

Home Visit Checklist



NAME OF STAFF MEMBER:	POSITION/JOB:
SCHOOL:	DATE:

This checklist has been developed to assist in the identification of risks when conducting home visits. If hazards have been identified, ensure appropriate control measures are implemented.

QUESTION	YES	NO
Has contact been with the family to advise them of the home visit?		
Have staff read the file history and obtained background and/or relevant information from relevant staff?		
Does the child or family members have a history of violent/aggressive behaviour?		
Is there a known history of alcohol or other drug use?		
Are there any known mental health issues?		
Has a risk assessment been completed?		
Are visits conducted only during daylight hours?		
Are there any cultural sensitivities to be aware of when conducting the home visit?		
Are there any visitors likely to be present during the home visit?		
Are there any known property access issues?		
Have relevant staff members been advised of the home visit and informed of destination and start/finish times?		
Have staff members been provided with the policies and procedures for conducting home visits?		
Is there anything else that applies to the situation that is likely to increase risk for the staff member attending a home visit? <ul style="list-style-type: none"> • Remote location • Risk of attack by animal • Weather Extremes/Bushfires • Vehicle use. 		
STAFF MEMBER SIGNATURE:		
PRINCIPAL NAME AND SIGNATURE (if applicable):		