**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** |
|  |
| Facility/agency name: |  | Date: |  |
| Address: |  | Phone: |  |
| Program sponsor:\* |  |
| Contact person: |  | DPH ID: |  |
| Reviewer: |  | Review date: |  |
|  |
| **PROGRAM CLASSIFICATION** |  |  |  |  |  |
|  | Licensed ICFD |  |  | Bed capacity |  | Community college |
|  | Certified ICFDD |  |  | No. DD clients |  | Area vocational college |
|  |  | Other |
|  |
| **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 |  |
|  |
| 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 roleof 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 |
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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 |
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| 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: |
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|  |  | C. | Denied for the following reasons: |  |
|  |
| II. | Additional comments or recommendations: |
|  |
|  |  |
| Title |  |
|  |  |  |
| Signature |  | Date |

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