

\_\_\_\_\_  
Name of Aide

\_\_\_\_\_  
ID#

for

Completed Competency Testing

In-Home Aide Services

LEVEL IV HOME MANAGEMENT

Demonstrated Skills	Date	Completed	Signature
1. Role Modeling Care and Supervision			
A. Reinstating Routines and Providing Emotional Support to Families in Crisis			
B. Feeding an Infant 1. Breastfeeding 2. Bottlefeeding			
C. Feeding After Age 4-6 Months			
D. Bathing an Infant; a Child			
E. Dressing an Infant or Small Child			
F. Taking a Child's Temperature			
G. Changing a Baby's Diaper			
H. Toilet Training			
I. Picking Up, Carrying and Putting Down an Infant or Child			
2. Carrying Out Responsibility for Supportive Strategies			
A. Planning for a Move, Locating Housing, Organizing Moving Activities			
B. Assisting with Medical Appointments and Follow Through			
C. Dealing with the Public; Reinforcing Parent/School Communication			
3. Management of Food Resources and Menu Planning			
A. Planning and Preparing Special Diets			
B. Comparison Shopping and Consumer Practices			

Demonstrated Skills Date Completed Signature

4. Case Tracking and Followup to Social Work Plan

A. Monitoring/Reinforcing Progress on Protective Service Goals

B. Monitoring Home Visits of Foster Children

5. Assisting Professionals in Establishing and Maintaining Various Client Groups

A. Planning and Carrying Out Group Activities

B. Demonstrating a Skill

C. Reinforcing a Skill

D. Teaching a New Skill/Task (to a group)

E. Modifying Behavior on a Skill Incorrectly Performed

6. Tracking Household Budgets with Clients

A. Household Budgeting and Planning

B. Handling and/or Monitoring Clients' Expenditures

7. Identifying and Reporting Indicators of Risks

A. Crisis Management

B. Participating in Assessment

\_\_\_\_\_  
Signature(s) of Competency Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agency/Facility

\_\_\_\_\_  
Address of Agency/Facility

\_\_\_\_\_  
Signature of In-Home Aide

\_\_\_\_\_  
Date

## LEVEL IV HOME MANAGEMENT

### 1.A REINSTATING ROUTINES/PROVIDING EMOTIONAL SUPPORT TO FAMILIES IN CRISIS

Aide must meet \_\_\_ out of 5 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
Under direction/supervision of social worker:		
1. Learned and reinstated family routines for eating, sleeping, household management, etc.		
2. Provided emotional support to child(ren) and/or adults going through crisis.		
3. Carried out appropriate tasks (i.e. cooking, dressing, hygiene, childcare) that adults are temporarily unable to perform.		
4. Provided nurturing support to adults and/or children in learning or resuming family roles and responsibilities.		
5. Identified and arranged for continuing use of critical services, such as medical care, day care, school and other functions or services.		

\_\_\_\_\_  
Signature(s) of Competency Evaluator Date

\_\_\_\_\_  
Signature of In-Home Aide Date

# LEVEL IV HOME MANAGEMENT

## 1.B. FEEDING AN INFANT

### a. BREASTFEEDING

Aide must meet \_\_\_ out of 9 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
---------------	----------------	----------------

Encouraged/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 putting 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.  
\_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Competency Evaluator Date

\_\_\_\_\_  
Signature of In-Home Aide Date

## LEVEL IV HOME MANAGEMENT

### 1.B. FEEDING AN INFANT (continued)

#### b. BOTTLEFEEDING

Aide must meet \_\_\_ out of 14 of the numbered steps in order to be considered 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 and one nipple brush		
4. Washed hands.		
5. Made sure bottles, caps and nipples were washed in clean water and detergent 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). Checked nipple hole drip--one drop per second.		
9. Fed baby formula within 30 min. of preparation or refrigerated (no more than 2 days).		

LEVEL IV HOME MANAGEMENT

1.B. FEEDING AN INFANT (continued)

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.		
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 A, steps 7, 8, & 9)		

Signature(s) of Competency Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Signature of In-Home Aide \_\_\_\_\_ Date \_\_\_\_\_

## LEVEL IV HOME MANAGEMENT

### 1.C. FEEDING AFTER AGE 4-6 MONTHS

Aide must meet \_\_\_ out of 11 of the numbered steps in order to be considered competent in this skill.

Demonstration	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.)		

## LEVEL IV HOME MANAGEMENT

### 1.C. FEEDING AFTER AGE 4-6 MONTHS (continued)

<u>Demonstration</u>	<u>Date Attempted</u>	<u>Date Completed</u>
8. Encouraged baby to feed himself with fingers.		
9. Encouraged baby to drink from cup at 5-6 months.		
10. Let baby help handle spoon.		
11. By one year allowed baby to eat most foods (continued to avoid small foods).		

---

Signature(s) of Competency Evaluator \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of In-Home Aide \_\_\_\_\_ Date \_\_\_\_\_



## LEVEL IV HOME MANAGEMENT

### 1.D. BATHING AN INFANT; CHILD

Aide must meet \_\_\_ out of 11 of the numbered steps in order to be considered competent in this skill.

<u>Demonstration</u>	<u>Date Attempted</u>	<u>Date Completed</u>
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.		

# LEVEL IV HOME MANAGEMENT

## 1.D. BATHING AN INFANT; CHILD (continued)

<u>Demonstration</u>	<u>Date Attempted</u>	<u>Date Completed</u>
11. Diapered and dressed the baby. If child, allowed to "help" with dressing.		
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

# LEVEL IV HOME MANAGEMENT

## 1.E 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.

Demonstration	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 dry--change, 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.

Signature(s) of Competency Evaluator

Date

Signature of In-Home Aide

Date

# LEVEL IV HOME MANAGEMENT

## 1.F TAKING CHILD'S TEMPERATURE USING ORAL THERMOMETER

Aide must meet \_\_\_\_ out of 8 of the numbered steps in order to be considered competent in this skill.

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 the thermometer at the top (not by the end with the silver bulb). Shook the thermometer to 96 degrees Fahrenheit or less.

---

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. Washed the thermometer with cold water and soap (hot water will crack it). Rinsed with cold water. Wiped with rubbing alcohol. Put away.

---

8. Washed hands.

---

---

Signature(s) of Competency Evaluator

Date

---

Signature of In-Home Aide

Date

## LEVEL IV HOME MANAGEMENT

### 1.G. CHANGING A BABY'S DIAPER

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

<u>Demonstration</u>	<u>Date</u> <u>Attempted</u>	<u>Date</u> <u>Completed</u>
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		

## LEVEL IV HOME MANAGEMENT

### 1.G. CHANGING A BABY'S DIAPER (continued)

<u>Demonstration</u>	<u>Date</u> <u>Attempted</u>	<u>Date</u> <u>Completed</u>
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.		
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.		

---

Signature(s) of Competency Evaluator \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of In-Home Aide \_\_\_\_\_ Date \_\_\_\_\_

# LEVEL IV HOME MANAGEMENT

## 1.H TOILET TRAINING

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

<u>Demonstration</u>	<u>Date</u> <u>Attempted</u>	<u>Date</u> <u>Completed</u>
----------------------	---------------------------------	---------------------------------

1. Identified three ways to know whether child is ready for toilet training. Examples:
  - A. Diaper stays dry for 2 to 3 hours.
  - B. Child shows he knows when diaper is wet or dirty.
  - C. Child watches and wants to copy family member sitting on toilet.
  - D. Child follows simple instructions ("sit down", "go to the kitchen", "point to your eyes").
  - E. Child can ask for things; can use some words.
  - F. Child wants to make family members happy.
  - G. Child can pick up food or toys with fingers.
  - H. Child is at least 2 1/2 years old.

If child can do most of these, he is ready for training.

---

2. Helped child sit on potty seat once a day in beginning for up to 10 minutes. Stayed and talked with child. Praised child for sitting.

---

3. When 5 to 10 minutes is comfortable for child, placed on potty seat every 30 to 60 minutes. Stayed and talked with child.

---

4. Praised child when he goes in potty. Only talked to child about successes. Wiped soiled areas.

---

5. Helped child to wash hands after going to potty.

---

6. Didn't scold or punish for accidents. If child was upset, reassured him. Cleaned up accident without comment.

---

7. Explained procedure and "reasons why" to child's caregiver(s).

---

---

Signature(s) of Competency Evaluator

Date

---

Signature of In-Home Aide

Date

# LEVEL IV HOME MANAGEMENT

## 1.I PICKING UP, CARRYING AND PUTTING DOWN INFANT OR CHILD

Aide must meet \_\_\_ out of 5 of the numbered steps in order to be considered competent in this skill.

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]
- 

---

Signature(s) of Competency Evaluator

Date

---

Signature of In-Home Aide

Date



## LEVEL IV HOME MANAGEMENT

### 2.A PLANNING FOR A MOVE, LOCATING HOUSING, ORGANIZING MOVING ACTIVITIES (Reference: Level II Home Management Skill "Packing and Moving")

Aide must meet \_\_\_ out of 8 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. 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 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.		
2. Made contact with and collected information about rental property from one or more rental agencies/landlords.		
3. Identified housing alternatives to meet specific client needs.		
4. Communicated options for housing available and described/compared the pros and cons of each.		
5. Related housing options available to needs of specific client(s); engaged client/family in thinking through options and making choice, based on family needs and resources available.		
6. Advocated for client with landlord re: conditions for rental contract. Took active role with client, realtor, landlord, or others in making specific arrangements for housing, as needed.		



# LEVEL IV HOME MANAGEMENT

## 2.B ASSISTING WITH MEDICAL APPOINTMENTS AND FOLLOW THROUGH

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

Demonstration	Date Attempted	Date Completed
---------------	----------------	----------------

1. Reminded client of appointment in time to prepare for visit.

---

2. If necessary, transported client to medical facility (See "Provide Transportation"- Level I.), or identified and arranged for needed transportation options.

---

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.

---

\_\_\_\_\_  
Signature(s) of Competency Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of In-Home Aide

\_\_\_\_\_  
Date

## LEVEL IV HOME MANAGEMENT

### 2.C 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, 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 all parties.

---

---

Signature(s) of Competency Evaluator

Date

---

Signature of In-Home Aide

Date

## LEVEL IV HOME MANAGEMENT

### 3.A PLANNING AND PREPARING SPECIAL DIETS

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

Demonstration	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 appropriate 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.		

\_\_\_\_\_  
Signature(s) of Competency Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of In-Home Aide

\_\_\_\_\_  
Date

# LEVEL IV HOME MANAGEMENT

## 3.B COMPARISON SHOPPING AND CONSUMER PRACTICES

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

Demonstration	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).		

\_\_\_\_\_  
Signature(s) of Competency Evaluator Date

\_\_\_\_\_  
Signature of In-Home Aide Date

## LEVEL IV HOME MANAGEMENT

### 4.A MONITORING/REINFORCING PROGRESS ON PROTECTIVE SERVICES GOALS

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

Demonstration	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 on plans made with aide since last 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 relevant observations and client/family progress frequently (or immediately, if critical) to supervisor or primary professional service worker.

---

---

Signature(s) of Competency Evaluator	Date
--------------------------------------	------

---

Signature of In-Home Aide	Date
---------------------------	------

## LEVEL IV HOME MANAGEMENT

### 4.B MONITORING HOME VISITS OF FOSTER CHILDREN

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

<u>Demonstration</u>	<u>Date Attempted</u>	<u>Date Completed</u>
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 child(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.		

\_\_\_\_\_  
Signature(s) of Competency Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of In-Home Aide

\_\_\_\_\_  
Date



## LEVEL IV HOME MANAGEMENT

### 5.A PLANNING AND CARRYING OUT GROUP ACTIVITIES

Aide must meet \_\_\_ out of 9 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Helped professional identify clients or persons in potential target population who would benefit from specific group activity; helped invite or involve target group in session(s).		
2. Helped professional identify resource person(s) appropriate for purpose of group.		
3. Identified and reserved facility appropriate for educational, training or support group.		
4. Identified and made available needed training aids or group work materials.		
5. Made arrangements for children or adults, if childcare or dependent adult care provided; looked after children or adults during session, if appropriate.		
6. Supported presenter/leader by giving examples. Supported participants by encouraging and rewarding their participation.		
7. Assisted professional/resource person in presenting information or facilitating support groups in topics such as: A. Dealing with particular medical/health problems B. Parenting skills and child caring techniques C. Sex education and family planning D. Earning, managing and saving money E. Life management issues for teens F. Setting up playgroups or mutual childcare arrangements G. Dealing with losses or grief		

## LEVEL IV HOME MANAGEMENT

### 5.A PLANNING AND CARRYING OUT GROUP ACTIVITIES (continued)

<u>Demonstration</u>	<u>Date Attempted</u>	<u>Date Completed</u>
8. Under direction of professional, presented information or conducted skill building sessions on topics within own area of expertise (content of Levels I, II and III Home Management), such as: A. Food resources/menu planning B. Cooking skills/special diets C. Consumer practices/coping with small incomes D. Household planning and budgeting E. Housekeeping, home safety, infection control F. Energy conservation, pest control G. Making/repairing clothing or home furnishings		
9. Carried out followup reinforcement of knowledge and skills with participants in home or community setting.		

---

Signature(s) of Competency Evaluator \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of In-Home Aide \_\_\_\_\_ Date \_\_\_\_\_

LEVEL IV HOME MANAGEMENT

5.B DEMONSTRATING A SKILL

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

Demonstration	Date Attempted	Date Completed
---------------	-------------------	-------------------

1. Identifies/selects a skill or activity 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.  
\_\_\_\_\_
6. 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.  
\_\_\_\_\_

---

Signature(s) of Competency Evaluator	Date
--------------------------------------	------

---

Signature of In-Home Aide	Date
---------------------------	------

## LEVEL IV HOME MANAGEMENT

### 5.C REINFORCING A SKILL

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

Demonstration	Date Attempted	Date Completed
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).		
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.		

Signature(s) of Competency Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Signature of In-Home Aide \_\_\_\_\_ Date \_\_\_\_\_

## LEVEL IV HOME MANAGEMENT

### 5.D TEACHING A NEW SKILL/TASK (to a group)

Aide must meet \_\_\_ out of 8 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
---------------	----------------	----------------

1. Selects the skill(s) to be worked on from problems common to the participant group (eg. toilet training a 3 year old; controlling infection in the home, preparing nutritious meals).

---

2. Finds out if (and what) participants already know about task(s) by asking group members. Recognizes and praises correct information; gently corrects wrong information.

---

3. Breaks the task down into small steps, and tells or writes down the steps in order for the participants; encourages them to take notes or hands out information.

---

4. Demonstrates the first step in the task for the participants. Explains why it is done that way.

---

5. Asks participants to demonstrate the first step. Praises correct performance; re-demonstrates and explains for incorrect performance. Gives participants opportunity to re-demonstrate.

---

6. Repeats number 4 and 5 for each step until task is completed. Allows individual participants to move ahead at their own pace.

---

7. Gives individualized feedback. Praises participants for efforts and for successes.

---

8. Sets time with participants to reinforce learning by having each participant demonstrate the entire task for the aide, either in the home setting or in the group.

---

Signature(s) of Competency Evaluator

Date

Signature of In-Home Aide

Date

## LEVEL IV HOME MANAGEMENT

### 5.E 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.

Demonstration	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).		
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 is getting 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 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.		

\_\_\_\_\_  
Signature(s) of Competency Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of In-Home Aide

\_\_\_\_\_  
Date

# LEVEL IV HOME MANAGEMENT

## 6.A HOUSEHOLD BUDGETING AND PLANNING

Aide must meet \_\_\_ out of 5 of the numbered steps in order to be considered competent in this skill.

Demonstration	Date Attempted	Date Completed
1. Given information about a client's income, other resources, and bills, developed a proposed budget, with possible monthly variations.		
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.).		

\_\_\_\_\_  
Signature(s) of Competency Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of In-Home Aide

\_\_\_\_\_  
Date

# LEVEL IV HOME MANAGEMENT

## 6.B HANDLING AND/OR MONITORING CLIENTS' EXPENDITURES

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

Demonstration	Date Attempted	Date Completed
---------------	----------------	----------------

1. Checked with client re: receipt of income.

OR

Reported to client if income received by agency.

2. Identified primary bills to be paid with client/ agency; paid or assisted client in paying.

3. Assisted client in determining amount needed for other expenditures for the month, as client is learning to take more responsibility for his money.

4. Developed strategy with client to assure that key expenditures will get made and paid for; released funds to client or accompanied client to make purchases.

5. Budgeted funds with client; made arrangements for saving, if desired.

6. Released remaining funds to client for discretionary use when client is capable of handling them.

Signature(s) of Competency Evaluator

Date

Signature of In-Home Aide

Date



## LEVEL IV HOME MANAGEMENT

### 7.A CRISIS MANAGEMENT

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

Demonstration	Date Attempted	Date Completed
---------------	----------------	----------------

1. Responded immediately to crisis situation, along with social worker. Assisted in evaluating imminent risks/dangers to client/family and service providers.

---

2. Assisted SW in developing a short term plan for dealing with crisis, with client/family consent.

---

3. Provided needed short term support for client/family (eg. child or adult care in the home; locating and picking up emergency resources--food, clothing, etc.; cleanup of kitchen, bath, living area; emergency transportation).

---

4. Assisted SW in locating personal resources (eg. family, neighbors, friends, church members, etc.) to handle immediate crisis needs.

---

5. Identified other community services (eg. clothing closets, church funds, volunteer respite, etc.) and utilized them in crises, with agreement of social worker and client.

---

6. Involved family in effective use of supportive services, including positive relationship with service provider(s).

---

7. Assisted SW in evaluating effectiveness of crisis response and planning for long term intervention.

---

Signature(s) of Competency Evaluator	Date
--------------------------------------	------

Signature of In-Home Aide	Date
---------------------------	------

LEVEL IV HOME MANAGEMENT

7.B PARTICIPATING IN ASSESSMENT

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

Demonstration	Date Attempted	Date Completed
---------------	----------------	----------------

Under direction of the social worker:

1. Accompanied SW to home of client/family for initial assessment and observed safety precautions for entering an unfamiliar environment.

---

2. Observed physical environment, including sanitation, living arrangements, supply of food and clothing, etc.

---

3. Observed or talked with specific adults or children identified by SW.

---

4. Brought critical observations to immediate attention of SW.

---

5. Assisted SW in examining specific person(s) re: physical condition and documented observations.

---

6. Communicated general observations to SW following client/family contact and documented information.

---

\_\_\_\_\_  
Signature(s) of Competency Evaluator Date

\_\_\_\_\_  
Signature of In-Home Aide Date