

## PARENTAL HOME VISIT CHECKLIST FORM INSTRUCTIONS FOR COMPLETION

**Purpose:** The Parental Home Visit Checklist is intended to document contact between the Children's Service Worker and the parents on their caseload. This form should be completed **monthly during the worker's visit to the home**. The form should assist in determining the safety of the household and if the conditions which led to case opening are being addressed. **The form should be retained in the case file and kept in the assessment and treatment services section.**

### Completion:

#### Section A:

**Date/ Time:** Provide the date and time of the visit.

**Worker Visiting the Home:** Provide the name of the worker conducting the visit (should primarily be the case manager or service worker).

**Address:** Provide the address of the household.

**Case Name:** Provide the case name.

**Case Manager:** Provide the name of the case manager (this may be the same as the worker visiting the home).

**Persons Present in the Home During the Visit:** List the names of all persons in the household at the time the visit is conducted. This should include those persons present who are not related to the case.

**Case Type:** Check whether it is a Family Centered Services or Family Centered Out-of-Home case.

#### Section B: **Discuss with Family**

Check all safety issues addressed during the home visit. Each **applicable** item on the list should be reviewed a minimum of once per month. **Staff should only address those areas that are/were of concern. If there is not, or has not, been a concern, staff do not need to address with the parents.**

#### Section C: **Comments**

Any safety items **with the family** should be addressed in the comments section.

Any serious and moderate needs identified on the CD-14A that have been corrected or improved should be discussed in this section **also**.

#### Section D: **Next Home Visit**

The date of the next scheduled home visit should be documented in this section.

#### Section E: **Signatures**

The form should be signed by the parent(s), any children listed on the case present during the visit, any other household members, and the worker conducting the visit. The **form** should be **retained in the case file and kept** in the **assessment and treatment services** section.

Memoranda History: [CD06-63](#)