| CASE NAME | | CASE WORKER |
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|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Supported Visit Report** | |
| This report is completed in addition to the regular “Visit Report: Parent – Child Visit” form (DCYF 15-448) for the duration of supported visits. | | |
| PROVIDER AND INDIVIDUAL SUPERVISING VISIT | | |
| VISIT LOCATION, DATE AND TIME | | |
| **Visit Participants (identify name and relationship to parent):** | | |
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| **Pre-Meet** | | |
| Please identify activities and describe what occurred during the pre-meet between provider and parent. | | |
| Discussed the purpose and benefits of visits  Discussed ways to support child when difficult emotions and questions arise  Reviewed visit plan  Identified activities | | Discussed ways to greet children  Identified supportive ways to transition out of visit  Discussed parent’s concerns regarding specific behaviors and scenarios  Provided feedback regarding prior visit |
| Other: | | |
| **De-Brief** | | |
| Please identify what was discussed during debrief being sure to document both strengths and concerns. Please note if the parent tried a new activity or strategy. | | |
| **Additional Supports (Transportation, Activities, Meals / Snacks)** | | |
| Identify any additional supports needed for the next visit.  Transportation support  Gas card  Activity cost / fees  Bus or transit pass  Meals / snacks | | |
| **Parent Comments** | | |
| This space is for parents to provide comments on how they felt about their visit. Encourage parents to identify how they feel about any new activities or strategies they used in their visit. | | |