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|  | **Family Time Report** | | Monitored  Supervised  Transportation Only | | |
| CASE NAME | | CASE NUMBER | | | |
| DATE OF FAMILY TIME/SIBLING VISIT | | TIME OF FAMILY TIME  FROM:  AM  PM TO:  AM  PM | | | |
| ASSIGNED DCYF STAFF | | OFFICE | | | |
| AGENCY NAME | | FAMILY TIME/SIBLING VISIT LOCATION | | | |
| **Family Time 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 | | | |
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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 Family Time** | | | | Yes | No |
| **Children arrived on time for Family Time** | | | | Yes | No |
| **Parent stayed entire Family Time** | | | | 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 Family Time**  (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 | | | | | |
| FAMILY TIME/SIBLING VISIT SUPERVISOR’S NAME | | | | DATE | |
| TRANSPORTER’S NAME | | | | DATE | |