# AFC MONTHLY SUCCESS CHECKLIST FOR SMALL GROUP HOME

Name of Facility: _____

Date: _____

Completed by: _____

| | JAN | FEB | MAR | APR | MAY | JUN | JULY | AUG | SEPT | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fire Drills w Smoke Detector Check Complete and Recorded* | | | | | | | | | | | | |
| Client Weights Recorded on Weight Record BCAL-3485 | | | | | | | | | | | | |
| Refrigerator and Freezer Temperatures Checked and Recorded** | | | | | | | | | | | | |
| Fire Extinguisher Checks Complete and Tags Initialed | | | | | | | | | | | | |
| Employee training logs checked and renewal training scheduled | | | | | | | | | | | | |
| Resident Funds Audited-confirm $ on site matches amount shown on BCAL-2319 | | | | | | | | | | | | |
| Meal planner Menu posted-History Filed | | | | | | | | | | | | |
| Carbon Monoxide Detectors Checked and Recorded | | | | | | | | | | | | |
| Water Temperature Checked & Recorded (should be under 120°) | | | | | | | | | | | | |
| Tornado Drill Complete 2 times per season Apr - Oct and Recorded | | | | | | | | | | | | |
| Emergency Bag Checked and Updated Quarterly or as needed | | | | | | | | | | | | |
| Check Furnace Filter and replace Monthly or as needed | | | | | | | | | | | | |



Initial and date each field as it is completed under the proper month

* Each month in a quarter must reflect a different shift. Example: Month 1 between 8 am - 4 pm, Month 2 between 4 pm - 12 am, Month 3 between 12 am - 8 am

** Recommended max temperature Refrigerator 38°F, Freezer 0°F

Care Provider Solutions
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