

Community Instructor Training Report

Date

Business Contact Information

Business Name

Address	City	State WA	Zip Code	County
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Skills Lab Address (if different)	City	State WA	Zip Code	County
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Email Address	Phone Number	Website Address
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Primary Contact Person

Name	Phone Number	Email Address
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Please complete this form electronically and email it along with all the required corresponding documentation to trainingapprovaltpc@dshs.wa.gov by the required due date. Attach additional pages as needed.

- How long has your training entity been contracted to teach Home Care Aide classes?
 - 0 – 4 years
 - 4 – 8 years
 - Over 8 years
- Under the contract's Special Terms and Conditions, please submit all student records, student contact information, class summaries and evaluations from classes you have conducted this month and for the **previous three (3) months**.
 - I have student records, see attached.
 - I do not have student records.

If you do not have a mechanism in place to maintain student contact information, class summaries, and evaluations, you can use the following DSHS forms:

- [Student Evaluation Summary Report, DSHS 02-690](#)
- [Student Class Evaluation, DSHS 02-691](#)
- [Community Instructor Class List Tracking Log, DSHS 02-692](#)

- Please provide a schedule / outline of your **75-hour HCA Certification Class** (core basic, population specific, orientation, and safety) as required in your contract under the Special Terms and Conditions.

A course outline includes days and times classes will be held, and the identification and description of each topic area. Please confirm whether you are holding scheduled classes or are going to provide classes on an ad-hoc basis when the students are available **or** a combination of both. Refer to the [FOC 3rd edition Facilitators Guide](#) Pages 2 - 3, to use or modify the suggested HCA Core Basic classroom schedule.

- I have a course / schedule outline, see attached.
- I need assistance to develop a course outline / schedule.

4. How many hours of instruction do you teach for each class? What classes are you teaching? Who is the instructor(s) for each class? How many students do you allow in your classroom and/or space? Are you teaching virtually or in-person.

Class Name	Hours of Instruction	Approved Instructor(s)	Teaching this class Virtually (V), In-Person (IP), or Both (B)
Core Basic Instruction			<input type="checkbox"/> V <input type="checkbox"/> IP <input type="checkbox"/> Both
Core Basic Skills (in person only)			<input checked="" type="checkbox"/> In-Person only

Check what courses your training program is teaching as Population Specific:

<input type="checkbox"/> Dementia Specialty			<input type="checkbox"/> V <input type="checkbox"/> IP <input type="checkbox"/> Both
<input type="checkbox"/> Diabetes Specialty			<input type="checkbox"/> V <input type="checkbox"/> IP <input type="checkbox"/> Both
<input type="checkbox"/> Mental Health Specialty			<input type="checkbox"/> V <input type="checkbox"/> IP <input type="checkbox"/> Both
<input type="checkbox"/> Substance Use Disorder Specialty			<input type="checkbox"/> V <input type="checkbox"/> IP <input type="checkbox"/> Both
<input type="checkbox"/> Traumatic Brain Injury Specialty			<input type="checkbox"/> V <input type="checkbox"/> IP <input type="checkbox"/> Both
<input type="checkbox"/> Nurse Delegation Core			<input type="checkbox"/> V <input type="checkbox"/> IP <input type="checkbox"/> Both
<input type="checkbox"/> Nurse Delegation Diabetes			<input type="checkbox"/> V <input type="checkbox"/> IP <input type="checkbox"/> Both
Orientation and Safety			<input type="checkbox"/> V <input type="checkbox"/> IP <input type="checkbox"/> Both
Other:			<input type="checkbox"/> V <input type="checkbox"/> IP <input type="checkbox"/> Both

Maximum numbers of students your **classroom** can hold comfortably?

Number:

Maximum numbers of students your **skills lab space** can hold comfortably?

Number:

5. How many students received a 75-hour certificate of completion from your training entity over the past year?
 None 1 – 10 11 – 20 21 – 30 31 – 40 41 – 100 Over 100

6. If 10 or less home care aide 75-hour completion certificates were issued from your training entity, please explain why?

7. When a student misses any classroom or skills training hours, how do they make it up?

8. Is your training entity DSHS approved to teach virtual classes? If you are currently teaching virtually and are not approved, please complete a DSHS Virtual Classroom Training Application, and submit it with this training report.

If “No,” skip to Question 10.

Yes No Not sure

For more information, visit [Virtual Classroom Training Standards | DSHS \(wa.gov\)](https://www.dshs.wa.gov/virtual-classroom-training-standards).

9. If you are teaching virtually, please explain:

a. How are you conducting testing for specialty courses?

Per your training contract, under Special Terms and Conditions testing, required for specialty courses, the guidelines for administering tests include: (c) Supervise student(s) at all times, score, and provide student feedback on the test; (d) Check student photo identification; (e) Provide a test environment conducive to taking a test (i.e., comfortable temperature, lighting, quiet, and private); and (i) Administer tests only to students who have attended the entire course.

b. If you are teaching virtually, please explain how students complete skills training, including those who do not live in the immediate area of where your skills lab is located.

10. A fully equipped skills practice lab is a well-lighted area that contains a bed, chair, hand washing facility, wheelchair, mannequin, and equipment and supplies required for teaching activities of daily living skills. Please attest and provide photos of your lab and all required supplies.

Attestation form: Expectations and equipment needed to provide the required hands-on skills training.

The following equipment must be on site for in-person skills training.

- | | |
|---------------------------------------|--------------------------------------|
| • Basins | • Napkins |
| • Bath blanket or large towels | • Orange sticks |
| • Bed (adjustable) | • Paper cups |
| • Bed pads or large towels | • Paper towels |
| • Bed | • Pillows |
| • Bedpan | • Running water |
| • Catheter / condom catheter supplies | • Safety razor |
| • Nail clippers | • Shaving lather |
| • Clothing and footwear | • Sheets and bedding |
| • Clothing protector or cover | • Simulated medications and supplies |
| • Denture cup | • Sink |
| • Denture storage container | • Sink liners |
| • Dentures | • Skin cleanser (soap) |
| • Eating utensils | • Soiled linen container |
| • Emery boards | • Stockings |
| • Food, beverage | • Toilet |
| • Gait belt | • Toilet tissue |
| • Gloves | • Toothbrushes or toothettes |
| • Gown or sleepwear | • Towels |
| • Lotion | • Washcloths |
| • Mannequin | • Waste basket |
| • Medication documentation paper | • Wheelchair with footrests |

My typed name or signature below indicates that I attest to the following:

- I will teach at least 16 hours of in-person skills practice as part of my 75-hour HCA certification training class.
- I understand that additional practice time should be provided for commonly failed skills such as medication assistance, foot care, and perineal care.
- My students have access to supplies and equipment required for skills training.
- I have attached photos of my skills lab that show the required equipment and supplies available for students to use while practicing all activities of daily living skills. Included are photos of the hand washing facility, a wheelchair, and a mannequin, a bed, and necessary equipment and supplies. Please send no more than seven (7) photos per lab site.

Name

Date

11. If you do not have access to a fully equipped skills lab, how, and where are you conducting skills training? Please be specific.

12. How are you providing Home Care Aide training materials to your students? For example, textbooks, digital links, etc.?

13. Do you provide training or support in languages other than English? Yes No
If "Yes," which languages?

14. Are you licensed by the Workforce Training Board? Yes No
If interested, please visit [Washington Workforce Training and Education Coordinating Board](#).

15. Do you have any questions?