



HOME VISITING THERAPY SAFETY POLICY

INTRODUCTION

To ensure the safety and well-being of both KKDC's therapists and your family during home visits, we have established the following safety policy. By signing this agreement, you acknowledge and agree to adhere to these guidelines.

CLIENT INFORMATION

1.1. Disclosure:

You agree to provide accurate and complete information about your home environment, any potential risks, and any special needs or concerns that may affect the safety of the therapy sessions.

1.2. Emergency Contacts:

You will inform us of any medical conditions or circumstances that could impact the therapy sessions and provide an emergency contact if needed.

HOME ENVIRONMENT

2.1. Safety Precautions:

You agree to maintain a safe and accessible environment for therapy sessions. This includes ensuring that pathways are clear, and potential hazards are addressed.

2.2. Accessibility:

The therapy space should be free from excessive clutter and hazards to facilitate a safe and effective session.

SESSION SCHEDULING

3.1. Timing:

To the greatest extent possible, sessions will be scheduled during daylight hours to enhance visibility and safety.

3.2. Notification:

You agree to inform us of any changes in the schedule or your availability in advance of the session, preferably with 24 hours notice.

DURING THE VISIT

4.1. Safety Awareness:

You agree to be aware of and address any immediate safety concerns in your home that may arise during the visit.



4.2. Conduct:

You will maintain a respectful and professional demeanor during the therapy sessions. Any disruptive or unsafe behavior will be addressed immediately.

4.3 Attendees:

While people engaged in your child's care are always welcome during sessions, you will reduce the number of people present in the room during sessions to immediate family and caregivers.

PETS

5.1. Protocol:

You will ensure that, before the session begins, all pets are securely placed in a separate area away from the therapy space. This includes taking precautions to prevent the therapist from encountering any pets while entering the home, even if a fenced yard is involved. The pets should be properly secured so that the therapist can approach and enter the home safely.

THERAPIST SAFETY

Therapist Safety

6.1. Communication:

You will inform the therapist of any specific concerns or risks before each visit. This includes informing the therapist of any illnesses in the home, outbreaks of lice/bedbugs/etc., specific parking risks or hazards, etc.

6.2. Bodily Substances:

You will ensure that the area therapy is being conducted is clear from any pet or human fluids (urine, feces, vomit, blood, etc.). If exposure to one of these substances does occur during or immediately prior to the session you agree to immediately and thoroughly clean and sanitize all impacted surfaces within the therapy space.

POST VISIT PROCEDURES

7.1. Documentation:

The therapist will document each visit, including any concerns or incidents. You agree to cooperate with any follow-up communication if needed.

7.2. Feedback:

You are encouraged to provide feedback on the visit to help improve safety and service quality.

POLICY REVIEW

**8.1. Updates:**

The safety policy may be reviewed and updated periodically. You will be informed of any significant changes that may affect your family.

Contact Information

For any questions or concerns about this policy, please contact Kaleidoscope Kids Developmental Center at kaleidoscopekidsdc@gmail.com

AGREEMENT

By signing below, you acknowledge that you have read, understood, and agree to adhere to the safety policies outlined above. Your signature indicates consent for the therapist to conduct home visits under these conditions.

Signature: _____

Printed Name: _____

Date: _____