

CHILDREN'S ADMINISTRATION
Visit Report: Parent – Child Visit

- Monitored
- Supervised
- Transportation Only

CASE NAME	CASE NUMBER
DATE OF VISIT	TIME OF VISIT FROM: <input type="checkbox"/> AM <input type="checkbox"/> PM TO: <input type="checkbox"/> AM <input type="checkbox"/> 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...

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 Yes No
(food, child care supplies, activity items)

Parent met the child's needs Yes No
(able to read cues, respond to needs and comfort the child if needed)

Parent played with child Yes No
(completed arts / crafts, read stories, sang songs, helped with homework, etc.)

Parent set limits with child and managed child's behavior Yes No
(redirecting, encouraging positive behavior)

Parent helped child say good-bye at the end of visit..... Yes No
(clean up, developing a routine)

Visit location (home or community) was free of safety hazards for the child Yes No
(child proofing, no unauthorized people)

Supervisor had to intervene to maintain child safety? Yes No
If yes, describe the safety issue and how the supervisor intervened.

Describe any incidents that occurred Yes No
Complete unusual incidents report and notify assigned CA staff.

ADDITIONAL COMMENTS

VISIT SUPERVISOR'S NAME	DATE	TRANSPORTER'S NAME	DATE