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|  | **Family Time Report** | [ ]  Monitored[ ]  Supervised[ ]  Transportation Only |
| CASE NAME | CASE NUMBER |
| DATE OF FAMILY TIME/SIBLING VISIT | TIME OF FAMILY TIMEFROM: [ ]  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 |