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

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| 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: | | | |

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