

# HEALTH AND SAFETY CHECKLIST

Name of Direct Service Employee \_\_\_\_\_

Location of Service Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number at Service Location \_\_\_\_\_

Assurance	Met	Not Met	Comments
1. The home is free from any hazards that present a risk to the Participant's health and safety. Appropriate safety preventive devices are in place to include at a minimum of a smoke detector on each level of the home.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Medications, hazardous cleaning supplies, or firearms in the home are kept in a secure (locked) location.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Pets the Participant comes in contact with have up-to-date vaccinations. If the pet presents a risk to the safety of the Participant, the pet must be kept in a secure location, separate from the portions of the home accessed by the Participant.	<input type="checkbox"/>	<input type="checkbox"/>	
4. There is an evacuation plan specific to the Participant in the home, and it is tested at least monthly.	<input type="checkbox"/>	<input type="checkbox"/>	
5. If the Participant requires adaptive equipment for services and supports provided in the employee's home, that equipment must be available. Medicaid does not fund duplicate equipment for the purpose of availability in the employee's home.	<input type="checkbox"/>	<input type="checkbox"/>	
6. A criminal background check is performed for any adult who lives in the home and present during the time the Participant is receiving services. The results of the background check do not present any safety risk for the Participant.	<input type="checkbox"/>	<input type="checkbox"/>	
7. A healthcare registry check is performed for any adult who lives in the home and present during the time the Participant is receiving services. The results of the healthcare registry check do not present any safety risk for the Participant.	<input type="checkbox"/>	<input type="checkbox"/>	

- The Employer of Record verifies this information is accurate and has been discussed with the Direct Service Employee providing Personal Care or Respite in his/her own home. This checklist is valid for this location only.
- Services provided are documented in the Individual Support Plan with the Direct Service Employee's home listed as the service location.
- Services provided in the direct service employee's home **do not** include In-Home Skill Building or In-Home Intensive Supports.

- Services provided at this location are based on the documented needs of the Participant, not for the convenience of the employee.
- The Individual Support Plan states how the Participant's needs are better met in the direct service employee's home.
- Personal Care/Respite are not billed when the direct service employee is providing direct care to another child or person. If the direct service employee is providing direct care to another child or person, the Participant's health and safety must be assured.
- The Participant may not clean or perform other household tasks in the direct service employee's home, including preparing meals for the direct service employee's family.
- Medication administration regulations are followed for any medications that the Participant is assisted in taking.
- If the Participant has a goal to learn to evacuate the Participant's private home, that goal must be trained in the Participant's home.
- The Participant and/or Participant's guardian/family may not be charged for any damage to the Direct Service's Employee's property or any additional charge for the service provided. The issue of liability insurance to cover accidents to/by the Participant is addressed by the Provider Agency.
- The NC Innovations Waiver does not pay for room and board costs.
- The Care Coordinator has access to the service location during hours that services are provided to the Participant for both announced and unannounced monitoring visits.
- The EOR will make and document at least one monthly site visit during hours of service provision to make sure that the services provided are consistent with the Individual Support Plan, and that the environment continues to be healthy and safe for the Participant.
- The EOR agrees to immediately notify the Participant's Care Coordinator if there is any situation that involves the health and safety of the Participant in the Direct Service Employee's home, including providing the Care Coordinator with a copy of any Incident Report.

---

Signature of Employer or Record

---

Date

---

Signature of Participant/Legally Responsible Person

---

Date

---

Signature of Direct Service Employee

---

Date

---

Signature of Community Guide Agency Representative

---

Date