Greetings! Thank you for taking the time to check-in. Your work here is vital to ensuring the safety of the people in your care, your staff and yourself.

Staff Check-In

Note for supervisors: consider encouraging staff to use this voluntary tool as a pre-shift check-in, at supervisory meetings, or use when implementing corrective actions in response to incidents or cases of abuse/neglect. Do NOT use staff responses to Check-Ins for punishment.

The questions below are intended to help you assess your ability to fulfill your responsibilities for this shift. Before starting your shift, please take a moment to reflect on the questions below. If you answer “no” to any of the questions, please consider informing your supervisor and discuss ways to get assistance in changing your “no” answer to a “yes”.

1. Do you feel safe to start your work duties today? .................................................... Y N
2. Do you feel capable of providing the support needed for people in care? ............... Y N
3. Have you read the log books/shift summaries? ................................................................. Y N
4. Are there staff available to help you perform your job duties? ............................. Y N
5. Do you know how to contact your supervisors if needed? ......................................... Y N
6. Do you have a good relationship with the people in your care? ............................. Y N

Supervisor Check-In

The questions below are intended to help you assess your readiness to fulfill your responsibilities as a supervisor. Before starting your shift, please take a moment to reflect on the questions below. If you answer “no” to any of the questions, please consider informing your supervisor and discuss ways to get assistance in changing your “no” answer to a “yes”.

1. Have you checked in with staff? .............................................................................. Y N
2. Have staff been briefed on all relevant issues that may impact their upcoming shift? ................................................................. Y N
3. Do staff know how to contact you if there is an emergency? ................................. Y N
4. Are you able to provide assistance with direct care when needed? ..................... Y N
5. Are staffing levels safe and adequate for the needs of people in care? ............. Y N