|  |
| --- |
| **Unannounced Visit Report**  |
| Date of Visit |  | Time of Visit  |  |
| Person Undertaking Visit  |  |
| Name and Address of Foster Carer: |  |
| Child/ren in placement: |  |

|  |
| --- |
| Observations |
| Persons present at Visit: |
| Was the Foster Child/ren at home?  | Yes / No |
| If no please state where they were: |
| If yes did you speak to them on their own?  | Yes / No |
| Please give details:  |
| Please detail the supervision arrangement if the foster carer was not home: |
| Give a brief description on the physical and emotional presentation of those present: |
| Details of foster child/ren’s bedroom- Is it warm/cool enough, adequately ventilated and lit? Please detail any health and safety issues. Do they have sufficient and age appropriate toys and books?  |
| Have you updated the health and safety checklist?  | Yes / No |
| Please note any recommendations/requirements/concerns from this.  | Fridge/Freezer [ ] Bed/Mattress [ ] Cupboards/Food [ ]  |
| Are files kept locked away?  | Yes / No |
| Check the files being used appropriately?  | Yes / No |
| If no please detail: |
| Does the household continue to be suitable for fostering? | Yes / No |
| General issues discussed: |
| Any further comments: |
| Actions to be taken: |

|  |  |
| --- | --- |
| SSW Signature |  |
| Foster Carer Signature |  |
| Signature of Registered Manager |  |