

Dining Assistant Program Application for Approval



Ohio Department of Health
Attn: NATCEP Unit, 3rd Floor
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Application for Approval of a Dining Assistant Program

Table of Contents

Guidelines for Completion	ii
Application Checklist of Items to be Included	1
Application for Approval	
1. General Information	1
2. Physical Facilities	
A. Classroom	2
B. Criteria for Dining Assistant Training Approval	2
3. Faculty [3701-17-07.2(f)(1)(2)(3)(4)]	3
4. Verification of Rule Compliance [3701-17-07.2]	3
5. Summary of Curriculum Plan Hours	4
Attestation	4
Curriculum	Attachment

Application for Approval of a Dining Assistant Program

Guidelines for Completion

The purpose of this document is to guide you in submitting the information needed to comply with paragraph (H) of Rule 3701-17-07.2, Ohio Administrative Code (OAC) to seek approval of your **Dining Assistant Training Program**. The Application form closely follows the Dining Assistant Rules in Chapter 3701-17, OAC.

1. General Information

- A. Information requested in this section identifies the facility, agency, or organization applying to operate the **Dining Assistant Program**. Note that facility-based programs must be owned, operated, and conducted by a long-term care facility.
- B. Specific information regarding the plans for operation of your **Dining Assistant Program** is requested here. Explain how often you intend to offer a complete **Dining Assistant Program** during a 24-month period and include the anticipated plan of presentation that you intend to follow for each.

2. Physical Facilities

- A. **CLASSROOM:** include in the description of the classroom, the number of trainees the room will hold for safe and proper operation of the program.
- B. **CLINICAL EXPERIENCE LOCATION:** This information is needed to determine if a facility is eligible to have an approved **Dining Assistant Program**. Complete this page for each long-term care facility (LTCF) used as a clinical/classroom site.

3. Faculty

Complete all Program Instructor information requested in this section.

4. Verification of rule compliance

The pertinent sections of the rules have been listed for your information and verification of compliance.

5. Curriculum

A summary of the required curriculum hours is presented. Enter in the "actual hours" column the amount of time for each topic area. Each topic area must at least meet the "required hours."

Under "totals" add up all of the hours for each category and make sure that they meet the minimums.

6. Attestation

When signing this section, the operator is attesting that the program will be conducted in compliance with all of the rules and must sign the form. The facility administrator may also co-sign.

Reminders

Be sure to include the original application and retain an additional copy for your records.

Application Checklist of Items

To be included with Application for Approval of **Dining Assistant Program**

- ☐ Application form completed entirely
- ☐ Program Instructor information
- ☐ Read all of the assurances
- ☐ Application attestation signed and dated

Mail one completed, collated copy of all of the above materials to:

Ohio Department of Health, Attn: NATCEP Unit, 1st floor, 246 North High Street, Columbus, Ohio 43215

Application for Approval of a Dining Assistant Program

1. General Information

A. Name of LTC facility or organization operating the Dining Assistant Program		
Address		
City	State	ZIP
County	Telephone	FAX
Program operator	Telephone/cell phone	Email address

(This person must be available and able to discuss the application and program.)

B.	Anticipated number of complete Dining Assistant Programs to be offered in the next 24 months
	Anticipated number of participants per class: (no more than 8)
	Duration in days of each Dining Assistant Program
	Total number of hours in Dining Assistant Program

Describe below the plan for presentation of the **Dining Assistant Program**, i.e., scheduled on what day M–F, 8–5 for two days, or scheduled 4 hours a day for _____ days, or scheduled 1 day a week for _____ weeks, etc. If more space is needed, attach a separate page.

2. Physical Facilities

A. Classroom

List the facility or organization where class will be held.

Name			
Address			
City	State	ZIP	Telephone

Description of rooms used for classroom instruction and laboratory simulation (including room capacity).

B. Clinical Site

Criteria for **Dining Assistant Program** approval [3701-17-07.2] [I-L].

Must complete this page for *each* LTCF listed in 2.a. This sheet may be copied if needed.

Write facility name here	Yes	No	If yes, list date
"The director may suspend or withdraw approval of a dining assistant training course if at least one of the following applies: (1) The course is not operated in compliance with this rule; or (2) The course is operated by or in a long term care facility and one of the following applies;"	NA	NA	NA
"The director has notified the facility of a real and present danger under section 3701.8 of the Revised code;"			
"An action has been taken against the facility under section 5111.51 of the Revised code; or"			
"The license of the facility is revoked under section 3721.03 of the Revised code."			

3. Faculty [3701-17-07.2(F)(1)(2)(3)(4)]

- Must list for each instructor. May copy if needed.

A. Program Instructor

Name	
Title	
Ohio license #	Expiration date
Phone ()	Email address

B. Program Instructor

Name	
Title	
Ohio license #	Expiration date
Phone ()	Email address

4. Verification of Rule Compliance [3701-17-07.2]

The Dining Assistant Program verifies that it will comply with all requirements of the law, rules and policies governing the Dining Assistant programs as follows:

- The physical facilities for classroom instruction and laboratory simulation provide adequate space to accommodate all trainees; are clean, safe and meet state building and fire code requirements; have adequate lighting and comfortable temperatures and are equipped adequately with audio visual equipment, other teaching aids and equipment needed for simulation of resident care.
- Records are maintained in a secure and confidential manner which is accessible to authorized individuals. Records include information as required [3701-17-07.2 (D)].
- Any changes in instructor or classroom/clinical site will be reported to the NATCEP Unit no later than ten (10) business days before the change is made [3701-07-07.2 (H)].
- The NATCEP Unit will be allowed access to staff, facilities, classes and records of the approved Dining Assistant Program [Rule 3701-07-01.2]
- Certificates, as prescribed by the NATCEP Unit, will be issued to all trainees upon successful completion of the approved Dining Assistant Program.
- The approved Dining Assistant Program will use only qualified personnel in the role of Instructor.
- Instructor to trainee ratios will not exceed 1:8 for the clinical portions of the approved Dining Assistant Program. Only qualified instructors will conduct the classroom and clinical portions. [Rule 3701-17-07.2(F)(1)(2)(3)(4)].
- For successful completion of an approved Dining Assistant Program, at minimum the following must be met: The trainee attended all classroom and clinical instruction; documentation that the trainee successfully completed training for each task on which the trainee was tested; that the trainee is not listed on the nurse aide registry as a subject of a finding of abuse or neglect of a resident or misappropriation of the property of a resident.

5. Curriculum

A. Summary of Curriculum Plan Hours

Topic area	Required hours classroom	Actual hours classroom	Required clinical hours	Total actual hours
I. Overview	.50		0	
II.1 Communications and Interpersonal Skills	1.00		0	
II.2 Communications and Interpersonal Skills	1.00		0	
III.1 Infection Control	.50		0	
III.2 Infection and Standard Precautions	.50		0	
IV. Safety and Emergency Procedures	1.00		0	
V. Respecting Residents Rights	.50		0	
VI. Nutrition and Fluid Needs	1.00		0	
VII. Mealtime	2.00		1.00	
Total program hours				

Required hours

Total required classroom hours topic areas I thru VII 8
 Total required clinical hours topic areas I thru VII 1
 Total required hours I thru VII 9

Actual hours

Total actual classroom hours topic areas I thru VII _____
 Total actual clinical hours _____
 Total actual hours I thru VII _____

Attestation

I hereby certify that the Dining Assistant Program for which this approval application is now being made will be conducted in compliance with all applicable federal and state statutes, rules and policies governing Dining Assistant Programs. I further certify that all information submitted in this application is true and accurate. I will not hold a class for this program until it has been approved by the Ohio Department of Health.

I am aware that misrepresentation on this application may result in denial of approval or revocation of existing approval.

Signature of Program Operator (mandatory)	Date
Signature of Administrator (optional)	Date