

# CPS Home Visit Checklist

<b>Visit information</b>			
<b>CPS worker name:</b>			
<b>Date of visit:</b>			
<b>Case number:</b>			
<b>Caregiver/parent present:</b>			
<b>Child(ren) present:</b>			
<b>Address of residence:</b>			
<b>Child(ren)'s physical and emotional well-being</b>			
<b>Area</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Child appears clean and appropriately dressed			
Child appears well-nourished			
Child exhibits age-appropriate behavior			
Child appears free from physical injuries or signs of abuse			
Child shows signs of emotional distress			
<b>Hygiene and living conditions</b>			
<b>Area</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
Home is free of foul odors			
Home is free of excessive clutter and filth			
Functional plumbing is available			

Area	Yes	No	Comment
Functional heating/cooling is present			
Clean bedding is available for each child			
Bathroom facilities are clean and accessible			
<b>Food and nutrition</b>			
Area	Yes	No	Comment
Adequate food is present in the home			
Food is safe, not expired, and appropriately stored			
Drinking water is available and safe			
<b>Safety and hazards</b>			
Area	Yes	No	Comment
Home has working smoke detectors			
Home has working carbon monoxide detectors			
Dangerous items (knives, tools, medications) are secured			
Home is free of obvious structural hazards			
Firearms are stored safely and locked			
Electrical outlets are safe and covered (if applicable)			

Psychological environment			
Area	Yes	No	Comment
Positive interaction observed between caregiver(s) and child(ren)			
Caregiver demonstrates understanding of child's needs			
No signs of verbal or emotional abuse			
Child appears comfortable in home environment			
Additional notes			
Summary and findings			
Overall safety level of the home:		Concerns identified:	
High risk			
Medium risk			
Low risk			
Recommendations			
No further action required		Follow-up visit recommended	
Referral to support services (e.g. counseling, parenting classes)		Immediate action required (child removal or emergency intervention)	
Planned follow-up			
CPS worker signature:			
Date of visit:			