

Social Worker Home Visit Checklist

Client information				
Full name:				
Date of birth:				
Date of home visit:				
Address:				
Instructions				
For each of the questions below, provide a score between the following:				
<ul style="list-style-type: none"> • 0 = Strongly disagree • 1 = Disagree • 2 = Agree • 3 = Strongly agree 				
Living conditions				
Kitchen	0	1	2	3
1. Are the floors, sinks, and surfaces clean?				
2. Is the fridge clean?				
3. Is there an adequate amount of food and drink present for the size of their family?				
4. Are all foods and drinks stored appropriately, within the expiration dates, and age-appropriate?				
5. Are their waste bins clean and not overflowing?				
6. No moldy or rotten smells?				
7. Are the cooking implements, cutlery, and crockery in good condition and not left dirty until the next time they're needed?				
8. Do they have good decorative order (e.g., the walls, doors, window in good condition)?				
Living area	0	1	2	3
1. Is their suitable flooring for the age of children present in the family?				
2. Evidence of toys or children's play items?				
3. Is it warm and clean?				
4. Are child safety features apparent?				
5. Is there adequate lighting and ventilation?				

6. No smell or signs of animal food, litter trays, or hair?				
7. Are there any chairs and a dining table for meals?				
8. Do they have good decorative order (e.g., the floors, furniture, and window coverings in good condition)?				
Bedroom(s)	0	1	2	3
1. Well-ventilated?				
2. Warm and clean?				
3. Are the beds appropriate for the ages of children present in the family?				
4. Are child safety features apparent?				
5. Are children's toys appropriate for the ages of children present in the family?				
6. Are clothes stored neatly and appropriately in wardrobes, cabinets, and drawers?				
7. Are the beddings and furniture clean and in good condition?				
8. Windows have curtains/blinds?				
9. Do they have good decorative order (e.g., the floors, furniture, and window coverings in good condition)?				
Bathroom(s)	0	1	2	3
1. Are the bathrooms well-ventilated?				
2. Are the floors clean?				
3. Are the bath areas clean?				
4. Are the toilets clean?				
5. Are certain items away from children's reach (e.g., shavers, razors, facial wash, perfumes, cleaning bleach, etc.)?				
Garden/outdoor area(s)	0	1	2	3
1. Is it well-maintained and free of rubbish and dangerous items?				
2. Are maintenance equipment/products stored safely?				
3. Are the ponds/pools covered?				
4. Are child safety features apparent?				
5. No signs of animal excrement?				

Physical hazards	0	1	2	3
1. No chemical hazards observed?				
2. Seniors' bathrooms equipped with handrails?				
3. No exposed drug paraphernalia or needles within the house/within children's reach?				
4. No evidence of rodents or rodent damage within the property/premises?				
5. Are essential services (e.g., gas, electricity, WiFi, heating, etc.) connected and working?				
6. No animal/pet hazards?				
7. No evidence of extreme clutter/hoarding?				
8. Are electrical sockets/wiring in good condition?				
9. Are smoke alarms present?				
Total number of items that scored a 0:				

Notes

Social worker's full name:

Signature:

Date: