

## Supervised Visitation/Exchange

☐ Incident Report

☐ Memo

Case Number: \_\_\_\_\_ Case Supervisor: \_\_\_\_\_

Visiting Parent: \_\_\_\_\_

Residential Parent: \_\_\_\_\_

Child:

Age:


Date of ☐ Visit ☐ Exchange: \_\_\_\_\_

### Observation:

- |   |   |
|---|---|
| <input type="checkbox"/> Visiting Parent regularly arrived too early/late     | <input type="checkbox"/> Visiting Parent making promises                      |
| <input type="checkbox"/> Discussing court case                                | <input type="checkbox"/> Negative talk about the other parent                 |
| <input type="checkbox"/> Visiting Parent <input type="checkbox"/> Other _____ | <input type="checkbox"/> Visiting Parent <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Visiting Parent minimizing child's concerns          | <input type="checkbox"/> Visiting Parent visibly upset during visit           |
| <input type="checkbox"/> Visiting Parent requesting identifying information   | <input type="checkbox"/> Child visibly upset during visit                     |
| <input type="checkbox"/> Visiting Parent passing messages                     | Name of child: _____  |
| <input type="checkbox"/> Visiting Parent sending direct messages              | <input type="checkbox"/> Aggression towards staff/others                      |
| <input type="checkbox"/> Visiting Parent not engaged in the visit             | <input type="checkbox"/> Outstanding balance unpaid \$ _____                  |
| <input type="checkbox"/> Visiting Parenting whispering to child               | <input type="checkbox"/> Cannot schedule/reach Residential Parent             |
| <input type="checkbox"/> Not contacted by Residential Parent                  | <input type="checkbox"/> Cannot schedule/reach Visiting Parent                |
| <input type="checkbox"/> Aggression towards child(ren)                        | <input type="checkbox"/> Not contacted by Visiting Parent                     |

### Comments:

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Date of Incident: \_\_\_\_\_

**Details:**

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**Outcome (check all boxes that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Verbal redirection by staff | <input type="checkbox"/> Future visits on hold       |
| <input type="checkbox"/> Visit ended early           | <input type="checkbox"/> Residential parent notified |
| <input type="checkbox"/> Services terminated         | <input type="checkbox"/> Law Enforcement contacted   |
| <input type="checkbox"/> CPS contacted               |  |

**This Form has been sent to:**

- |   |       |          |        |
|---|-------|----------|--------|
| <input type="checkbox"/> Court              | _____ | on _____ | (date) |
| <input type="checkbox"/> Visiting Parent    | _____ | on _____ | (date) |
| <input type="checkbox"/> Residential Parent | _____ | on _____ | (date) |

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency**

\_\_\_\_\_  
**Signature**