## FORM G: HHATP Site Visit Evaluation Self-Study

The following sample evaluation is provided to assist in preparation for the site visit by representatives of the NYSED. During the on-site visit, you will be asked to produce evidence of compliance with the regulations (e.g., a copy of each student’s performance record). The evaluator will review the items found in the following checklist to assess the program’s compliance. This form is for your use and should not be submitted with your application.

|  |  |  |
| --- | --- | --- |
| Program Content | Yes | No |
| A. The program minimum of 75 total hours must include: a minimum 59 hours of HHA theory and 16 hours of practical training experience. Both secondary and adult programs are required to include the NYSDOH curriculum and NYSED health science core. | [ ]  | [ ]  |
| B. The NYSDOH-developed HHA curriculum and NYSED health science core are being used. | [ ]  | [ ]  |
| A locally developed curriculum, approved by the NYSED and in compliance | [ ]  | [ ]  |
| with federal and state regulations, is being used (all secondary level programs would be in this category). |  |  |
| C. Instruction reflects the curriculum as evidenced by daily lesson plans, expanded outlines and/or classroom observations. | [ ]  | [ ]  |
| D. The written objectives and evaluation instruments used in supervised practical training experience reflect the curriculum and the *procedure performance are those prescribed by the NYSDOH*. | [ ]  | [ ]  |
| RN Director Coordinator Qualifications (see Form B) | Yes | No |
| 1. The coordinator on file with the NYSED is a currently registered professional nurse.
2. The coordinator has at least two years of RN experience, one of which *must*

be in a licensed home care agency. | [ ] [ ]  | [ ] [ ]  |
| RN Instructor Qualifications (see Form C) | Yes | No |
| 1. The instructor on file with the NYSED is a currently registered professional nurse.
2. The instructor has at least two years of RN experience, one of which *must* be in a licensed home care agency.
 | [ ] [ ]  | [ ] [ ]  |
| HHA Student |  Yes | No |
| A. Evidence is provided that the HHA student is identified as such during | [ ]  | [ ]  |
| the clinical education portion of the program. |  |  |
| B. Evidence is provided that the HHA student only assumes specific duties | [ ]  | [ ]  |
| involving direct patient care after completing *at least 16 hours* of classroominstruction, and only performs duties for which *previous instruction has**been given*. |  |  |
| C. The HHA student is supervised by a nursing instructor in a health care facility. | [ ]  | [ ]  |
| D. Evidence exists student to staff ratios are maintained (class 20:1, lab 10:1, clinical 8:1/3:1/1:1 as per the site). | [ ]  | [ ]  |
| Records |  Yes | No |
| There is a program record on file which includes the following: |  |  |
| A. the names of the RN director coordinator and RN nurse instructor and a copy of credentials, | [ ]  | [ ]  |
| B. a current, signed affiliation agreement for each agency used in the clinical experience portion of the HHATP (if ongoing, current letter from agency must address contract still valid), | [ ]  | [ ]  |
| C. the names of all students admitted to the program and their dates of attendance, and | [ ]  | [ ]  |
| D. an individual student performance record on file (*for every student completer*), as prescribed by the NYSDOH, that includes the following: |  |  |
| * a list of measurable performance criteria for each duty/skill expected to
 | [ ]  | [ ]  |
| be learned in the program, |  |  |
| * documentation of the date the student performed each duty/skill,
 | [ ]  | [ ]  |
| * documentation of satisfactory student performance, and
 | [ ]  | [ ]  |
| * initials and name of instructor supervising the student performance.
 | [ ]  | [ ]  |

|  |  |  |
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| Records (continued) |  Yes | No |
| For programs approved for and offering PCA as part of the HHA program, there is a program record on file which includes the following: |  |  |
| [ ]  Check here if not applicable/PCA is not approved part of this program* identified curricular basic core (minimal first 40 HHA program hours) with lesson plans,
 | [ ]  | [ ]  |
| * the names of all students admitted to the program and their dates of attendance, and
 | [ ]  | [ ]  |
| * a record of PCA program completers.
 | [ ]  | [ ]  |
| For programs approved for and offering Nurse Aide Transition as part of the HHA program, there is a program record on file which includes the following: |  |  |
| [ ]  Check here if not applicable/NA Transition is not approved part of this program* identified curricular content (minimum of 28 hours outlining HHA theory and skills beyond that of a CNA, and identifying how the student is assessed on previously trained NA skills) with lesson plans,
 | [ ]  | [ ]  |
| * the names of all students admitted to the program and their dates of attendance, and
 | [ ]  | [ ]  |
| * a record of Nurse Aide Transition program completers.
 | [ ]  | [ ]  |
| Physical Facilities |  Yes | No |
| Both the classroom and the skills training laboratory provide the following:* adequate room size\*, lighting and ventilation, sufficient number and placement of electrical outlets, tables and chairs;
 | [ ]  | [ ]  |
| * supplies and equipment as would be found in a residential facility and necessary to deliver the required skills, and storage for supplies and records; and
 | [ ]  | [ ]  |
| * the presence of a sink with running water (skills lab).
 | [ ]  | [ ]  |

\*Each student is to have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.