

## **310\_675-19-8 Feeding assistant forms**

The forms used for this subchapter are the following.

### **(1)**

Staff competency checklist. A training course using the curriculum specified in 310:675-19-3(a)(1) may use the checklist provided with that curriculum or the checklist provided by the Department. Other training courses shall use the checklist provided by the Department. The competency checklist provided by the Department requires the following: (A) The name of the person being trained; (B) Evaluation of skills task performances including: (i) Safety and emergency procedures including the Heimlich maneuver; (ii) Sanitation and washing hands; (iii) Serving a meal tray; (iv) Assistance with resident requiring total feeding; (v) Serving supplemental nourishments; and (vi) Serving fresh drinking water; (C) The date of the evaluation; and (D) Name and signature of the instructor.

### **(A)**

The name of the person being trained;

### **(B)**

Evaluation of skills task performances including: (i) Safety and emergency procedures including the Heimlich maneuver; (ii) Sanitation and washing hands; (iii) Serving a meal tray; (iv) Assistance with resident requiring total feeding; (v) Serving supplemental nourishments; and (vi) Serving fresh drinking water;

### **(i)**

Safety and emergency procedures including the Heimlich maneuver;

**(ii)**

Sanitation and washing hands;

**(iii)**

Serving a meal tray;

**(iv)**

Assistance with resident requiring total feeding;

**(v)**

Serving supplemental nourishments; and

**(vi)**

Serving fresh drinking water;

**(C)**

The date of the evaluation; and

**(D)**

Name and signature of the instructor.

**(2)**

Certificate of completion. A training course using the curriculum specified in 310:675-19-3(a)(1) may use the certificate of completion provided with that curriculum or the certificate provided by the Department. Other training courses shall use the certificate provided by the Department. The certificate of completion provided by the Department requires the following: (A) Name of the person being trained; (B) Name of the curriculum; (C) Location where the training occurred; (D) Date training was completed; (E) A statement that the person successfully completed eight hours of training to become a feeding assistant; and (F) Name and signature of the instructor.

**(A)**

Name of the person being trained;

**(B)**

Name of the curriculum;

**(C)**

Location where the training occurred;

**(D)**

Date training was completed;

**(E)**

A statement that the person successfully completed eight hours of training to become a feeding assistant; and

**(F)**

Name and signature of the instructor.

**(3)**

Feeding assistant registration application. The application form requires the following for each individual: (A) Name; (B) Date of birth; (C) Contact information; (D) Information sufficient to identify the individual including social security number; (E) A copy of the certificate of completion from a training course that meets the requirements of OAC 310:675-19-3; and (F) Applicant's signature affirming the truthfulness and completeness of the application.

**(A)**

Name;

**(B)**

Date of birth;

**(C)**

Contact information;

**(D)**

Information sufficient to identify the individual including social security number;

**(E)**

A copy of the certificate of completion from a training course that meets the requirements of OAC 310:675-19-3; and

**(F)**

Applicant's signature affirming the truthfulness and completeness of the application.

**(4)**

Feeding assistant renewal application. The application form requires the following for each individual: (A) Name; (B) Date of birth; (C) Contact information; (D)

Information sufficient to identify the individual including social security number; (E)

Proof of work experience or retraining as required in OAC 310:675-19-6(c); and (F)

Applicant's signature affirming the truthfulness and completeness of the application.

**(A)**

Name;

**(B)**

Date of birth;

**(C)**

Contact information;

**(D)**

Information sufficient to identify the individual including social security number;

**(E)**

Proof of work experience or retraining as required in OAC 310:675-19-6(c); and

**(F)**

Applicant's signature affirming the truthfulness and completeness of the application.