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Completed Competency Testing for In-Home Aide Services

LEVEL III HOME MANAGEMENT

De	monstrated Skills	Date Completed	Signature
1.	Demonstrating, Reinforcing and Teaching Skills; Modifying Behavior	Completed	Signature
	A. Demonstrating a Skill		
	B. Reinforcing a Skill		
	C. Teaching a New Skill/Task		
	D. Modifying Behavior on a Skill Incorrectly Performed		
<u>2.</u>	Securing and Caring for Household Furnishings		
<u>3.</u> 4.	Basic Sewing/Use of Sewing Machine Planning for a Move, Locating Housing, Organizing Moving Activities		
5.	Monitoring Treatment Plans		
	A. Assisting with Medical Appointments and Follow Through		
6.	B. Planning and Preparing Special Diets Managing Money		
	A. Household Budgeting and Planning		
	B. Use of Credit		
<u>7.</u>	Comparison Shopping and Consumer Practices		
8.	Work Simplification		
9.	Monitoring/Reinforcing Progress on Protective Services Goals		

	Date	
Demonstrated Skills	Completed	Signature
10. Dealing with the Public; Reinforcing Parent/School Communication		
11. Menu Planning, Food Handling and Cooking		
12. Promoting/Reinforcing Normal Child Development and Child Care Skills		
A. Feeding an Infant 1. Breastfeeding 2. Bottlefeeding		
B. Feeding After Age 4-6 Months		
C. Bathing an Infant; a Child		
D. Dressing an Infant or Small Child		
E. Taking a Child's Temperature		
F. Changing a Baby's Diaper		
G. Toilet Training		
H. Picking Up, Carrying and Putting Down an Infant or Child		
13. Monitoring Home Visits of Foster Children		
14. Using Enrichment Activities and Resources		
Signature(s) of Competency Evaluator		Date
Name of Agency/Facility		
Address of Agency/Facility		
Signature of In-Home Aide		Date

1.A DEMONSTRATING A SKILL

Signature(s) of Competency Evaluator

Signature of In-Home Aide

De	emonstration	Date Attempted	Date Completed
1.		Attempted	Completed
••	that a client/family is handling		
	poorly from the service plan		
	(eg. disciplining a child; comparison shopping).		
2.	Tells client there is another way to		
	handle that task and that you would		
	like to demonstrate. (Either gets		
	client's permission or intervenes		
	directly in a high risk situation).		
3.	Asks client to observe.		
4.	Explains steps in task as they are being demonstrated		
	AND/OR tells why doing task in particular way.		
5.	Asks client if (s)he has questions or		
	feelings about the demonstration.		
	Discusses outcome and reactions with client.		
5.	Asks client if (s)he would like to		
	learn the skill, or if (s)he already		
	feels capable of trying it out.		
7.	Praises client for any interest shown, questions asked, etc.		
· ·	Traises enent for any interest snown, questions asked, etc.		

Date

Date

1.B REINFORCING A SKILL

Ai	de must meet out of 7 of the numbered steps in order to be con	_	
Da	emonstration	Date	Date Completed
<u>De</u> 1.	Identifies/selects the skill/task from the service plan that aide would like the client to perform (eg. preparing a simple meal; cleaning a bathroom).	Attempted	Completed
2.	Asks the client if (s)he is ready to perform the task; makes sure the number of distractions will be limited.		
3.	Asks client to explain the steps in the task in order; praises correct steps; corrects as necessary.		
4.	Asks client to perform task. Praises correct performance of each step. Demonstrates along with client for incorrect steps as they occur.		
5.	Reviews entire task with client and discusses any problems, reasons for them and how to overcome. Praises overall effort and accomplishment.		
6.	Discusses with client appropriate time(s) and frequency to perform that particular task.		
7.	Asks client if s(he) needs any additional review of that task. If yes, sets a time.		
Sig	gnature(s) of Competency Evaluator	Date	
Sic	onature of In-Home Aide	Date	

1.C TEACHING A NEW SKILL/TASK (to an individual)

Ai	de must meet out of 8 of the numbered steps in order to be consi	_	this skill.	
Da	monotention	Date Attempted	Date Completed	
1.				
2.	Finds out if (and what) client already knows about this task by asking. Recognizes and praises correct information.			
3.	Breaks the task down into small steps, and tells or writes down the steps in order for the client.			
4.	Demonstrates the first step in the task for the client. Explains why it is done that way.			
5.	Asks client to demonstrate the first step. Praises correct performance; re-demonstrates and explains for in-correct performance. Gives client opportunity to re-demonstrate.			
6.	Repeats number 4 and 5 for each step until task is completed.			
7.	Praises client for efforts and for successes.			
8.	Sets time with client to reinforce learning by having the client demonstrate the entire task for the aide.			
Sig	gnature(s) of Competency Evaluator	Date		
Sig	enature of In-Home Aide	Date		

1.D MODIFYING BEHAVIOR OR SKILL INCORRECTLY PERFORMED

Aide must meet ____ out of 6 of the numbered steps in order to be considered competent in this skill.

De	monstration	Date Attempted	Date Completed
1.	Identifies the part(s) of a task or behavior that client is performing incorrectly or ineffectively (eg. planning a menu or shopping list; talking to the landlord about a leak; responding to another person's request).	rttemped	Completed
2.	Asks client if there is anything about the task or behavior that (s)he is unsure about or feels uncomfortable doing, or asks client if (s)he got the results desired.		
3.	If client responds with a concern, aide works with her(him) on that part of the task (see "Teaching A New Skill"). [If client doesn't respond, go to Step 5]		
4.	Praises client for both recognizing where (s)he had a problem and on progress in correcting it.		
5.	Shares her own (aide's) observation of <u>one</u> part of the task/behavior needing improvement and asks if client is willing to work on it.		
	A. If "No", thanks client for listening and offers to help client later, if desired.		
	B. If "Yes", works on that part of task with client.		
6.	Praises client for any effort to recognize or work on skill. Recognizes with client that <u>changing</u> the way you do things is often harder than learning a new skill.		
Sig	gnature(s) of Competency Evaluator	Date	
Sig	gnature of In-Home Aide	Date	

2. SECURING AND CARING FOR HOUSEHOLD FURNISHINGS

De	emonstration	Date Attempted	Date Completed
1.	Identified client needs for furniture, appliances, or furnishings.	7 Mempleu	Completed
2.	Identified resources (client, agency or other) for purchasing or otherwise obtaining needed items.		
3.	Assisted client in using "Comparison Shopping" and "Use of Credit" skills in obtaining needed items.		
4.	Reviewed care instructions for purchased items (eg. stove, sofa, curtains) with client and demonstrated care based on instructions or general knowledge. Reviewed frequency of care needed.		
5.	Observed client's ability to maintain proper care of furnishings in subsequent contacts.		
Sig	gnature(s) of Competency Evaluator	Date	
Sig	gnature of In-Home Aide	Date	

3. BASIC SEWING/USE OF SEWING MACHINE

Aide must meet out of 5 and/or 6 of the numbered steps i	n order to be considered comp Date	petent in this skill. Date
Demonstration	Attempted	Completed
A. Basic Sewing	7 ttempted	Completed
1. Attaches and secures button.		
2. Repairs break in seam with secure stitching.		
3. Repairs tear in fabric with patch or mending stitch.		
4. Hems garment with hem stitch or overcast stitch.		
5. Takes in or lets out a seam.		
B. Use of a Sewing Machine		
1. Threads machine correctly.		
2. Spins bobbin and loads into machine correctly.		
3. Sews a straight row of stitching forward and backwar	rd.	
4. Repairs a broken seam.		
5. Pins or bastes a new seam and stitches correctly.		
6. Cleans and oils machine (according to instructions fo	r machine).	
Signature(s) of Competency Evaluator	Date	
Signature of In-Home Aide	Date	

Signature of In-Home Aide

(Reference: Level II Home Management Skill "Packing and Moving") Aide must meet out of 7 of the numbered steps in order to be considered competent in this skill. Date Date Demonstration Attempted Completed Identified the steps, in order, necessary to move from one residence to another, including: a. identifying residence needs of person/family b. clarifying costs family can afford c. identifying potential housing possibilities in community d. selecting option that best meets needs & resources e. negotiating with landlord for necessary improvements, best price and ongoing services f. understanding and signing contract g. deciding which household items to move and which to dispose of h. packing and moving. Made contact with and collected information about rental property from one or more rental agencies/landlords. 3. Communicated options for housing available and described/compared the pros and cons of each. 4. Related housing options available to needs of specific client(s); assisted client in thinking through options and making choice. 5. Advocated for client with landlord re: conditions for rental contract. 6. Developed a plan for moving; shared and re-worked plan with client. 7. Assisted client/family with move (see Level II, "Packing and Moving"). Signature(s) of Competency Evaluator Date

Date

4. PLANNING FOR A MOVE, LOCATING HOUSING, ORGANIZING MOVING ACTIVITIES

5.A ASSISTING WITH MEDICAL APPOINTMENTS AND FOLLOW THROUGH

Ai	de must meet out of 6 of the numbered steps in order to be of	-	
De	emonstration	Date Attempted	Date Completed
1.		Tricinged	Completed
2.	If necessary, transported client to medical facility. (See "Provide Transportation"- Level I.)		
3.	At client's request, sat in on consultation(s) with medical personnel, repeated instructions, and asked questions, as necessary. Asked for written instructions/explanations, as necessary.		
4.	Reviewed instructions and procedures with client until client could follow them.		
5.	At subsequent contacts checked to see if client followed through on instructions or procedures (eg. use of medications, special diets, exercise regimens).		
6.	Positively reinforced compliance; reviewed procedures when appropriate. Notified supervisor when client unable or unwilling to follow through.		
Sig	gnature(s) of Competency Evaluator	Date	
Sig	gnature of In-Home Aide	Date	

5.B PLANNING AND PREPARING SPECIAL DIETS

Aide must meet	out of 6 of th	e numbered step	s in order to b	e considered cor	npetent in this skill.

De	monstration	Date Attempted	Date Completed
1.	Using special diet food chart or list appropriate to client's condition, (eg. modified diet, low salt, low fat, heart disease, diabetes, specific allergy, etc.), prepared menu for three days, taking client preference into account.		
2.	Identified foods in client's kitchen that were apppropriate and inappropriate to the special diet. Identified appropriate substitutions for inappropriate or unavailable items.		
3.	Prepared special diet food according to specific instructions.		
4.	Reinforced client's understanding and consumption of special diet.		
5.	Assisted client in evaluating his current diet and eating habits.		
6.	Compared food needs and eating habits of infants, young children, adolescents, pregnant women, working men and women and elderly persons. Prepared sample menu for each group.		
Sig	nature(s) of Competency Evaluator	Date	
<u>a:</u>	CT TY A'1		
S10	nature of In-Home Aide	Date	

6.A HOUSEHOLD BUDGETING AND PLANNING

Ai	Aide must meet out of 5 of the numbered steps in order to be considered competent in this skill.					
De	emonstration	Date Attempted	Date Completed			
1.	Given information about a client's income, other resources, and bills, developed a proposed budget, with possible monthly variations.	Attempted	Completed			
2.	Identified potential problem areas in the budget and suggested appropriate solutions.					
3.	Balanced a checkbook and a monthly statement.					
4.	Identified cost-cutting or money saving options for a defined client situation.					
5.	Identified two or more ways a specific client could set up a plan for regular savings (eg., a set \$ amount into a savings account each week or month, having a trusted person document and hold regular contributions, a coin jar for change, a regular deduction from paycheck into savings, etc.).					
Sig	gnature(s) of Competency Evaluator	Date				
Sic	enature of In-Home Aide	Date				

6. B USE OF CREDIT

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Demonstration	Date Attempted	Date Completed
1. Identified types of credit potentially available to client: (for example) a. credit cards with specific stores/companies b. generic credit card (eg., VISA) c. accounts with specific stores d. loans from bank, loan company, pawn shop e. personal loans	Attempted	Сотрысса
2. Described pros and cons of each type, including cost.		
3. Given a specific client example, proposed a plan for using credit that is reasonable and possible for client to manage.		
Signature(s) of Competency Evaluator	Date	
Signature of In-Home Aide	Date	

LEVEL III HOME MANAGEMENT SKILLS

7. COMPARISON SHOPPING AND CONSUMER PRACTICES

Ai	Aide must meet out of 4 of the numbered steps in order to be considered competent in this skill.				
<u>De</u>	emonstration	Date Attempted	Date Completed		
1.	At grocery store (or using store price and weight labels), selected most cost effective brand and size (eg. canned tomatoes), comparing at least three brands.				
2.	Gave two or more reasons why the most cost effective selection might <u>not</u> be the best choice (eg. salt content too high, client/family doesn't like taste, poor quality).				
3.	In shopping for a specific item of clothing or linens, selected item that was best according to price, quality and purpose.				
4.	In shopping for a specific item of furniture or an appliance, identified item that was best according to price, quality, purpose and credit arrangement (preferably compared at least two store's options).				
Sig	gnature(s) of Competency Evaluator	Date			
Sig	gnature of In-Home Aide	Date			

8. WORK SIMPLIFICATION

Aide must meet out of 4 of the numbered steps in order to be considered competent in this skill.				
Dei	monstration	Date Attempted	Date Completed	
1.	Identified task or responsibility that client has difficulty performing (eg. cleaning kitchen, washing clothes).	Attempted		
2.	Broke down task into doable/learnable components for client; wrote down components for client's and own future reference.			
3.	Assisted client in learning and practicing components and checking them off when competent. Helped client recognize accomplishment when total task learned.			
4.	Helped client identify and break down next task.			
Sig	nature(s) of Competency Evaluator	Date		
Sig	enature of In-Home Aide	Date		

9. MONITORING/REINFORCING PROGRESS ON PROTECTIVE SERVICES GOALS

Aide must meet	out of 6 of the	numbered steps in	order to be of	considered comp	etent in this skill.

De	monstration	Date Attempted	Date Completed
1.	Checked health/physical condition identified on plan of person(s) who had been neglected or abused. Checked to see that resources (eg. food, medications, supplies) of exploited person are adequate and that bills have been paid. Recorded observations.		
2.	Asked client/family for verbal review of activities/accomplishments related to service plan since last aide visit. Praised positive steps. Did problem-solving/planning with client/family when progress was minimal or negative.		
3.	Helped client/family practice new behavior related to goals.		
4.	Observed interactions between identified significant persons during visit. Recorded observations.		
5.	Provided assigned supportive activities to carry out plan (eg. transportation to doctor, shopping, money management, linkage with school,etc.).		
6.	Reported observations relevant to service plan and client/family progress frequently (or immediately, if critical) to supervisor or primary professional service worker.		
Sig	nature(s) of Competency Evaluator	Date	
Sig	nature of In-Home Aide	Date	

10. DEALING WITH THE PUBLIC; REINFORCING PARENT/SCHOOL COMMUNICATION Aide must meet ____ out of 10 of the numbered steps in order to be considered competent in this skill.

Demonstration		Date Attempted	Date Completed
1.	Thought through request, statement, complaint, etc., before approaching person. Wrote down major points or stated them out loud.		
2.	If appropriate, made appointment with person (eg. landlord, physician, merchant, police, teacher) to discuss issue.		
3.	Attended meeting on time, dressed cleanly and neatly.		
4.	Spoke slowly and carefully while looking at the person.		
5.	Stated request or complaint as briefly and clearly as possible.		
6.	Listened to other person's response; asked questions about anything not understood.		
7.	Repeated back what was heard in own words. Asked other person if your understanding was correct.		
8.	Restated request, if it was not addressed.		
9.	Tried to reach a decision or conclusion that both can agree on. Outlined steps each will take.		
10.	Wrote down followup plan and responsibilities of both (all) parties.		
Sig	nature(s) of Competency Evaluator	Date	
Sign	nature of In-Home Aide	Date	

11. MENU PLANNING, FOOD HANDLING AND COOKING

Dem	onstration	Date Attempted	Date Completed
1.	Planned and documented menus for three days (3 meals per day) which provide appropriate daily balance of food groups.		
,	Cleaned, divided and stored fresh fruits, vegetables and meats correctly to prevent spoilage and allow for long term use.		
;	Prepared a balanced meal including a: a. casserole b. cooked dessert		
1	Cooked a variety of foods illustrating ability to: a. bake b. broil c. boil d. microwave (if available)		
1	Prepared various types of leftover foods for storage: a. meats b. casseroles c. vegetables d. fruits e. breads f. deserts		
Signa	ature(s) of Competency Evaluator	Date	
Signa	ature of In-Home Aide	Date	

12. A FEEDING AN INFANT

1). BREASTFEEDING

		Date	Date
<u>De</u>	monstration	Attempted	Completed
En	couraged/supported mother in:		
1.	Locating comfortable place to sit; relaxing.		
2.	Placing baby across lap with head in crook of mother's arm, with his arms tucked away.		
3.	Touching baby's cheek or lower lip to nipple.		
4.	Allowing baby to grasp dark-colored part of breast in his mouth.		
5.	Breaking suction (to stop nursing) by putting finger in corner of baby's mouth, between the gums.		
6.	Feeding baby at both breasts at each feeding, alternating the one to start with.		
7.	Burping baby at middle and end of each feeding by patting baby on shoulder (or on his stomach across knees) and patting on back until burp is heard.		
8.	Nursing more often, if baby seems to want more.		
9.	Caressing, cuddling, and talking to baby during and after feeding.		
Sig	gnature(s) of Competency Evaluator	Date	
Sig	gnature of In-Home Aide	Date	

12. A FEEDING AN INFANT (continued)

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Aide must meet	out of 14 of the	numbered ster	ps in order to	o be considered	l competent in this skill.

Demonstration		Date Attempted	Date Completed
1.	Checked with mother about formula recommended by doctor or clinic.		
2.	Ensured adequate supply of formula in the home.		
3.	Collected equipment needed: a. 6-8 eight ounce bottles with caps b. 1 nipple per bottle, with a few spares c. 1 bottle brush d. 1 nipple brush		
4.	Washed hands.		
5.	Made sure bottles, caps and nipples were washed in clean water and detergent (or dishwasher) and rinsed well.		
6.	Cleaned and rinsed top of formula can; opened with clean punch type opener.		
7.	Followed instructions for diluting, if concentrate or powder; used fresh cold water.		
8.	Put on nipple and cap (no warming is necessary).		
9.	Fed baby formula within 30 min. of preparation or refrigerated (no more than 2 days).		

A FEEDING AN INFANT (continued	12. A	A FEEDIN	IG AN I	INFANT (continued
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2). BOTTLEFEEDING (continued	2).	BOTTL	EFEEDING	(continued
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Demonstration	Date Attempted	Date Completed
10. Held baby close in lap with head in crook of arm, a little higher than rest of body.		
11. Tilted bottle to assure milk is in nipple. (Nipple hole should be big enough so milk drips one drop per second.)		
12. Touched nipple next to baby's mouth so he turned and grasped nipple; held bottle at right angle to mouth.		
13. If air bubbles not entering bottle, checked to see if cap is on too tight.		
14. Completed feeding and burping (see steps A. 7, 8, & 9).		
Signature(s) of Competency Evaluator	Date	
Signature of In-Home Aide	Date	

12. B FEEDING AFTER AGE 4-6 MONTHS

Aide must meet	out of 11	of the	numbered	steps in	order to	be considered	competent in	n this sk	ill.

<u>De</u>	monstration	Date Attempted	Date Completed
1.	Fed only breastmilk or formula (or combination) for 4-6 months; then cow's milk can be introduced.		
2.	Introduced new food one at a time, starting with pure, simple, liquid or semi-solid foods, such as: a. cereal b. vegetables c. fruit		
3.	Tested new food every day for several days. Discontinued if baby vomits, has diarrhea, or gets skin rash. Continued use if no ill effects.		
4.	Made "baby" foods by mashing fresh prepared food used for rest of family (added water, as needed, but not salt, butter, sugar, or other seasonings); used or refrigerated immediately.		
5.	Froze individual portions for storage of more than 24 hr.		
6.	Fed baby/child variety of foods from basic food groups: a. fruits, fruit juices b. vegetables (including leafy green vegetables) c. meat, fish, poultry, egg yolk, cheese d. bread, cereal, rice, crackers, pasta (no wheat before 8-9 months). Avoided sweet foods.		
7.	Didn't give small foods which can cause choking (raisins, grapes, popcorn, peanuts, etc.)		
8.	Encouraged baby to feed himself with fingers.		

12. B FEEDING AFTER AGE 4-6 MONTHS (continued)

Dat	monstration	Date Attempted	Date Completed
9.		Attempted	Completed
10.	Let baby help handle spoon.		
11.	By one year allowed baby to eat most foods (continued to avoid small foods).		
Sig	nature(s) of Competency Evaluator	Date	
Sig	nature of In-Home Aide	Date	

12. C BATHING AN INFANT; CHILD

Aide must meet ___ out of 12 of the numbered steps in order to be considered competent in this skill.

Dor	monstration	Date Attempted	Date Completed
		Attempted	Completed
1.	Laid out bath items (soap, baby shampoo, soft towels(3), soft cloth, clean clothes, diaper).		
2.	Poured or ran water into sink or tub. Checked water temperature with elbow (should feel warm, not hot).		
3.	Placed towel on bottom of sink or tub (to avoid falling or slipping).		
4.	Took off baby's/child's clothes.		
5.	Put baby gently into the water. If infant, supported head and upper body throughout bath.		
6.	Washed baby's face gently with wet cloth (no soap). Did not poke eyes, ears or nose.		
7.	Washed hair with mild soap or baby shampoo, being careful of soft spot. Rinsed hair well.		
8.	Washed the rest of baby's body with soap, including all the creases. Rinsed the soap off.		
9.	If child, allowed time for play in the sink or tub. Never left the child alone.		
10.	Dried the baby, including the creases.		

12.	C	BATHING	AN INFANT:	CHILD	(continued))

Demonstration	Date Attempted	Date Completed	
11. Diapered and dressed the baby. If child, allowed to "help" with dressing.	1200011	Compacts	
12. Gave the baby lots of hugs. Talked to the baby during the whole bath.			
Signature(s) of Competency Evaluator	Date		
Signature of In-Home Aide	Date		

12. D DRESSING AN INFANT OR SMALL CHILD

Aide must meet ___ out of 7 of the numbered steps in order to be considered competent in this skill.

<u>De</u>	monstration	Date Attempted	Date Completed
1.	Laid out clean clothes appropriate to weather and planned activities.		
2.	Put child in location comfortable for changing (bed, couch, floor or mat, changing table). Checked to see if diaper drychanged, if necessary. Removed any other soiled clothing.		
3.	Put underwear on child, while talking and playing with him. Took care of soft spot and face, if garment goes over the head.		
4.	Put outer garments on child, checking to see that snaps, buttons, or zippers are fastened properly and don't hurt child. Talked to child about what doing and why.		
5.	Put on socks and shoes, if needed. Put on outdoor wear, if needed. Kept talking.		
6.	Hugged and kissed child and put in safe place.		
7.	Disposed of soiled clothing properly.		
Sig	gnature(s) of Competency Evaluator	Date	
Sig	gnature of In-Home Aide	Date	

12. E TAKING CHILD'S TEMPERATURE

Aide must meet out of 9 of the numbered steps in order to be c	_	
Demonstration	Date Attempted	Date Completed
1. Put baby on your lap.		
2. Took off any clothes that will get in the way (like a shirt or undershirt).		
3. Held an axillary thermometer at the top (not by the end with the silver bulb). Shook the thermometer to 96 degrees F. or least	ss.	
4. Put the bulb under the baby's arm at the armpit. Held the baby's arm next to his body. Held the baby's elbow next to his side and put the baby's hand on the opposite shoulder. Kept the bulb in the armpit.		
5. Kept the thermometer under the baby's arm for 3 to 4 minutes (about the length of 2 to 3 songs on the radio).		
6. Held the thermometer near a good light. Read the thermometer number (turned slowly until line seen). NOTE: 97.6 is normal. 101 means baby is too hot.		
7. If temperature was "too hot", prompted mother to take appropriate action (eg. to call the child's doctor or clinic).		
8. Washed the thermometer with cold water and soap (hot water will crack it). Rinsed with cold water. Wiped with rubbing alcohol. Put away.		
9. Washed hands.		
Signature(s) of Competency Evaluator	Date	
Signature of In-Home Aide	Date	

12. F CHANGING A BABY'S DIAPER

Aide must meet ___ out of 10 of the numbered steps in order to be considered competent in this skill.

De	monstration	Date Attempted	Date Completed
1.	Laid out changing items (fresh diapers, pins, washcloth, soap and water, powder or lotion or ointment, trash basket or diaper pail). Folded diaper to be ready for use, with thickness in front for boys and back for girls; or put out disposable diaper in age appropriate size.		· · · · · · · · · · · · · · · · ·
2.	Removed soiled diaper and set aside.		
3.	Washed baby's bottom with soap and water. Rinsed soap from bottom.		
4.	Dried baby's bottom completely. Used powder, lotion or ointment as directed or needed.		
5.	For girl, laid her on top of diaper and pulled it through legs to tummy. For boy, put diaper over penis and folded through legs to back.		
6.	Slipped finger between diaper and baby while pinning. Ran pin sideways, not up and down. (Or, attached fastening tape of disposable diapers so that they stayed on but were comfortable for baby.)		
7.	Hugged and kissed baby and put him in a safe place.		
8.	Rinsed out dirty cloth diapers in toilet before putting in diaper pail. OR Tore out thin inside liner with stool from disposable diaper and flushed down toilet. Placed diaper in trash.		

12. F CHANGING A BABY'S DIAPER (continued)

<u>Demonstration</u>		Date Attempted	Date Completed
9.	Washed hands with soap and water.		
10.	Explained pros and cons of using cloth diapers vs. disposables. Explained the cost difference of using disposables, own diapers, and diaper service.		
Sign	nature(s) of Competency Evaluator	Date	
Sign	nature of In-Home Aide	Date	

12. G TOILET TRAINING

Aide must meet	out of 7 of the numbered steps in order to be considered.	_	
Demonstration		Date Attempted	Date Completed
for toilet training A. Diaper stays B. Child show C. Child watch sitting on to D. Child follow "go to the k E. Child can a F. Child wants G. Child can p H. Child is at b	dry for 2 to 3 hours. s he knows when diaper is wet or dirty. nes and wants to copy family member		
*	t on potty seat once a day in beginning for up to ayed and talked with child. Praised child for sitting		
	ninutes is comfortable for child, placed on potty sea minutes. Stayed and talked with child.	t	
	when he goes in potty. Only talked successes. Wiped soiled areas.		
5. Helped child to	wash hands after going to potty.		
	punish for accidents. If child was upset, Cleaned up accident without comment.		
7. Explained proc	edure and "reasons why" to child's caregiver(s).		
Signature(s) of Con	npetency Evaluator	Date	
Signature of In-Hor	ne Aide	Date	

12.H PICKING UP, CARRYING AND PUTTING DOWN INFANT OR CHILD

Aio	de must meet out of 5 of the numbered steps in order to be consid	_	
Demonstration		Date Attempted	Date Completed
1.	For infant, picked up baby (or doll) by putting one hand under back of head/neck and the other under back/buttocks.		
2.	For infant, carried on chest/shoulder by supporting head and buttocks with hands; carried/cradled in arms by supporting head/neck in elbow joint and buttocks/legs in hand.		
3.	For infant, put down gently by releasing body first and head last onto protected surface.		
4.	For child who has complete ability to hold up his head (at least age 6 mo.), picked up child (or large doll) by putting hand under each armpit, or by putting one arm under back and shoulders and one under knees. Allowed child to assist in balancing his weight or getting into a secure position. If asleep, also supported head.		
5.	Reviewed with family members the "don'ts" and "whys" related to holding or moving children: A. Never hold a child by the arms or trunk (body) and shake repeatedly or severely. [Reason: can cause severe brain injuries or even death] B. Never throw a child against a crib or other surface. [Reason: it can break the skull or other bones or injure the brain itself] C. Don't pick up child by one or both arms. [Reason: it can stretch ligaments or dislocate arm and be painful to child]		
Sig	gnature(s) of Competency Evaluator	Date	
Sig	gnature of In-Home Aide	Date	

13.	MONITOR HOME VISITS OF FOSTER CHILDREN		
Aic	le must meet out of 6 of the numbered steps in order to be consi	dered competent in this skill.	
1.	Transported child(ren) from foster home to home of birth family. Reviewed with child(ren) how long visit will last and planned activities for the visit. Noted mood and comments of child(ren) regarding visit.		
2.	Allowed child(ren) and parent/family to interact freely. Mentally noted who took part in visit and how each person interacted.		
3.	Encouraged family to follow through with specific plans made for the visit. Positively supported efforts to interact in new, more positive ways.		
4.	A. If visit went according to plan, positively reinforced family and returned chid(ren) to foster home according to schedule. If plans have been made for future visits, restated plans with child(ren) and adults. Noted mood and comments of child(ren) during return to foster home.		
	B. If family situation/environment did not meet planned expectations and negatively affected child(ren), removed child(ren) immediately and returned to foster home. Explained to child(ren) that change in plans was not his/their fault. Noted comments and mood of child(ren) on return to foster home.		
5.	Explained change in plans to foster parent, or reported on positive outcome of visit.		
6.	Reported outcomes of visit to social worker, including: ability of family to follow through with plan, successes and failures experienced by child(ren) and adult(s), specific observations of behavior, especially as related to previous abuse or neglect.		
Sig	nature(s) of Competency Evaluator	Date	
Sig	nature of In-Home Aide	Date	

14. USING ENRICHMENT ACTIVITIES AND RESOURCES

Aide must meet ___ out of 4 of the numbered steps in order to be considered competent in this skill.

Demonstration Date Date

Demonstration Attempted Completed

1. Identified at least two community activities or resources that are free or low cost that adults and/or children from each age group can use:

Examples

a. age 1-5 playgrounds, library

b. age 6-10 recreation center, library, museums

c. age 11-15 school clubs, museums (art, history,

science)

d. age 16-20 recreation center, community sports,

historic sites

e. adults public parks, gardens, lakes and rivers,

campsgrounds, community college programs

f. older adults senior center programs, churches

2. Organized a family trip to a special place in the community (eg. fire house, police station, bakery, locksmith, farm, mill, fish hatchery, museum, restaurant kitchen, etc.).

Before: a. called ahead

b. talked with family about where going and what will be seen

- c. planned/prepared what to take along
- d. invited all interested family members

After: e. talked with family about where been and what seen and done

- f. encouraged children (and adults) to talk about visit or tell a story about trip or draw pictures about what they saw.
- 3. Planned visit to the library or arranged for bookmobile to come to neighborhood.
 - a. identified special activities and services offered by library (eg. story hour, movies, puppet show, records, audio tapes, video tapes, games, etc.)
 - b. identified special interests and approximate reading levels of family members

14. USING ENRICHMENT ACTIVITIES AND RESOURCES (continued)

	Date	Date	
Demonstration	Attempted	Completed	
 3. c. involved individual/family in plus briefed them on how librarian congetting library card, as well as section described assisted individual/family in fine at library, or introduced them to assistance e. reviewed outcome of visit with f. talked with individual/family abovisits on their own (or with assistance) 	an help (eg.in ervices) ding materials blibrarian for family bout followup		
 4. Planned indoor or outdoor activities thinking, remembering or physical a. Using old magazines, talk about pictures that fit a topic of interest like to do", "who I'd like to mee pictures into a collage. b. Plan and create a small garden, terrarium using free or inexpensavailable materials. c. Put together activity boxes for contents. 	learning. EXAMPLES: t pictures, cut out st ("what I'd et"), glue window box or sive easily		
can be saved for and used on a red. Use music (tape or record) as be structured movement/dance or contemporation with adults or children and the saved of the sav	asis for creating dramatic		
Signature(s) of Competency Evaluator		Date	
Signature of In-Home Aide		Date	