

## Annex 26: Home Visit Checklist

Case ref. no.: \_\_\_\_\_

Date: \_\_\_\_\_

General location: \_\_\_\_\_

Home visit completed by: \_\_\_\_\_

☐ Announced    ☐ Unannounced

Food support provided:    ☐ Yes    ☐ No

NO.	HOME ENVIRONMENT/SAFETY	YES	NO	N/A	NOTES/FOLLOW UP
1.	Is the home reasonably clean and uncluttered?				
2.1	Is the home well maintained?				
2.2	If no, what repairs are needed?				
2.3	How is this being addressed?				
3.1	Are there identifiable escape routes?				
3.2	Can the minor describe the escape routes?				
4.1	Can the minor/caregiver handle minor medical needs?				
4.2	Can the minor describe what to do in a medical/safety emergency?				
4.3	Are the emergency telephone numbers available/clearly visible?				
5.1	Is there sufficient food in the home?				
5.2	Can the minor store food safely/cleanly?				
5.3	Are there cooking safety issues?/fire hazards?				
5.4	If yes, how is this is being addressed?				
6.1	Are there bathing safety issues?				
6.2	If yes, how is this is being addressed?				
NO.	SURROUNDING ENVIRONMENT/SAFETY	YES	NO	N/A	NOTES/FOLLOW UP
1.	Is the surrounding environment of the house/apartment reasonably clean and uncluttered?				
2.1	Is the security of the surrounding environment adequate?				
2.2	If no, what is being done to address this?				
NO.	MEDICATION	YES	NO	N/A	NOTES/FOLLOW UP
1.	Does the minor self-medicate				
2.	Does someone assist the minor with medication?				
3.	Does the minor or the caregiver know of the necessary dosage and timings of the medications?				
4.	Are medications stored safely?				
5.	Are there any expired medications?				

### Foster Care Home Visit Checklist

Name of child: \_\_\_\_\_ Case referral no.: \_\_\_\_\_

Name of Foster Parents: \_\_\_\_\_

Address of home visited: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Time of visit: From \_\_\_\_\_ to \_\_\_\_\_

Name of Case Manager making the visit: \_\_\_\_\_

Name of interpreter (if applicable): \_\_\_\_\_

Was the child present during the visit? ☐ Yes ☐ No

If no, why?:

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List the foster family members present during the visit:

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#### Home Environment

##### A. Facilities in the home

Facilities Provision	
1. Is everything that was agreed on still maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If no, what specifically has changed?	
3. Why has it changed?	
4. How does this affect the child negatively?	
5. What mitigating steps are to be taken?	
Facilities Access	
1. Is everything that was agreed on still available for access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If no, what specifically has changed?	
3. Why has it changed?	
4. How does this affect the child negatively?	
5. What mitigating steps are to be taken?	

**B. Basic needs**

<b>Needs Provision</b>	
1. Is everything that was agreed on still maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If no, what specifically has changed?	
3. Why has it changed?	
4. How does this affect the child negatively?	
5. What mitigating steps are to be taken?	
<b>Needs Access</b>	
1. Is everything that was agreed on still available for access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If no, what specifically has changed?	
3. Why has it changed?	
4. How does this affect the child negatively?	
5. What mitigating steps are to be taken?	

**C. Cleanliness and maintenance in the home**

1. Is the home well maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the home clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If no, what are the recommendations to fix the problem?	
4. If unable to fix or comply with recommendations, why?	
5. What mitigating steps are to be taken to resolve the issue?	

**D. Safety concerns in the home**

1. Are there any new safety concerns related to the facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, what are these concerns?	
3. What mitigating steps are to be taken to resolve the issue?	

**E. Household members**

1. Are there any changes to the family composition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, who are they, and what is the relationship?	
3. Does the presence or absence of new or existing persons affect the placement?	
4. What mitigating steps are to be taken to address the issue?	

**External Environment****A. Facilities outside the home**

<b>Facilities Provision</b>	
1. Is everything that was agreed on still maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If no, what specifically has changed?	
3. Why has it changed?	
4. How does this affect the child negatively?	
5. What mitigating steps are to be taken?	
<b>Facilities Access</b>	
1. Is everything that was agreed on still available for access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If no, what specifically has changed?	
3. Why has it changed?	
4. How does this affect the child negatively?	
5. What mitigating steps are to be taken?	

**B. Cleanliness and maintenance outside the home**

1. Is it well maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is it clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If no, what are the recommendations to fix the problem?	
4. If unable to fix or comply with recommendations, why?	
5. What mitigating steps are to be taken to resolve the issue?	

**C. Safety concerns outside the home**

1. Are there any new safety concerns related to the facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, what are these concerns?	
3. What mitigating steps are to be taken to resolve the issue?	

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**Placement Relationship (group and individual interviews with foster parents and child)****Group interview:**

1. Communication - updating on progress and needs
2. Strength of the relationship
3. Meeting of expectations and needs from the placement
4. Challenges and conflict
5. Activities carried out together
6. Challenges in meeting care plan goals
7. Concerns or questions about the foster care placement
8. Positive highlights about the placement
9. Recommendations for improving the foster care process

**Individual interview:**

1. Any other expectations
2. Conflicts and challenges
3. Additional support that is needed - resources for parent and child, and training for the parents
4. Changes in circumstances that affects the placement

**Monitoring Checklist for Case Manager**

1. Date of previous visit:	
2. Have issues from the previous visit been resolved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If no, what issues are pending?	
4. What mitigating steps are to be taken to resolve the issue? a. b. c.	Timeline to resolve the issues

Prepared by:

Name of Case Manager:

Signature:

Date:

