

Host Family Checklist

This checklist is intended to support host Chapter Risk Managers (CRM) to verify the information provided by the Host Family in the Host Family Application Form.

This checklist is divided into three (3) Parts:

Part:	Purpose:	To be completed by:	Completion Period:
1	<p>Home Suitability Verification:</p> <p>To verify information provided by the Host Family on the Host Family Application Form.</p> <p>A home visit must be completed, either by visiting the host address in person or by arranging a ‘virtual’ visit. In the case of a ‘virtual’ visit, this must be completed using a live video feed (e.g., FaceTime, WhatsApp, Microsoft Teams etc).</p>	<p>The host CRM.</p> <p>It may be allocated to another suitable volunteer under the guidance and supervision of the host CRM.</p>	<p>All new Host Families must undergo the full Host Family Checklist before hosting.</p> <p>Previously approved Host Families, within the past three years, need to review and update their Host Family Application Form. A new Host Family Checklist should only be completed if there are significant changes to the information previously provided in the application form.</p> <p>All Host Families must undergo a new checklist every three years.</p>
2	<p>Risk Assessment of Unique Hazards:</p> <p>If any unique hazards have been identified, a risk assessment must be undertaken. Hazards may be identified when:</p> <ul style="list-style-type: none"> • Reviewing the Host Family Application Form • Completing Part 1. Home Suitability Verification • Assessing the health needs of individual delegates • The homestay involves a person being removed from an event/programme under the R-15 Procedure for Someone Leaving or being Removed from a CISV Programme or Event. 	<p>The host CRM.</p> <p>If Part 1. was allocated to another volunteer, then Part 2. and Part 3. should be completed by the CRM in conjunction with this volunteer.</p>	
3	<p>Assessment Outcome:</p>		

Host Family Basic details:

These details can be taken from the Host Family Application Form.

Programme applying to host at:		Dates of hosting:	
Full Name(s) of Responsible Adult(s): <i>(The person(s) who will have primary responsibility for the care and supervision of CISV child delegates during the home stay)</i>			
Home/Host Address:			

Part 1: Home Suitability Verification

Completion Period:

Has a previous home suitability verification been completed in the past three (3) years (for which records are available)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No: The full Host Family Checklist, including a new home suitability verification, must be completed.		
If Yes: 1) Confirm with the Responsible Adult(s) whether there are any changes to their answers in their previous Host Family Application Form. 2) Record any changes in the box below, and then proceed to Part 2 of this form if unique hazards have been identified.		

Virtual/In-Person Home Visit Verification:

On the Host Family Application Form, under section '3. Home/Host Address Information', there is a checklist of items (1.-26.) related to the 'Host Environment'. This checklist must be verified during a virtual or in-person home visit by going around and observing the host address and talking to the Responsible Adult(s).

In addition, the following checks must be undertaken:

Additional checks:	Outcome:	
Is the home of a sufficient size to host delegate(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the home reasonably clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the kitchen/dining area reasonably hygienic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are garbage, refuse, and other wastes disposed of in a way that does not constitute a health hazard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any obvious safety concerns (e.g. steps, railings, electrical hazards, exits blocked, significant tripping hazards, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applicable, and considering information provided on the health forms of delegates, can their individual health needs be accommodated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Visit date:		Visit method:	<input type="checkbox"/> In-person	<input type="checkbox"/> Virtually
Visit undertaken by (name and role):				

Part 2: Risk Assessment of Unique Hazards

1. Any hazards identified (things that can cause harm) should be entered into the table below.
2. Mitigation (control measures) should then be identified.
3. A determination should be made as to whether risk is reduced to an acceptable level in accordance with the CISV International Risk Matrix.

If no unique hazards have been identified, this section can be left blank.

Unique hazards identified (things that can cause harm)	Mitigation (actions to be taken to control the risk or impact)	Person(s) responsible for implementing mitigative measures	Risk reduced to Acceptable Level?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 3: Assessment Outcome

Based on the completion of Part 1 and Part 2 above:

Is the host address suitable for a CISV homestay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes – State the number of child delegates and sex that can be hosted:		

Review Completed by:

Name of Person completing Part 1 of this Form (if other than CRM):			
Signature:		Date:	
Name of host CRM:			
Signature:		Date:	