**Attachment D: SADS PROGRAM TRAINING AND HEALTH STATUS WORKSHEET**

This worksheet must be completed just prior to completing the Social Adult Day Services Monitoring Tool.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Paid/ Unpaid Staff: |  |  |  |  |  |
| Title |  |  |  |  |  |
| Date of Employment |  |  |  |  |  |
| **The following items are required for all paid and unpaid staff upon hire.** | | | | | |
| Initial Health Assessment |  |  |  |  |  |
| Initial PPD skin test |  |  |  |  |  |
| Orientation to provider, community and program |  |  |  |  |  |
| Working with Older Adults |  |  |  |  |  |
| Participant Rights |  |  |  |  |  |
| Safety/Accident Prevention |  |  |  |  |  |
| **The following items are required for all paid and unpaid staff annually.** | | | | | |
| Annual: at least six hours of training to minimally include all items in this section |  |  |  |  |  |
| Annual: use of fire extinguishers |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Paid/ Unpaid Staff: |  |  |  |  |  |
| Annual: written emergency procedures, evacuation, situations and telephone numbers |  |  |  |  |  |
| CPR/AED annually |  |  |  |  |  |
| **The following items are required for all paid and unpaid staff annually.** | | | | | |
| Annual Health Assessment. A PPD skin test every two years |  |  |  |  |  |
| **The following items are required for all paid and unpaid staff prior**  **to contact with participants.** | | | | | |
| Orientation to personal care skills |  |  |  |  |  |
| Body Mechanics |  |  |  |  |  |
| Behavior Management |  |  |  |  |  |
| **The following items are required for all paid and unpaid staff that may have interaction with the participants. Staff with equivalent training that can be documented are not required to repeat training. Acceptable equivalent training may include completion of personal care aide training program, home health aide training program, or nurse aide training program approved by NYS Department of Health; or adult day care worker training program by Office for People With Developmental Disabilities. Documentation of equivalent training must be maintained in personnel or training records.** | | | | | |
| Socialization skills and activities |  |  |  |  |  |
| Supervision and monitoring |  |  |  |  |  |
| Name of Paid/ Unpaid Staff: |  |  |  |  |  |
| Personal Care Skills, taught by an RN, for required hands on assistance with toileting /care of incontinence |  |  |  |  |  |
| Personal Care Skills, taught by an RN, for required hands on assistance with transfers and mobility |  |  |  |  |  |
| Personal Care Skills, taught by an RN, for required hands on assistance with feeding |  |  |  |  |  |
| Personal Care Skills, taught by an RN, for optional assistance with grooming and bathing |  |  |  |  |  |
| Personal Care Skills, taught by an RN, for optional assistance with changing simple dressings |  |  |  |  |  |
| Personal Care Skills, taught by an RN, for optional assistance with using adaptive/assistive equipment |  |  |  |  |  |
| Name of Paid/ Unpaid Staff: |  |  |  |  |  |
| Personal Care Skills, taught by an RN, for optional assistance with self-administration of medications |  |  |  |  |  |
| Family and family relationships |  |  |  |  |  |
| Mental health and mental illness |  |  |  |  |  |
| Total of twenty hours within three months of hire |  |  |  |  |  |
| **Other training related to staff responsibilities, program operations**  **and professional development.** | | | | | |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |