

## CBC Entrance Conference Checklist

Please provide the following information as soon as possible.

Facility Name: \_\_\_\_\_ Facility #: \_\_\_\_\_

Date & time \_\_\_\_\_ Facility Type \_\_\_\_\_ RCF \_\_\_\_\_ ALF

- \_\_\_\_ 1. Capacity: Beds \_\_\_\_\_  
Current census: \_\_\_\_\_
  - \_\_\_\_ 2. Facility email address – please by exit \_\_\_\_\_
  - \_\_\_\_ 3. List of residents by room number
  - \_\_\_\_ 4. Activity calendar (for current month, if available)
  - \_\_\_\_ 5. Menus (for current week)
  - \_\_\_\_ 6. Management-team list giving names and titles
  - \_\_\_\_ 7. List of direct caregivers under the age of 18 years
  - \_\_\_\_ 8. List of all facility employees, giving first and last name, position and hire date
  - \_\_\_\_ 9. Resident council minutes for last 3 months
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Memory Care Community Endorsed Facilities Only:

- \_\_\_\_ 1. Memory Care Community disclosure statement
- \_\_\_\_ 2. Weekly staffing schedule for the month
- \_\_\_\_ 3. Memory Care Community activity calendar