

## Adult Foster Home Caregiver Orientation Record

The licensee is the person licensed to operate the adult foster home (AFH). The licensee, administrator, the qualified resident manager or shift caregiver, if there is one, must orient you to both the home and the residents. Check off each statement below to verify training as it is provided. This completed form must be maintained in the home's facility records to verify you received the mandatory orientation to the AFH identified above.

**Please print or type the following information:**

Caregiver's full name: \_\_\_\_\_

Caregiver's personal address: \_\_\_\_\_

Personal phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date completed Caregiver Preparatory Study Guide and Workbook (*attach certificate*):

**Background check:**

Date submitted: \_\_\_\_\_ Date cleared (*attach notice*): \_\_\_\_\_

**Please read the following statements and answer appropriately:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. I know the phone number and address of this home.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I know the telephone numbers to reach the licensee, the back-up licensed provider or approved resident manager, RN consultant, and other emergency contacts.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have been introduced to all of the residents in the home, and have immediate access to a master key that unlocks each resident's room. ( <i>Note: Locks on doors to residents' bedrooms are required for all homes licensed on or after 1/1/16, but must be in place on other homes no later than 6/30/21.</i> ) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have been shown the location of and have access to the residents' records.   | <input type="checkbox"/> | <input type="checkbox"/> |

<b>Please read the following statements and answer appropriately:</b>	<b>Yes</b>	<b>No</b>
5. I know where the phone numbers for the residents' physicians are located.	<input type="checkbox"/>	<input type="checkbox"/>
6. I have reviewed all resident care plans and understand how to meet the needs and preferences of each resident.	<input type="checkbox"/>	<input type="checkbox"/>
7. I have been instructed on how to properly assist residents with all transfers ( <i>e.g., on/off toilets or chairs, and repositioning</i> ).	<input type="checkbox"/>	<input type="checkbox"/>
8. I understand that I may not perform any nursing care tasks prior to delegation by a registered nurse.	<input type="checkbox"/>	<input type="checkbox"/>
9. I have been instructed in standard and enhanced precautions for infection control.	<input type="checkbox"/>	<input type="checkbox"/>
10. I know where the food is stored and understand menu, snack preparation and special diet requirements.	<input type="checkbox"/>	<input type="checkbox"/>
11. I know where to find the residents' medications and have access to the locked medication storage.	<input type="checkbox"/>	<input type="checkbox"/>
12. I have been instructed on how to administer medications properly for each resident.	<input type="checkbox"/>	<input type="checkbox"/>
13. I have been instructed in the potential side effects and reactions of medication that I am giving to residents.	<input type="checkbox"/>	<input type="checkbox"/>
14. I have been instructed in the proper way to document on the residents' medication administration record, including refused medications, and other resident records.	<input type="checkbox"/>	<input type="checkbox"/>
15. I have been instructed in the use of PRN medications including written parameters.	<input type="checkbox"/>	<input type="checkbox"/>
16. I have been taught what to do in the event of a medical emergency and understand the procedures for calling 9-1-1 for medical, police and fire emergencies.	<input type="checkbox"/>	<input type="checkbox"/>
17. I have been informed of what to do if a resident dies.	<input type="checkbox"/>	<input type="checkbox"/>
18. I have been informed of what to do if a resident goes missing.	<input type="checkbox"/>	<input type="checkbox"/>
19. I know where the first aid supplies and manual are located.	<input type="checkbox"/>	<input type="checkbox"/>
20. I have been oriented to the home's policies and procedures related to advance directives.	<input type="checkbox"/>	<input type="checkbox"/>

- | <b>Please read the following statements and answer appropriately:</b>  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 21. I have been instructed in the home's emergency procedures and can readily access the emergency preparedness plan.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. If applicable, I have been oriented to the back-up generator and know how to operate it without assistance.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. I know the location of the fuse box and utility shut-off   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. I have been oriented to emergency evacuation procedures and can demonstrate the ability to evacuate all residents and any other occupants within three minutes to the initial point of safety, and within two additional minutes to the final point of safety. | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I have been shown the location of the fire extinguisher(s) and know how to operate them.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. I understand that I am a mandatory reporter of elder abuse and I know how to file a report.  | <input type="checkbox"/> | <input type="checkbox"/> |

**Please read the statements on the following page, then sign and date where indicated to acknowledge your agreement.**

**Licensee, administrator, qualified resident manager or shift caregiver:**

- I have provided the caregiver, named on page one, the specific training identified in this form to ensure the caregiver has a clear understanding of job responsibilities.
- The caregiver demonstrated to me the ability to understand written and oral orders and communicate in English with residents and others.
- I confirm the caregiver is able to respond to emergency situations at all times.
- Licensee only: I understand that I am responsible for the supervision, training and overall conduct of caregivers, family members and friends when acting within the scope of their employment duties or when present in the home.
- I understand this orientation record is specific only to the home identified below.

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Signature of trainer, role:

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Date

- Licensee
- Administrator
- Resident manager
- Shift caregiver

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Address of AFH

**Caregiver:**

I have received the caregiver orientation and accept the responsibilities necessary to provide care for adults who are elderly or disabled. I further understand that a caregiver must be present and available at all times when residents are in the home. I understand this orientation record is specific only to the home identified above.

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Signature

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Date