

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

Updated 1-1-2026