



Nurse Aide Site Visit Form

Type of Visit*

- Initial
- Annual
- Additional to Address Deficiencies
- Lab Only Check

Managing Entity of Training Program*

- KCTCS College
- OCTE
- DoE - Local Control HS

2) MNA Equipment

	Equipment In Stock			Comments
	Yes	No	On Order	
Adult manikin - gender specific parts	()	()	()	—
A/V equipment	()	()	()	—
Basins - bed bath	()	()	()	—

Bedpan	()	()	()	___
Catheter supplies	()	()	()	___
Disposable gloves	()	()	()	___
Elastic Stockings	()	()	()	___
Geriatric chair	()	()	()	___
Graduate for emptying urine	()	()	()	___
Linens - Flat Sheets	()	()	()	___
Bath blanket	()	()	()	___
Draw sheet	()	()	()	___
Linens and pillows for positioning	()	()	()	___
Pillowcases	()	()	()	___
Obstructed airway manikin	()	()	()	___
Patient bed	()	()	()	___
Restraints & protective devices	()	()	()	___
Intake & Output sample records	()	()	()	___
Vital signs sample records	()	()	()	___
Scales	()	()	()	___
Sink with Water	()	()	()	___
Sphygmomanometer	()	()	()	___
Stethoscope	()	()	()	___
Thermometer - non-mercury liquid	()	()	()	___
Urinal	()	()	()	___
Wheelchair	()	()	()	___
Gait/Transfer belt	()	()	()	___

Resident Clothes for Dressing/Undressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Resident Gowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Protective Masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Protective Gowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Other Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___

3) Denture Care

	Equipment In Stock			Comments
	Yes	No	On Order	
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Denture Cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___

4) Hair Care Supplies

	Equipment In Stock			Comments
	Yes	No	On Order	
Shampoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Comb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
Shampoo Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___

5) Bathing Supplies

	Equipment In Stock			Comments
	Yes	No	On Order	
Lotion	()	()	()	___
Soap	()	()	()	___
Deodorant	()	()	()	___
Towels	()	()	()	___
Washcloths	()	()	()	___

6) Mouth Care Supplies

	Equipment In Stock			Comments
	Yes	No	On Order	
Toothbrush	()	()	()	___
Toothpaste	()	()	()	___
Emesis basin	()	()	()	___
Swabs	()	()	()	___

7) Nail Care Supplies

	Equipment In Stock			Comments
	Yes	No	On Order	
Nail Clippers	()	()	()	—
Emery Boards	()	()	()	—
Orange Sticks	()	()	()	—

8) Shaving Supplies

	Equipment In Stock			Comments
	Yes	No	On Order	
Razor	()	()	()	—
Shaving Cream	()	()	()	—
After-Shave Lotion	()	()	()	—

Required Documentation

9) Faculty Credentials

	Requirement Met		Comments
	Yes	No	
License	()	()	—
Validation of no abuse	()	()	—
TB Skin Test	()	()	—
Hepatitis Vaccine	()	()	—
CPR	()	()	—
Other	()	()	—

10) Student Records

	Requirement Met		Comments
	Yes	No	
TB Skin Test	()	()	—
Hepatitis Vaccine	()	()	—
Abuse Record Validation	()	()	—
Statement of Understanding	()	()	—
Skills Check-Off Sheet	()	()	—

CPR	()	()	—
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11) Documentation of Hours

	Requirement Met		Comments
	Yes	No	
Clinical	()	()	—
Theory	()	()	—
Attendance Policy	()	()	—

12) Memorandums of Agreement

Clinical MOA('s) on file?

- Yes
- No

Clinical Sites

	Clinical Site Name	Date MOA Signed
Site #1	<input type="text"/>	<input type="text"/>
Site #2	<input type="text"/>	<input type="text"/>
Site #3	<input type="text"/>	<input type="text"/>
Site #4	<input type="text"/>	<input type="text"/>
Site #5	<input type="text"/>	<input type="text"/>

Site #6		
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Training MOA on file?

- Yes
- No

Training MOA Signed Between:

- KCTCS College & System Office
- KCTCS System Office & Local Controlled School
- ATC & OCTE

13) Other Required Documents

	Requirement Met		Comments
	Yes	No	
Textbook	()	()	—
Faculty Evaluations	()	()	—
Liability Insurance (min 1mm - 3mm)	()	()	—
Required Tests on File	()	()	—
