discussed	Role-modeled
Educated	Roleplay
Encouraged/encouragement	Supported
Engaged	Taught
Explained	Validated
Helped (helped client identify/problem solve)	Gave Feedback
Instructed	Interpreted

### **Employee Common Phrases**

Linked client to	Assisted client in accessing
Identified local agencies	Coordinated services

Discussed client's progress with	Assisted client and identifying Safe Housing options
Assisted client in applying for	Located temporary aid for client
Monitored current	Provided client methods of locating information
Introduce client to service options	Exchanged information
Communicated client's needs	Works with client to identify barriers
Worked on communication skills	Reduced stress with outdoor activities
Demonstrated how to access	Assisted client in
Works with client on	While in route, worked with client on
Works with client to identify strengths	Assisted client on identifying
Modeled appropriate behavior	Works with client to identify positive support
Role played with client	Problem solved with client
Created a safety plan with client	Identified appropriate leisure activities

Clients have family, friends, and neighbors who support them in regular ways or as paid help

## **The Lanterman Act, Title 17, and Side by Side Supported Living Services**

### **The Lanterman Act**

The Lanterman Developmental Disability Services act, passed in 1969 and known as the "Lanterman Act," is the California law that states people with developmental disabilities and their families have a right to get the services and support they need to live like people without disabilities.

### **Title 17**

Title 17 is a compilation of state regulations that fulfill the requirements of the Lanterman Act, as well as the Early Intervention Services Act. It spells out what services and supports people with disabilities and their families can obtain, how every service available to them should be designed and implemented, how to use the individualized programs plan to get needed services, what to do when someone violates the Lanterman Act, and how to improve the system.

**Supported living services, as put forth by title 17, shall consist of any individually designed service or assessment of the need for service, which assists an individual consumer to:**

Live in his or her own home, with support available as often and for as long as needed. Services are tailored to meet the consumers' evolving needs and preferences for support without having to move from the home of their choice.

Make fundamental life decisions, while also supporting and facilitating the consumer and dealing with the consequences of those decisions; building critical and durable relationships with other individuals; choosing where and with whom to live; and controlling the character and appearance of the environment within their home.

### **To be eligible for supported living, the consumer MUST:**

- Be at least 18 years of age
- Have expressed directly or through a personal advocate, as appropriate, a preference for:
  - SLS Among the options proposed during the IPP process
  - living in a home that is not the place of residence of a parent or conservator of the consumer
- A Home of One's Own
  - Clients live in homes that they own, lease, or rent like other members of their community, and with persons without disabilities.
  - Clients choose where they live and with whom, and they control what happens in their homes.
  - Clients are secure in their homes and do not have to move if their needs, their services or their service agency changes.
  - Clients are safe in their homes and neighborhoods
- Choice and Self-directed



- My voice, my choice
- The client makes his or her own everyday choices
- Clients plan for their future
- The client directs the services they receive and has a choice of agencies and staff
- clients are supported (e.g. technology, communication devices, behavioral support) to communicate their preferences, choices, and needs
- Clients are satisfied with the services they receive
- Relationships
  - Per Title 17 section 58632, clients receive support to cultivate a network of critical and durable relationships with others, including a circle of support consisting of a majority of members who are not paid to support the client, and with appropriate family participation.
  - Clients have family, friends, and neighbors who support them in regular ways or as paid help
  - the client and their circle of support work together, as a team, with the agency and others to share responsibility for their well-being
- Community Membership
  - Clients fully participate in the mainstream of community life according to personal choices and preferences
  - Clients have an opportunity to join clubs, groups, organizations, and religious groups/churches
  - Clients use local Community Resources and generic services

By signing this I, \_\_\_\_\_ acknowledge that I understand the fundamentals of the Lanterman Act.

Employee Signature	Date

## SPECIAL INCIDENT REPORT

Vendor/Facility Name										Vendor Number		
Address										Phone Number		
Vendor Type    CCF    SLS    ILS    FHA    ICF    SNF    AdultDay/SEP    Other										Report Date		
Client Legal Name					Date of Birth			UCI#				
Incident Date					Definite		Approximate		Incident Location			
Incident Time					AM		PM					Definite
Check Applicable Sex:    M    F    Verbal    Non-Verbal    Ambulatory    Non-Ambulatory												
Conserved?    Yes    No												

### INSTRUCTIONS

1. Notify North Bay Regional Center SIR Coordinator of all special incidents within 24 hours.
2. Submit written report within 48 hours, NBRC SIR Fax (707)256-1270 or email: [SIR@nbrc.net](mailto:SIR@nbrc.net)
3. Notify applicable licensing (CCL, DHS, APS, Ombudsman, Police) entity per regulations
4. Notify responsible person (i.e. parent, guardian, conservator,) per requirements

### SPECIAL INCIDENTS (TITLE 17, 054327)

(check all that apply)

Death (regardless of when or where the incident occurred)

Missing Person    Law Notified    Law Not Notified

Unauthorized Absence – Law Not Notified

Victim of crime (regardless of when or where the incident occurred)

Specify

#### Reasonably Suspected Abuse or Exploitation

Physical    Alleged violation of rights

Sexual

Fiduciary(Financial)

Emotional/Mental

Physical and/or chemical restraint

Behavioral Support Plan in Place    Yes    No

I.D. Team Staffing within 24 hours required\*

H&S Code 1180-1180.6 (Restraint/Seclusion)

#### Reasonable Suspect Neglect

Failure to provide medical care for physical and mental health needs

Failure to prevent malnutrition

Failure to prevent dehydration

Failure to assist with person hygiene

Failure to protect from health and safety hazards

Failure to assist in provision of food, clothing, shelter

Failure to provide for an elder adult

#### Serious Injury or Accident Including:

Lacerations requiring sutures, staples, or glue

Puncture wounds requiring medical treatment beyond first aid

Fractures

Dislocations

Bites that break the skin and require medical treatment beyond first aid

Internal bleeding

**Medical Treatment (If yes, describe)**    Yes    No

Administered where:

Administered by:

Regional Center Required Supplemental Reporting

(check all that apply)

#### Injury or Accident to Client

Injury - accident

Unknown Origin

From Seizure

From another consumer

From behavior episode

Motor vehicle accident (regardless of injury)

#### Aggressive acts

Suicide attempt

Suicide threat

Other sexual incident – not rape

Aggressive act involving weapon

#### Other

Fall

Injury    Non-Injury

Use of PRN psychotropic medication

Disease outbreak

Condition Req Medical Intervention beyond first aid

Drug/Alcohol Abuse

Emergency Room Visit

Seizures

Arrests

<p>Medication errors</p> <p>Medication reactions that require medical treatment beyond first aid</p> <p>Burns that require medical treatment beyond first aid</p> <p><b>Any unplanned or unscheduled hospitalization due to the following conditions</b></p> <p>Respiratory Illness</p> <p>Seizure related</p> <p>Cardiac related</p> <p>Internal infections</p> <p>Diabetes, including diabetes-related complications</p> <p>Wound/skin care</p> <p>Nutritional deficiencies</p> <p>Involuntary psychiatric admission</p> <p>Other</p>	<p>Theft by a client</p> <p>Community Safety</p> <p>Law Enforcement Involvement</p> <p>Psych Emergency Team/ No Hospital</p> <p>Planned Hospitalization</p> <p>Voluntary Psych Admission</p> <p>Other</p>
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## SPECIAL INCIDENT REPORT

OTHER ENTITIES NOTIFIED				
	CONTACT NAME	DATE	TELEPHONE	REPORT# (If applicable)
Community Care Licensing				
Licensing and Certification (DHS)				
Family member/Guardian/Conservator				
Physician/Hospital				
Child/Adult Protective Services				
Long-Term Care Ombudsman				
Police/Sheriff				
County Coroner				
Residential Service Provider				
North Bay Regional Center				
Other:				
Other:				

**Description of Incident (Include possible cause of incident/who, what, when, where, how, and why)**

## SPECIAL INCIDENT REPORT

**Immediate action taken by service provider/staff (vendor/administrator/licensee, other)**

## Preventative Plan

Report Submitted by		Title		Date	
Vendor/Facility Name:					
Report Approved by:		Title		Date	

# Handwashing

## at Home, at Play, and Out and About



Germs are everywhere! They can get onto your hands and items you touch throughout the day. Washing hands at key times with soap and water is one of the most important steps you can take to get rid of germs and avoid spreading germs to those around you.

### How can washing your hands keep you healthy?

Germs can get into the body through our eyes, nose, and mouth and make us sick. Handwashing with soap removes germs from hands and helps prevent sickness. Studies have shown that handwashing can prevent 1 in 3 diarrhea-related sicknesses and 1 in 5 respiratory infections, such as a cold or the flu.

### Handwashing helps prevent infections for these reasons:



People often touch their eyes, nose, and mouth without realizing it, introducing germs into their bodies.



Germs from unwashed hands may get into foods and drinks when people prepare or consume them. Germs can grow in some types of foods or drinks and make people sick.



Germs from unwashed hands can be transferred to other objects, such as door knobs, tables, or toys, and then transferred to another person's hands.



### What is the right way to wash your hands?

1. Wet your hands with clean running water (warm or cold) and apply soap.
2. Lather your hands by rubbing them together with the soap.
3. Scrub all surfaces of your hands, including the palms, backs, fingers, between your fingers, and under your nails. Keep scrubbing for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song twice.
4. Rinse your hands under clean, running water.
5. Dry your hands using a clean towel or air dry them.



Centers for Disease  
Control and Prevention  
National Center for Emerging and  
Zoonotic Infectious Diseases

## When should you wash your hands?

Handwashing at any time of the day can help get rid of germs, but there are key times when it's most important to wash your hands.

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the bathroom, changing diapers, or cleaning up a child who has used the bathroom
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal food or treats, animal cages, or animal feces (poop)
- After touching garbage
- If your hands are visibly dirty or greasy

## What type of soap should you use?



You can use bar soap or liquid soap to wash your hands. Many public places provide liquid soap because it's easier and cleaner to share with others. Studies have not found any added health benefit from using soaps containing antibacterial ingredients when compared with plain soap. Both are equally effective in getting rid of germs. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

## How does handwashing help fight antibiotic resistance?

Antibiotic resistance occurs when bacteria resist the effects of an antibiotic – that is, germs are not killed and they continue to grow. Sickneses caused by antibiotic-resistant bacteria can be harder to treat. Simply using antibiotics creates resistance, so avoiding infections in the first place reduces the amount of antibiotics that have to be used and reduces the likelihood that resistance will develop during treatment. Handwashing helps prevent many sicknesses, meaning less use of antibiotics.

Studies have  
shown that  
handwashing  
can prevent

**1 in 3**

diarrhea-related  
sicknesses and

**1 in 5**

respiratory  
infections, such as  
a cold or the flu.

For more information and a video demonstration of how to wash your hands, visit the CDC handwashing website:

**[www.cdc.gov/handwashing](http://www.cdc.gov/handwashing)**



# CDC and Food Safety

**Foodborne illness is common, costly, and preventable.**



CDC estimates that each year **1 in 6** Americans get sick from contaminated food or beverages and **3,000** die from foodborne illness.



USDA estimates that foodborne illnesses cost the United States more than **\$15.6 billion** a year.

CDC provides the vital link between foodborne illness and the food safety systems of government agencies and food producers.

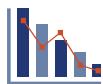
## CDC helps make food safer by:



Working with partners to determine the major sources of foodborne illnesses and number of illnesses, investigate multistate foodborne disease outbreaks, and implement systems to prevent illnesses and detect and stop outbreaks. Government partners include state and local health departments, the U.S. Food and Drug Administration (FDA), and the U.S. Department of Agriculture's (USDA) Food Safety and Inspection Service. The food industry, animal health partners, and consumers also play essential roles.



Helping state and local health departments improve the tracking and investigation of foodborne illnesses and outbreaks through [surveillance systems](#) such as [PulseNet](#), the [System for Enteric Disease Response, Investigation, and Coordination](#) (SEDRIC), the [Foodborne Disease Outbreak Surveillance System](#), and other programs.



Using data to determine whether prevention measures are working and where further efforts and additional targets for prevention are needed to reduce foodborne illness.



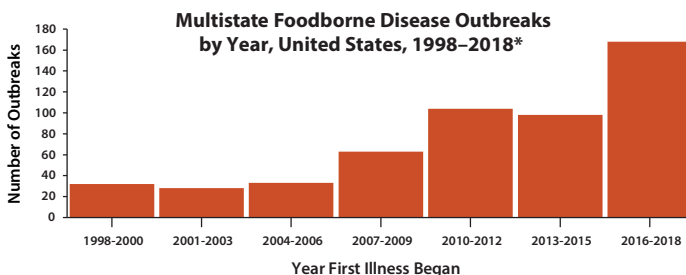
Working with other countries and international agencies to improve tracking, investigation, and prevention of foodborne infections in the United States and around the world.

## Using Advanced Technology to Find Outbreaks

[Whole genome sequencing](#) (WGS) is a tool used to generate a DNA “fingerprint.” CDC scientists and partners use WGS data to determine if strains of bacteria have similar DNA fingerprints, which could mean they come from the same source—for example, the same food or processing facility. PulseNet scientists from 83 U.S. laboratories have the tools to generate, analyze, and share WGS results. When PulseNet scientists detect a group of illnesses caused by the same strain, disease detectives investigate the illnesses to determine whether they came from the same source.

WGS has dramatically improved our ability to link foodborne illnesses and detect outbreaks that previously would have gone undetected. WGS provides more detailed genetic information than previous DNA fingerprinting methods and helps CDC and our partners:

- Detect possible outbreaks with more precision.
- Investigate and solve outbreaks while they are still small.
- Link ill patients to likely sources of infection.



\* Source: CDC Foodborne Disease Outbreak Surveillance System



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

For more information and accessible version: [www.cdc.gov/foodsafety/cdc-and-food-safety.html](http://www.cdc.gov/foodsafety/cdc-and-food-safety.html)

## Finding More Outbreaks Helps Make Food Safer

In recent years, even before WGS became routine, the combination of better methods for detecting outbreaks and wider distribution of foods led to an increase in the number of multistate foodborne disease outbreaks that CDC and partners detected and investigated. Outbreak investigations often reveal problems on the farm, in processing, or in distribution that can lead to contamination before food reaches homes and restaurants. Lessons learned from these investigations help make food safer.

## Finding Non-Outbreak Illness Sources

Most foodborne illnesses are not associated with recognized outbreaks. Public health officials use outbreak and other data to make [annual estimate](#) of the major food source for all illnesses caused by priority pathogens. They are also evaluating methods to combine WGS data on isolates from ill people, foods, and animals with epidemiologic data to predict the most likely foods responsible for particular illnesses. This research can help public health officials, regulators, industry, and consumers know which foods should be targeted for additional prevention efforts.

## Challenges to America's Food Safety

Foods we love and rely on for good health sometimes contain bacteria and other germs that can make us sick. Prevention efforts that focus on the foods and germs responsible for the most illnesses are needed to reduce foodborne illness in the United States.

Challenges to food safety will continue to arise, in part because of:

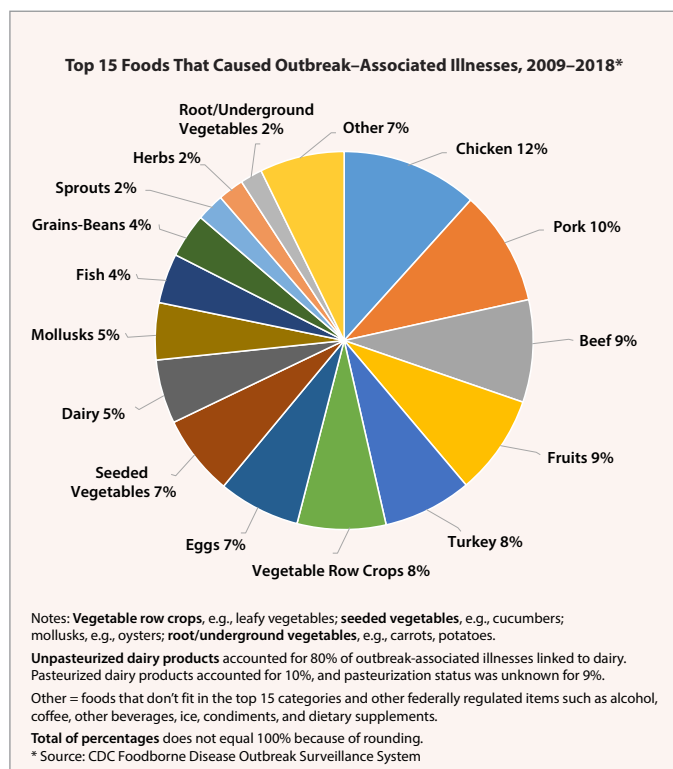
- Changes in food production and our food supply, which mean a single contaminated food can make people sick in different parts of the country.
- New and emerging antimicrobial resistance.
- Unexpected sources of foodborne illness, such as flour and onions.

## Threat of Antimicrobial Resistance

Antimicrobial-resistant bacteria develop the ability to survive or grow despite being exposed to antibiotics designed to kill them or halt their growth. Antimicrobial resistance is a global health challenge spreading through people, animals, and the environment. People can get antimicrobial-resistant infections through food. Infections with resistant bacteria cause more severe or dangerous illness and often require more costly treatments with higher risks for side effects. Improving appropriate use of antibiotics in people and animals can help stop antimicrobial resistance from spreading.

Slowing the emergence of resistant bacteria and preventing foodborne antimicrobial-resistant infections are complex challenges. CDC works with partners to address these issues by:

- Supporting public health departments and partners through the [Antimicrobial Resistance Solutions Initiative](#) and strengthening their ability to perform WGS on enteric bacteria such as *Salmonella* to determine which outbreaks are caused by resistant strains.
- Using laboratory and epidemiologic data to detect emerging antimicrobial resistance and determine how resistant strains spread.

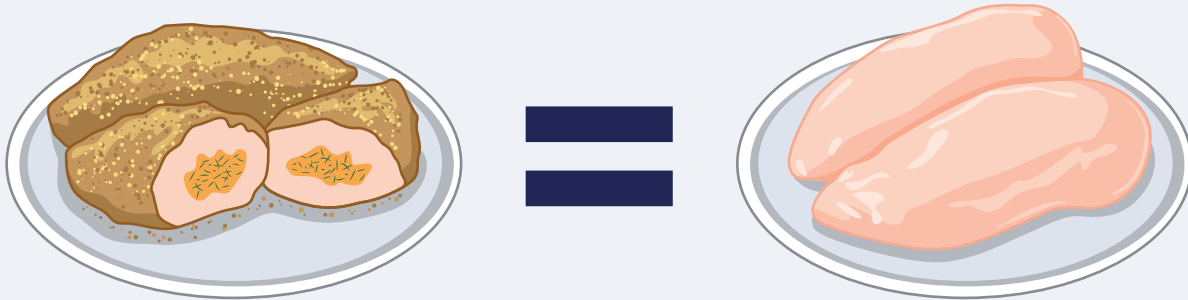


CDC estimates that three common enteric bacteria—nontyphoidal *Salmonella*, *Campylobacter*, and *Shigella*—cause **740,000** antimicrobial-resistant infections each year in the United States.

- Supporting the work of FDA and USDA to [improve antibiotic use](#) in veterinary medicine and agriculture.
- Ensuring veterinarians and livestock and poultry producers have tools, information, and training on antibiotic use.
- Working within the [One Health](#) framework, across human, animal, and environmental sectors, to improve food safety and health of people and animals.

# THE RAW STORY

Some frozen chicken entrees look like they're cooked—but they're not!



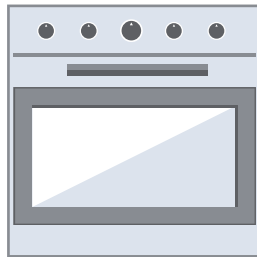
**Handle raw frozen chicken — including frozen meals, entrees, and appetizers — the same way you handle raw fresh chicken to prevent foodborne illness:**

**1**



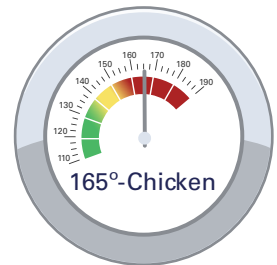
Read the package carefully.

**2**



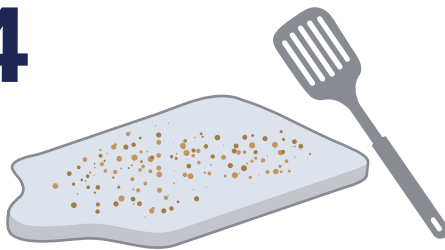
Follow cooking instructions exactly as written.

**3**



Use a food thermometer to check doneness (165°F for chicken).

**4**



Clean and disinfect any surfaces and utensils that touched the raw product.

**5**



Wash your hands with soap and water after handling the raw product.



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**Learn more: [www.cdc.gov/foodsafety](http://www.cdc.gov/foodsafety)**

# Mandated Reporter



Observes, has knowledge of,  
or reasonably suspects abuse  
in a Long-Term Care Facility

Non-physical Abuse

Physical Abuse

Abandonment, abduction,  
deprivation, financial abuse,  
isolation, mental suffering  
or neglect

Serious Bodily Injury

No Serious Bodily Injury

Caused by Resident  
Diagnosed with Dementia  
by Physician  
No Serious Bodily Injury



and

Immediately,  
or as soon as  
practically  
possible:

LTC Ombudsman

or  
Law Enforcement

Within 2  
Working Days  
Written Report  
SOC341 to:

LTC Ombudsman

or  
Law Enforcement



and

Immediately,  
911

Telephone Law  
Enforcement

and Law Enforcement

and Licensing Agency

Within  
2 Hours  
Written Report  
SOC341 to:

LTC Ombudsman

and Law Enforcement

and Licensing Agency



and

Within  
24 Hours:

Telephone Law  
Enforcement

and Law Enforcement

and Licensing Agency

Within  
24 Hours  
Written Report  
SOC341 to:

LTC Ombudsman

and Law Enforcement

and Licensing Agency



and

Immediately,  
or as soon as  
practically  
possible:

LTC Ombudsman

or  
Law Enforcement



Within  
24 Hours  
Written Report  
SOC341 to:

LTC Ombudsman

or  
Law Enforcement

or  
Law Enforcement



## State and Federal Mandated Reporting Guidelines in Long-Term Care Facilities

"LTC Ombudsman" refers to the local Long-Term Care Ombudsman Program. "Law Enforcement" refers to the local law enforcement agency. Written Report or SOC 341 refers to the state form for reporting elder and dependent adult abuse.

"Abandonment" the desertion or willful forsaking by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody. Welfare & Institutions Code 15610.05

"Abduction" the removal from and/or the restraint from returning to this state of any elder or dependent adult who does not have the capacity to consent to the removal or restraint or without the consent of the conservator or the court if the individual is conserved. Welfare & Institutions Code section 15610.06

"Deprivation" denial by a care custodian of goods or services necessary to avoid physical harm or mental suffering. Welfare & Institutions Code 15610.07

"Financial abuse" occurs when a person takes, or assists in taking, secretes, appropriates, obtains, or retains real or personal property for a wrongful use or with intent to defraud. Welfare & Institutions Code 15610.30

"Isolation" (1) Acts intentionally committed for the purpose of preventing, an elder or dependent adult from receiving his or her mail, telephone calls or meeting with visitors. (2) Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons. Welfare & Institutions Code 15610.43

"Mental suffering" the serious emotional distress caused by intimidating behavior, threats, harassment, or deceptive acts or statements made with intent to cause those reactions. Welfare & Institutions Code 15610.53

"Neglect" (1) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise. (2) Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter. (3) Failure to provide medical care for physical and mental health needs. (4) Failure to protect from health and safety hazards. (5) Failure to prevent malnutrition or dehydration Welfare & Institutions Code 15610.57

"Serious bodily injury:" an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery or physical rehabilitation. Physical abuse that does not meet this definition is considered to be abuse with "no serious bodily injury". Welfare & Institutions Code section 15610.67

Physical abuse that must be reported to law enforcement includes: assault, battery, sexual assault, unreasonable physical constraint, improper use of a physical or chemical restraint or psychotropic drugs. Welfare & Institutions Code section 15610.63

Law Enforcement agencies may coordinate efforts with local LTC Ombudsman Programs to provide the most immediate and appropriate response warranted.

Exceptions to LTC facilities: State Mental Hospital or State Developmental Center. (Refer to Welfare & Institutions Code 15630 as amended by AB40- Yamada 2012)

Local law enforcement must immediately refer the complaint of abuse to the Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA) and to the local LTC Ombudsman, regardless of the local law enforcement's decision to investigate or close the matter. Welfare & Institutions Code section 15630 requires local law enforcement to cross-report all instances of criminal activity that occur in a long-term care facility to the BMFEA.

## Elder Justice Act (EJA) (Skilled Nursing Facilities- Federal Law)

All instances of suspected crimes committed against residents or others receiving care in long-term health care facilities (skilled nursing facilities) receiving at least \$10,000 per year in Medicare/ Medicaid funds, must be reported, by the facility, to at least one local law enforcement agency and to the Licensing and Certification Program of the California Department of Public Health.

The EJA establishes two time-limits for the reporting of reasonable suspicion of a crime, depending on the seriousness of the event: "Events that result in serious bodily injury shall be reported immediately, but no later than 2 (two) hours after forming the suspicion, and all other reports within 24-hours".

**NOTE: This training tool is not intended to cover all reporting requirements for skilled nursing and residential care facilities. Reporters should refer to their respective licensing laws to assure all reporting requirements have been met.**