

St. Clair County Community Mental Health

Safety In-Home Training Checklist

(please submit to the Training Department)

Staff Name: _____

This training checklist is designed to help home-based staff stay safe and avoid injury and illness related to in-home service and care.

	Date	Staff Initial
Household Safety Hazards		
Disease & Infection Control		
Guns & Safety		
Pet Safety		
Bed Bugs		
Lice		
Domestic Violence		
Controlling & Minimizing Safety Hazards		
General Safety Practices		
Dealing with Violent Situations		
De-Escalation Techniques		
When to File a Protective Services Report or Call 9-1-1		
Child Abuse & Neglect		

Total Training Hours *(total time to complete training)*: _____

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____