**DOCUMENT REVIEW**

**Instructions:** Review your Career Development policy. The home must have in place either a Formal Career Ladder or a Formal Skills Enhancement Program. Evaluate the one you have in place.

### FORMAL CAREER LADDER

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the Formal Career Ladder include specific curriculum and educational opportunities for each level of the career ladder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the Formal Career Ladder provide opportunities for lateral advancement in the organization? (The opportunity for direct caregivers to learn new skills and advance in the organization while continuing to serve as valued direct caregivers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the Formal Career Ladder provide opportunity for all non-licensed staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do team members receive incremental pay increases or title/position recognition for completing various levels of the career ladder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do team members receive a certificate of completion for completing various levels of the career ladder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is the Formal Career Ladder outlined formally in writing in either policy, employee handbook or other written documents that are available and communicated to team members?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FORMAL SKILLS ENHANCEMENT PROGRAM

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the Formal Skills Enhancement Program provide skill enhancing educational opportunities for all non-licensed staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the Formal Skills Enhancement Program include strong coaching, mentoring, and goal setting opportunities for all non-licensed staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are development plans created through collaborative effort between team members and leaders to reflect personal career goals for participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does the Formal Skills Enhancement Program actively involve leadership in the search for training opportunities for participants to achieve their goals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is the Formal Skills Enhancement Program outlined formally in writing in either a policy, employee handbook or other written document that is available and communicated to team members?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discuss the findings of the audit as a team. Any “No” response could indicate an area of concern during your evaluation. Review the criteria for this core and discuss your current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.
STAFF INTERVIEWS

Instructions: Ask a team member to interview several staff members asking the question below.

Supporting Practice #1- Professional Development

• Tell me about career advancement opportunities available to you in this organization.
STAFF INTERVIEW FOLLOW-UP

Once staff interviews are complete, review the responses. Responses other than the following examples could indicate an area of concern.

Professional development

- **Tell me about Career Advancement opportunities available to you in this organization.**
  Responses should indicate that team members are aware of the opportunities provided through the organization's Formal Career Ladder or Formal Skills enhancement Program and know how to access the program.

Notes:_______________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
TEAM INTERVIEW

Instructions: Gather team members from different areas of the organization to discuss the following questions. Be sure to include direct caregivers in this discussion. Any “No” response could indicate an area of concern during your evaluation. Review the criteria for this core and discuss your current practices to see if they meet the criteria for this core. If not, discuss changes that may need to be made.

<table>
<thead>
<tr>
<th>Supporting Practice #1 - Professional Development</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Is formal orientation and training available to prepare team members to safely respond to resident requests within their capacity and certification? (Examples of training might include: Safe food handling, preparation and service, housekeeping and laundry functions, assisting with daily activity programs, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Supporting Practice #2 - Outside Education

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Can the home provide copies of certificates of completion or sign-up sheets that reflect 10% of non-managerial staff have attended outside training of some kind in the past PEAK year?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Kansas State University | Center on Aging