

TRAINING PROGRAM FOR ICF/DD-N ATTENDANT

DS 1853 (Rev. 06/2015)

DIRECTIONS: Complete this form and mail the original to the address to the right. The signed, returned copy is your authorization to initiate and conduct your Attendant Training Program. Retain this signed and dated copy with your training manual. Proposed changes must be submitted to the Department at the address to the right, and approval must be received by you before changes are initiated.

Department of Developmental Services
Community Living Section
1600 Ninth Street, Room 320, MS 3-9
Sacramento, CA 95814
Phone: (916) 654-1965

Name of Facility		Address	City
Age of Clients Served	Telephone	Director of Staff Development (<i>attach copy of current license</i>)	RN LVN

MODULE/TOPIC	Theory/Class (minimum hours required)	Clinical (hours required)
MODULE 1 INTRODUCTION TO Attendant responsibilities Philosophy of client care Nursing policies/procedures Special needs of persons with developmental disabilities Individual Service Plan Special incidents, unusual occurrences Legal issues, Confidentiality Fire prevention, reporting procedures Accident prevention Disaster prevention Activities of daily living	5	3
MODULE 2 HEALTH CARE SKILLS Nursing policies and procedures Attendant responsibilities Basic anatomy and physiology Basic nursing care Activities of daily living Signs and symptoms of illness Prevention of disease, infection control Personal hygiene and grooming Skin care, prevention of decubiti Care of the incontinent patient, perineal care Nutrition, diets, fluid needs First aid and immediate or temporary health concerns CPR and relief from choking Assistive devices, braces and splints	25	50
MODULE 3 DEVELOPMENTAL DISABILITIES AND TRAINING MODULES The I.D. team, its process The individual service plan, its development Causes of developmental disabilities Normal growth and development Disruptions of normal growth, development Principles of behavior intervention Behavior shaping, behavior modification Training techniques, positive and negative reinforcement Socialization and recreational needs Developmental programming; active treatment Special services: occupation, physical, speech therapies Assistive devices, braces and splints Communication needs: devices, signs, sounds	15	32
MODULE 4 RECORDING, ASSESSING Observation, documentation Evaluation and assessments Data collection Data interpretation	5	15
TOTAL HOURS REQUIRED	50	100

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Student population:

_____ = projected number of students in the classroom/theory portion of the program
(maximum 15)

_____ = number of instructors who will supervise clinical portion of the program

Supervised clinical hours in an ICF/DD-N facility will be from _____ a.m. to _____ a.m./p.m.
(must be between 6:00 a.m. and 8:00 p.m.)

Note: Develop a lesson plan for EACH TOPIC under Module 1-4. Select ONE lesson from each Module 1-4 and submit to DDS for approval. Each lesson plan must include the course content and document the manner of determining the student's proficiency.

Clinical practice shall take place in an intermediate care facility/developmentally disabled-nursing and shall be conducted concurrently with classroom instruction. During clinical practice there shall be no more than five (5) students to each instructor at any time.

If the facility has contracted for a training program to be administered by another provider (e.g. another facility, public educational institution or agency), indicate below the name of the provider of that program. Enclose a copy of the complete attendant care training plan, the prior program Approval Notice for the submitted plan and a copy of the training agreement/contract.

Name _____

Street Address _____ Telephone Number () _____

City _____

Name of Contact Person _____

Date Program Was Submitted _____ By _____

I affirm the foregoing information is true and correct

Signature of Director of Staff Development

Date

Authorization for the ICF/DD-N Attendant Training Program shall be given by the Department of Developmental Services, pursuant to Business and Professions Code 2728. This authorization shall remain in effect unless changes are submitted by the facility or unless cancelled in writing by the Department of Developmental Services.

FOR OFFICE USE ONLY
Following modules approved by: _____
Date: _____

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Following modules approved by: _____
Date: _____