

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

**Caregiver Checklist**

To be completed prior to Caregiver being left alone with residents

(MCAR: 023-070-620) Operators shall orient all Resident Managers and caregivers to the physical characteristics of the home, the residents of the home and their care needs using the ACHP checklist before Resident Managers and caregivers are left alone with residents. The Operator shall keep on file a copy of each Resident Manager's and caregiver's signed and completed ACHP checklist

Please print the following information:

Caregiver's Full Name

Hire date

Operator's Full Name

ACH License Number

The Adult Care Home Operator must orient all Caregivers on the following policies and procedures. Caregivers must accurately complete this training form and master the related skills **before** being left alone with any residents. No Caregiver will be exempt from this training.

Expiration Dates:

- Caregiver Checklist
- ACHP Approval Letter
- Background Check/Fitness Determination
- Current First Aid (if left alone)
- Current CPR (if left alone)
- Certificate from Workbook or Qualifying Test
- Current OIS (for DD 2B homes)
- Other Documents:

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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.

(date of last fire drill)\_\_\_\_\_

d) I know how to evacuate all residents in less than 3 minutes.

yes\_\_\_\_\_ no\_\_\_\_\_ initials\_\_\_\_\_

3. **I have knowledge of home maintenance and emergency aids including:**

a) Location of fuse (or breaker) box : \_\_\_\_\_(location)

b) Location of extra fuses for box: \_\_\_\_\_(location)

c) Knowledge of how to change fuses in fuse box:

yes\_\_\_\_\_ no\_\_\_\_\_ initials\_\_\_\_\_

d) Location of plug in flashlight: \_\_\_\_\_(location)

e) Location of water shut-off valve: \_\_\_\_\_(location)

f) Location of first aid supplies: \_\_\_\_\_(location)

4. **I know the location of all resident records, including advanced directives:** yes\_\_\_\_\_ no\_\_\_\_\_ initials\_\_\_\_\_

**I know the location of telephones and phone numbers for:**

Resident's physicians: \_\_\_\_\_(location)

Resident's pharmacies: \_\_\_\_\_(location)

Resident's emergency contacts: \_\_\_\_\_(location)

Where the operator or licensed provider can be reached:

yes\_\_\_\_\_ no\_\_\_\_\_ initials\_\_\_\_\_ Telephone number: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Emergency back up person: \_\_\_\_\_(name)

Telephone: \_\_\_\_\_

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

yes\_\_\_\_\_ no\_\_\_\_\_ initials\_\_\_\_\_

6. **I have read the house rules:** yes\_\_\_\_\_ no\_\_\_\_\_ initials\_\_\_\_\_

7. **I have been introduced to all residents, been escorted throughout the home and know where each resident's room is:**  
yes\_\_\_ no\_\_\_ initials\_\_\_\_\_
8. **I have reviewed resident care plans and understand how to meet the needs and preferences of each resident:** yes\_\_\_ no\_\_\_ initials\_\_\_\_\_
9. **I will be giving medications to residents:** yes\_\_\_ no\_\_\_  
*if yes, complete 9a - 9f below.*
- 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\_\_\_\_\_
10. **I know where food is stored. I understand menu and snack preparation. I know of any special diet requirements of residents:** yes\_\_\_ no\_\_\_ initials\_\_\_\_\_
11. **I understand how to give water or liquids to residents who have swallowing or choking problems:** yes\_\_\_ no\_\_\_ initials\_\_\_\_\_
12. **I have reviewed the guidelines for universal precautions used to prevent the spread of disease:** yes\_\_\_ no\_\_\_ initials\_\_\_\_\_
13. **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\_\_\_\_\_
14. **I have been instructed on how to help residents with toileting and clean-up or changing adult diapers when necessary:**  
yes\_\_\_ no\_\_\_ initials\_\_\_\_\_
15. **I have completed the caregiver workbook or the Basic Training Course and have a certificate kept in this home:**  
yes\_\_\_ no\_\_\_ initials\_\_\_\_\_
16. **I have a current CPR and First Aid certificate:** Date CPR Expires: \_\_\_\_\_  
yes\_\_\_ no\_\_\_ initials\_\_\_\_\_ Date First Aid Expires: \_\_\_\_\_  
*If no, you may not be left alone with residents.*

**Only Sign This Page After Completing Questions 1-16.**

**Statement of Caregiver:**

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 Caregiver

\_\_\_\_\_  
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

**This signed statement must be kept on file for ALL persons left alone with residents including, resident managers, caregivers, and substitute caregivers. No person who is left alone with the residents is exempt from completing this caregiver checklist.**