

Aging, Disability and Veterans Services Division, Adult Care Home Program

Caregiver Checklist

Complete this checklist with a new staff member before they are left alone with residents. This includes resident managers, shift managers and caregivers. The checklist covers details about the physical characteristics of the home, as well as the residents and their care needs. A completed and signed copy of this form must be kept in the home's business records (MCAR: 023-070-620).

Operator name:	License #:	Classification: <input type="checkbox"/> APD <input type="checkbox"/> BH
Operator email address:	Adult care home phone #:	
Staff member full name:	Hire date:	

1. **I have been instructed in the 911 procedures for emergencies requiring ambulance, fire, or police:** yes _____ no _____ initials _____

2. **I understand the fire safety for this home including:**
 - a) Location of fire extinguisher and instructions for use.
Where are they located? _____
 - b) Techniques for putting out fires.
Always call 911 and? _____
 - c) I have participated in fire drills with residents. yes _____ no _____ initials _____
(date of last fire drill) _____
 - d) I know how to evacuate all residents in less than 3 minutes.
yes _____ no _____ initials _____
 - e) I have been trained on the Emergency Preparedness Plan:
yes _____ no _____ initials _____

3. **I have knowledge of home maintenance and emergency aids including:**
 - a) Location of fuse (or breaker) box: _____
 - b) Location of extra fuses for box: _____
 - c) Knowledge of how to change fuses in fuse box: yes _____ no _____ initials _____
 - d) Location of plug-in flashlight: _____
 - e) Location of water shut-off valve: _____
 - f) Location of first aid supplies: _____

4. **I know the location of all resident records, including advanced directives:**

yes _____ no _____ initials _____

5. **I know the location of telephones in house and phone numbers for:**

Resident's physicians phone number location: _____

Resident's pharmacies phone number location: _____

Resident's emergency contacts phone number location: _____

Where the operator or licensed provider can be reached:

yes _____ no _____ initials _____ Phone number: _____

Cell Telephone: _____ Pager Number: _____

Name of emergency backup person: _____

Phone number: _____

6. **I have read the residents' Bill of Rights and understand them:**

yes _____ no _____ initials _____

7. **I have read the house rules:** yes _____ no _____ initials _____

8. **I have been introduced to all residents, been escorted throughout the home and know where each resident's room is:** yes _____ no _____ initials _____

9. **I have reviewed resident care plans and understand how to meet the needs and preferences of each resident:** yes _____ no _____ initials _____

10. **I will be giving medications to residents:** yes _____ no _____ if yes, complete 10a – 10g:

a) I know the location of medications and the key for the locked medication cabinet:

yes _____ no _____ initials _____

b) I have reviewed all medications for each resident:

yes _____ no _____ initials _____

c) I have been instructed in all potential side effects and reactions of medications that I may be giving to residents: yes _____ no _____ initials _____

d) I have been instructed in the proper way to record medications for each resident:

yes _____ no _____ initials _____

e) I have been advised of any emergency medications that I may need to give:

yes _____ no _____ initials _____

f) I know I should not give medications to residents unless specifically directed to by the operator:

yes _____ no _____ initials _____

g) I have completed the appropriate medication administration training:

- Caregivers: Six Rights of Safe Medication Administration
- Resident managers and shift managers: Record Keeping Part B – Medication Management

yes _____ no _____ initials _____

11. **I know where food is stored. I understand menu and snack preparation. I know of any special diet requirements of residents:** yes _____ no _____ initials _____
12. **I understand how to give water or liquids to residents who have swallowing or choking problems:** yes _____ no _____ initials _____
13. **I have reviewed the guidelines for universal precautions used to prevent the spread of disease:** yes _____ no _____ initials _____
14. **I have been instructed on how to assist residents with all transfers (on/off toilets, chairs, or the turning and repositioning of residents confined to bed):**
yes _____ no _____ initials _____
15. **I have been instructed on how to help residents with toileting and clean-up or changing adult diapers when necessary:** yes _____ no _____ initials _____

Only Sign This Page After Completing Questions 1-15

Statement of Staff Member:

I understand and accept the responsibility of caring for residents in this adult care home as a substitute caregiver. I have received the training and completed the procedures required above. I understand this form is required for every adult care home where I work.

Signature of Staff Member

Date

Statement of Operator:

I have completed and submitted to the adult care home program an authorization form for a criminal record check for this caregiver. I have provided training covering the above items, which are necessary to provide for the safety and care of the residents in the adult care home licensed in my name.

Signature of Operator/Resident Manager

Date

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