**Section 108.APPENDIX A Developmental Aide Training Program Review Check List**

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| DMHDD-1221i | | | | | | | | | | Department of Mental Health & Developmental Disabilities | | | | | | | | | | | | | | |
| Rev. 03/91 | | | | | | | | | | | | | | | | | | | | | | | | |
| IL462-0337 | | | | | | **DEVELOPMENTAL DISABILITIES AIDE TRAINING PROGRAM REVIEW CHECK LIST** | | | | | | | | | | | | | | | | | | |
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| Facility/agency name: | | | | | | |  | | | | | | | | | | | Date: | |  | | | | |
| Address: | |  | | | | | | | | | | | | | | | | Phone: | | |  | | | |
| Program sponsor:\* | | | | | |  | | | | | | | | | | | | | | | | | | |
| Contact person: | | | | |  | | | | | | | | | | | | | DPH ID: | | | |  | | |
| Reviewer: | | |  | | | | | | | | | | | | | | Review date: | | | | | |  | |
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| **PROGRAM CLASSIFICATION** | | | | | | | | | | | |  | |  |  |  | | |  | | | | | |
|  | | Licensed ICFD | | | | | | | | | |  | |  | Bed capacity |  | | | Community college | | | | | |
|  | | Certified ICFDD | | | | | | | | | |  | |  | No. DD clients |  | | | Area vocational college | | | | | |
|  | | | | | | | | | | | | | | | |  | | | Other | | | | | |
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| **STATUS** | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Initial approval | | | | | |  | | | | Program change (must be submitted 30 days prior to implementation) | | | | | | | | | | | | |
|  |  | Annual renewal | | | | | |  | | | | | | | | | | | | | | | | |
|  | | (must include: | | | | | | (1) | | | Master program schedule as outlined in 77 Ill. Adm. Code 395.110(c)(5); | | | | | | | | | | | | | |
|  | | | | | | | | (2) | | | any clinical site agreements as outlined in 77 Ill. Adm. Code 395.110(c)(7); and | | | | | | | | | | | | | |
|  | | | | | | | | (3) | | | any other information required in 77 Ill. Adm. Code 395.110(c) which | | | | | | | | | | | | | |
|  | | | | | | | | | | | has been changed since initial approval or previous annual renewal.) | | | | | | | | | | | | | |
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| Reviewer | | | | AIDE TRAINING PROGRAM OVERVIEW | | | | | | | | | | | | | | | | | | | |  |
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| Directions: Check reviewer box whenever the program does NOT meet the stated criteria. | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | TRAINING PROGRAM TITLE | | | | | | | | | | | | | | | | | | | |
|  | | | | I. | | | Program rationale (i.e., philosophy, purpose, sponsor, summary, cirriculum coordinator qualifications | | | | | | | | | | | | | | | | | |
|  | | | |  | | | A. | | Philosophy | | | | | | | | | | | | | | | |
|  | | | |  | | | B. | | Purpose | | | | | | | | | | | | | | | |
|  | | | |  | | | C. | | Summary that identifies sponsoring agency | | | | | | | | | | | | | | | |
|  | | | |  | | | D. | | Qualification(s) of curriculum coordinator (QMRP or at least two years' experience with DD & DMHDD approved) | | | | | | | | | | | | | | | |
|  | | | |  | | | E. | | Other (identify) | | | | | | | | | | | | | | | |
|  | | | |  | | | COMMENTS: | | | | | |  | | | | | | | | | | | |
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\*If the program sponsor is a private business or vocational school, a copy of the sponsor's certificate of approval issued by the State Board of Education must be included.

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|  | II. | Instructor qualifications shall meet one of the following (A-C): | | | |
|  |  | A. | Verification of successful completion of a DMHDD-approved "train-the- | | |
|  |  |  | trainer" workshop | | |
|  |  | B. | DMHDD approved QMRP trainer | | |
|  |  | C. | At least one year's experience with DD programs & DMHDD approved | | |
|  |  | D. | Resume included | | |
|  |  | COMMENTS: | | |  |
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|  | III. | Program Delivery | | | |
|  |  | A. | Location(s) identified | | |
|  |  | B. | Scheduled projected dates given | | |
|  |  | C. | Evidence of agency agreements, as appropriate | | |
|  |  | COMMENTS: | |  | |
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| Reviewer | TRAINING PROGRAM OVERVIEW | | | |
| Directions: Check reviewer box whenever the program does NOT meet the stated criteria | | | |
|  | TRAINING PROGRAM TITLE | | | |
|  | IV. | Program Schedule | | |
|  |  | A. | Basic content presented in a minimum time frame of three (3) weeks, but not to exceed a maximum of 120 days. Educational institutions are exempt. | |
|  |  | B. | If an educational institution, the term, semester or trimester courses submitted must include designated hours for OJT and evidence of any agency agreements. | |
|  |  | COMMENTS: | |  |
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|  | V. | Academic Classroom Component (80 hours) | | |
|  |  | Outline including: | | |
|  |  | A. | Program and course title | |
|  |  | B. | Behavioral objectives learner is expected to know or do | |
|  |  | C. | Content outline | |
|  |  | D. | Teaching methods | |
|  |  | COMMENTS: | |  |
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|  | VI. | On-the-Job Training Component (40 hours) | | | | |  |
|  |  | A. | Has a completed itemization of written training tasks (analogous to behavioral objectives) | | | | |
|  |  |  | 1. | Tasks are identified and written specifying training behaviors trainee is required to perform. | | | |
|  |  |  | 2. | Each task has the required steps for successful completion. | | | |
|  |  | B. | Task-specified behaviors are taught by a qualified instructor. | | | | |
|  |  | COMMENTS: | | | |  | |
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|  | VII. | Program Content | | | | | |
|  |  | A. | Flows from stated objectives (not mandated) | | | | |
|  |  | B. | Reflects basic, current knowledge in personal care and skills as related | | | | |
|  |  |  | to the needs of developmentally disabled persons (not mandated) | | | | |
|  |  | C. | Curriculum review findings (pages 3-4) | | | | |
|  |  | D. | Explanation identifying: | | | | |
|  |  |  | 1. | Instructor(s) criteria for pass/fail of trainers (not mandated) | | | |
|  |  |  | 2. | Methodology | | | |
|  |  | E. | Audiovisual materials, trainee and trainer texts are identified by title | | | | |
|  |  |  | (not mandated) | | | | |
|  |  | F. | Training plan received 60 days prior to being implemented | | | | |
|  |  | COMMENTS: | | | |  | |
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|  | VIII. | Program Hours | | | | | |
|  |  | A. | 120 hours minimum | | | | |
|  |  | B. | Exceeds minimum 120 hours with additional program content (not mandated) | | | | |
|  |  | C. | Ratio of one (1) hour of on-the-job training (including supervised clinical | | | | |
|  |  |  | practice to two (2) hours of (theory) classroom experience | | | | |
|  |  | COMMENTS: | | | |  | |
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|  | IX. | Evaluation Tools | | | | | |
|  |  | A. | Copy of evaluation tool(s) included | | | | |
|  |  | B. | Copy of student evaluation of instructor (not mandated) | | | | |
|  |  | C. | Has tools to evaluate: | | | | |
|  |  | | 1. | Program objectives | | | |
|  |  | | 2. | Program content | | | |
|  |  | | 3. | On-the-job performance | | | |
|  |  | |  | a. | Evaluation of tasks by instructor's direct observation | | |
|  |  | |  | b. | A recording form is used to indicate the date of successful completion of all OJT tasks; will be filled out and kept on file at the facility | | |
|  |  | | 4. | Instructors (student evaluation of program instructor) | | | |
|  |  | COMMENTS: | | | |  | |
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|  |  | DEVELOPMENTAL DISABILITIES AIDE TRAINING CURRICULUM REVIEW | | | | | | | | |
|  |  | Directions: Designated reviewer should | | | | | | | | |
| Program Deficiencies | Anticipated Time |  | a. | | Check Program Deficiencies whenever the program does not meet stated criteria | | | | | |
| b. | | As appropriate, indicate sponsor's Anticipated Time (i.e., hours, minutes) by the general or specific program title; you may also elect to use this space to identify if the time is for CI (classroom instruction) or OJT (on-the-job training) | | | | | |
| c. | | As appropriate, state instruction media used | | | | | |
|  | | | | | | | PROGRAM TITLE |  |
|  |  | I. | | Orientation | | | | | | |
|  |  |  | | A. | | Functions of long-term care facilities for the developmentally | | | | |
|  |  |  | |  | | disabled | | | | |
|  |  |  | | B. | | The health care professions, support services for the develop- | | | | |
|  |  |  | |  | | mentally disabled and community social service agencies | | | | |
|  |  |  | | C. | | Philosophy of residential care | | | | |
|  |  |  | | D. | | Role of the interdisciplinary team | | | | |
|  |  |  | | E. | | Job duties and responsibilities of the DD aide | | | | |
|  |  |  | | COMMENTS: | | | |  | | |
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|  |  | II. | | Introduction of the Residents | | | | | | |
|  |  |  | | A. | | Communication and interpersonal relationships with residents, | | | | |
|  |  |  | |  | | families and others | | | | |
|  |  |  | | B. | | Psychosocial needs of residents and their family | | | | |
|  |  |  | | C. | | The growth and development process | | | | |
|  |  |  | | D. | | Characteristics and types of developmental disabilities | | | | |
|  |  |  | | E. | | Resident's adjustment to death and dying | | | | |
|  |  |  | | COMMENTS: | | | |  | | |
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|  |  | III. | | Fundamentals of Habilitation Planning | | | | | | |
|  |  |  | | A. | | Philosophy of achieving independent living skills | | | | |
|  |  |  | | B. | | Introduction to the individual habilitation plan including the role  of the employee in the habilitation process | | | | |
|  |  |  | | C. | | Habilitation plan assessment procedures and goal planning | | | | |
|  |  |  | | D. | | The role of the employee in the admission, transfer and discharge processes | | | | |
|  |  |  | | E. | | The role of the employee in basic resident care planning & procedures | | | | |
|  |  |  | | COMMENTS: | | |  | | | |
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|  |  | IV. | Techniques of Habilitation Planning and Implementation | | | |
|  |  |  | | The role of the employee in social habilitation include: | | |
|  |  |  | A. | | Activities of daily living (ADL); | |
|  |  |  | B. | | Therapeutic and leisure time activities; | |
|  |  |  | C. | | Education; | |
|  |  |  | D. | | Community living adjustment; | |
|  |  |  | E. | | Behavior development; | |
|  |  |  | F. | | Behavior control; | |
|  |  |  | G. | | Effect of drugs in behavior management; | |
|  |  |  | H. | | Total communication; | |
|  |  |  | I. | | Pre-vocational and vocational training; | |
|  |  |  | J. | | Nutrition and fluid intake; | |
|  |  |  | K. | | Diets and therapeutic diets; | |
|  |  |  | COMMENTS: | | |  |
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| DEVELOPMENTAL DISABILITIES AIDE TRAINING CURRICULUM REVIEW | | | | | | |
| Program Deficiencies | Anticipated Time | PROGRAM TITLE | | | | |
| V. | Principals of Record Keeping | | | |
|  |  |  | A. | | History and use of facility records with special emphasis on the role of the employee in the record keeping process | |
|  |  |  | B. | | Content and organization of resident records | |
|  |  |  | C. | | Recording methods for progress notes, universal notes, ADC notes and habilitation news | |
|  |  |  | D. | | Writing effective progress notes | |
|  |  |  | E. | | Confidentiality | |
|  |  |  | F. | | Recording admission, transfer and discharge information | |
|  |  |  | COMMENTS: | | |  |
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|  |  |  | | | |  |
|  |  | VI. | Safety | | | |
|  |  |  | A. | Basic fire safety | | |
|  |  |  | B. | Emergency and disaster procedures | | |
|  |  |  | C. | Injury prevention techniques | | |
|  |  |  | D. | Household daily safety procedures including body mechanics | | |
|  |  |  | COMMENTS: | | |  |
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|  |  | | VII. | Facility Environment | | |  |
|  |  | |  | A. | Creating normalized environment for daily activities | | |
|  |  | |  | B. | Importance of cleanliness of the facility, use of equipment and supplies | | |
|  |  | |  | COMMENTS: | |  | |
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|  |  | | VIII. | Principles of Disease Control | | | |
|  |  | |  | A. | Introduction to micro-organisms causing resident illness and disease | | |
|  |  | |  | B. | Teaching of disinfection and sanitation | | |
|  |  | |  | COMMENTS: | |  | |
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|  |  | | IX. | Emergency Medical Procedures | | | |
|  |  | |  | A. | CPR | | |
|  |  | |  | B. | Seizures | | |
|  |  | |  | C. | Drug reactions | | |
|  |  | |  | D. | Traumas | | |
|  |  | |  | E. | Heimlich maneuver | | |
|  |  | |  | COMMENTS: | |  | |
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|  |  | | X. | Resident Rights | | | |
|  |  | |  | A. | Basic civil, human and legal rights of residents | | |
|  |  | |  | B. | Protection of residents personal property | | |
|  |  | |  | COMMENTS: | |  | |
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|  |  | | XI. | Bodily Functions | | | |
|  |  | |  | A. | Helping residents to understand their bodily functions | | |
|  |  | |  | B. | Personal hygiene | | |
|  |  | |  | C. | Human sexual behavior | | |
|  | |  |  | COMMENTS: | |  | |
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| DEVELOPMENTAL DISABILITIES AIDE TRAINING SUMMARY SHEET | | | | | | | |
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|  | | | | |  |  | |
| Sponsor | | | | |  | Date | |
|  | | | | | | | |
| I. | Decision: | | | | | | |
|  |  | A. | Approved. | | | | |
|  |  | B. | Conditionally approved (contingent on the receipt of additional materials, | | | | |
|  | | | or revisions needed to remedy any minor deficiencies in the proposed | | | | |
|  | | | program). Additional materials or revisions requested are as follows: | | | | |
|  | | | | | | | |
|  |  | C. | Denied for the following reasons: |  | | | |
|  | | | | | | | |
| II. | Additional comments or recommendations: | | | | | | |
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|  | | | |  | | | |
| Title | | | |  | | | |
|  | | | |  | | |  |
| Signature | | | |  | | | Date |

(Source: Added at 15 Ill. Reg. 6122, effective April 15, 1991)