

Home Conditions Comparing Progress in Home Conditions



Child's Name		DoB/ CHI		Age	
Parent /Carer Name					
Worker's Name		Agency name			

No	Item	Date of Visit (dd/mm/yyyy)	Score	Date of Visit (dd/mm/yyyy)	Score	Date of Visit (dd/mm/yyyy)	Score
1	Odour						
2	Furnishings						
3	Decoration						
4	Floors						
5	Amenities						
6	Temperature						
7	Kitchen						
8	Cooking implements						
9	Appliances						
10	Food availability						
11	Bedroom						
12	Bedding						
13	Sleeping arrangements						
14	Bathrooms						
15	Toys						
16	Cutter / Hoarding						
17	Hazards						
18	Drug Paraphernalia						
19	Hazardous pets						
20	Rodents						
21	Hazardous items						
22	Garden						

Number of items where score is 3	Number		Number		Number	
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Total scores	Total		Total		Total	
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