DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)

Visit Report: Parent – Child Visit

☐ Monitored
☐ Supervised
☐ Transportation Only

CASE NAME	CASE NUMBER
DATE OF VISIT	TIME OF VISIT FROM: ☐ AM ☐ PM TO: ☐ AM ☐ PM
ASSIGNED CA STAFF	OFFICE
AGENCY NAME	VISIT LOCATION

Visit Participants

NAME AND WHO THEY ARE: CHILD, PARENT, RELATIVE, FOSTER PARENT OR PROVIDER	NAME AND WHO THEY ARE: CHILD, PARENT, RELATIVE, FOSTER PARENT OR PROVIDER

Describe the parent-child interaction / actions using behaviorally specific language: Child / Parent did / said the following. . . Parent / Child responded by…

	Yes	No
Parent was on time for visit	☐ Yes	☐ No
Children arrived on time for visit	☐ Yes	☐ No
Parent stayed entire visit	☐ Yes	☐ No
Parent is ready to meet the needs of the child (food, child care supplies, activity items)	☐ Yes	☐ No
Parent met the child's needs (able to read cues, respond to needs and comfort the child if needed)	☐ Yes	☐ No
Parent played with child (completed arts / crafts, read stories, sang songs, helped with homework, etc.)	☐ Yes	☐ No
Parent set limits with child and managed child's behavior (redirecting, encouraging positive behavior)	☐ Yes	☐ No
Parent helped child say good-bye at the end of visit (clean up, developing a routine)	☐ Yes	☐ No
Visit location (home or community) was free of safety hazards for the child (child proofing, no unauthorized people)	☐ Yes	☐ No
Supervisor had to intervene to maintain child safety? If yes, describe the safety issue and how the supervisor intervened	☐ Yes	☐ No
Describe any incidents that occurred	☐ Yes	☐ No

Complete unusual incidents report and notify assigned DCYF staff.	
ADDITIONAL COMMENTS	
VISIT SUPERVISOR'S NAME	DATE
TRANSPORTER'S NAME	DATE