**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 safetyIf 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