**Out of State Family**  Monitored

**Time Report**  Supervised

Transportation Only

Case Name Case Number

Date & Time of Family Time **From:**  Am  Pm **To**:  Am  Pm

Assigned DCYF Staff Office

Agency Name Family Time 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** |
|  |  |
|  |  |
|  |  |
|  |  |

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 Service Worker Name       Date

Family Time Supervisor’s Name       Date