### Visit Report: Parent – Child Visit

**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

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### 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

<table>
<thead>
<tr>
<th>VISIT SUPERVISOR’S NAME</th>
<th>DATE</th>
<th>TRANSPORTER’S NAME</th>
<th>DATE</th>
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