



Monthly Visit Checklist #2

dalederrellerc@gmail.com [Switch account](#)



Not shared

* Indicates required question

Staff Initial's *

Your answer

****Follow-Up from Previous Visit:**** *

Ensure any issues identified in the previous visit have been addressed and Follow up on any support or resources provided.

Your answer



****Specific Checks:**** *

	Confirmed Working/Satisfactory	Confirmed Not Working/Needs Work
Inspect bathrooms for cleanliness and functionality.	<input type="checkbox"/>	<input type="checkbox"/>
Check kitchen for proper food storage and cleanliness.	<input type="checkbox"/>	<input type="checkbox"/>

Comments on "Specific Checks"

Your answer _____

****Day Programs and Activities:**** *

Discuss client's progress in school and any extracurricular activities.

Your answer _____



****Interaction and Engagement:**** *

	Satisfactory	Needs Work
Engage in activities with the client to observe behavior and mood.	<input type="checkbox"/>	<input type="checkbox"/>
Check for appropriate age/developmental-related toys and books.	<input type="checkbox"/>	<input type="checkbox"/>

Comments on "Interaction and Engagement"

Your answer

****Documentation Review:**** *

	Satisfactory	Needs Work
Check if there have been any changes in the household composition	<input type="checkbox"/>	<input type="checkbox"/>
Review any incident reports or notes from the previous month.	<input type="checkbox"/>	<input type="checkbox"/>
Check documentation logs of emergency drills	<input type="checkbox"/>	<input type="checkbox"/>



Comments on "Documentation Review"

Your answer

Health and Medical Needs *

There are currently no needs according to provider

Clients had appointments and they have been kept

Provider needs to be connected with assistance or Resource

Confirm any medical appointments have been kept.

Review any medication management/Med Audit as needed.

Comments on "Health and Medical Needs"

Your answer

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