



Caregivers Checklist

Morning Routine

<input type="checkbox"/>	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

Bathroom & Washing

<input type="checkbox"/>	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

Medications

<input type="checkbox"/>	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

Activities

<input type="checkbox"/>	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	

Meals & Snacks

<input type="checkbox"/>	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	
<input type="checkbox"/>	_____	