

# Substitute Caregiver Orientation Record

*(specific only to this home)*

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

Caregiver's date of hire: \_\_\_\_\_

Address of foster home: \_\_\_\_\_

Date completed Department's Basic Training Course (foster care test)\*: \_\_\_\_\_

Date of current criminal background clearance \*: \_\_\_\_\_

Date of mandatory abuse reporter training/notification\*: \_\_\_\_\_

*\*file copy in employee record*

Please read the following statements and answer appropriately:

	Yes	No	N/A
1. I know the phone number and address of this home.			
2. I know the location of telephone numbers for the individuals' physicians, the provider, and other emergency contacts.			
3. I know which individuals carry cellular phones, and where to locate their numbers.			
4. I have been instructed in the 911 procedure for emergencies requiring ambulance, fire, and police.			
5. I have been instructed in the home's emergency preparedness plan.			
6. I have been shown the location of the fire extinguisher(s).			
7. I know the location of the fuse box and utility shut-offs.			
8. I know the location of the flashlights.			
9. I have been oriented in fire drill procedures, and can demonstrate the ability to evacuate all individuals in the home within 3 minutes to the closest point of safety.			
10. I have been introduced to all the individuals of the home.			
11. I have been shown the location of and have access to the individuals' records and blank forms.			
12. I know the location of the medication and key for the medication cabinet.			
13. I know where the food is stored and understand menu, snack preparation, and special diet requirements.			
14. I have been instructed and know how to assist individuals with all transfers (on/off toilets, chairs, in/out of bed, and responding to emergencies).			
15. I have reviewed the ISPs for the following residents and understand how to meet the needs and preferences of each of these individuals: <div style="text-align: right; margin-right: 20px;">                     Resident: _____                      Resident: _____                      Resident: _____                      Resident: _____                      Resident: _____                 </div>			
16. I have reviewed the behavior support plans (as applicable) for the following residents and understand how to implement the behavior supports for each of these individuals: <div style="text-align: right; margin-right: 20px;">                     Resident: _____                      Resident: _____                      Resident: _____                      Resident: _____                      Resident: _____                 </div>			

	Yes	No	N/A
17. I have reviewed the nursing plans (as applicable) for the following residents and understand my responsibilities related to implementing medical supports for each of these individuals:  Resident: _____ Resident: _____ Resident: _____ Resident: _____ Resident: _____			
18. I have been delegated by a registered nurse for nursing tasks (as applicable) for the following residents: Resident: _____ Delegated task(s): _____ Resident: _____ Delegated task(s): _____ Resident: _____ Delegated task(s): _____ Resident: _____ Delegated task(s): _____ Resident: _____ Delegated task(s): _____			
19. I have received instructions related to any Advance Directives (as applicable) for the following individuals:  Resident: _____ Resident: _____ Resident: _____ Resident: _____ Resident: _____			
20. Other:			
21. Other:			
22. Other:			
23. Other:			

**Provider**

I have provided the above mentioned orientation and individual specific training to ensure the substitute caregiver has a clear understanding of job responsibilities. The caregiver is literate in the English language and has demonstrated the ability to comprehend and communicate in English orally and writing. The caregiver has demonstrated the understanding of written and oral orders, the ability to communicate in English with individuals and others, and is able to respond appropriately to emergency situations at all times. I understand that I am responsible for the supervision, training and overall conduct of caregivers when acting within the scope of their employment, duties, or when present in the home.

Provider signature \_\_\_\_\_ Date \_\_\_\_\_

**Caregiver**

I have received the substitute caregiver orientation as described above and accept the responsibilities necessary to provide care for the individuals receiving services in this home. I further understand that a caregiver must be present and available at all times when individuals are in the home.

Caregiver signature \_\_\_\_\_ Date \_\_\_\_\_