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| --- | --- |
| ENGAGEMENT | Including parents as partners in planning***(Were parents included in planning discussions?)*** |
| Yes / No |
| Demonstrating care and support to parents***(Did the worker demonstrate care and support to parents in this visit?)*** |
| Yes / No |
| Relationship building (focused on strengths, genuine, communication, respect)***(Did the worker develop relationships and focus on family strengths, etc.?)*** |
| Yes / No |

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| --- | --- |
| SAFETY OF CHILDREN | Assess caregiver behaviors and protective capacities***(Did the worker assess the caregiver(s) behaviors and protective capacities?)*** |
| Yes / No |
| Physical and mental health of child and caregivers***(Did the worker assess the physical and mental health of the child and caregiver(s)?*** |
| Yes / No |
| Assessments of overall family functioning and interactions***(Did the worker assess the overall family functioning and interactions?)*** |
| Yes / No |

|  |  |
| --- | --- |
| CASE PLANNING | Case plan***(Did the worker assess for the service needs of all household members?******Did the worker assess if the case is sufficiently progressing?)*** |
| **Service needs?** Yes / No | **Progress?** Yes / No |
| Permanency and/or visitation plan***(Did the worker assess if the permanency plan and/or visitation plan (if applicable) is sufficient?)*** |
| Yes / No / Not Applicable |
| Child safety assessments updated***(Did the worker ensure the child safety assessment was up-to-date?)*** |
| Yes / No |

|  |  |
| --- | --- |
| PLANNING AHEAD | Collaborate with parents to make arrangements and goals for next visit***(Did the worker make arrangements and set goals for what would be covered at the next visit?)*** |
| Yes / No / Not Applicable |