

Trumbull County Children Services

Visitation Assist Form

Monitoring Report

CASE NAME: _____	Date: _____
Visiting Party #1 (VP): _____	Relationship to the child: _____
Visiting Party #2 (VP): _____	Relationship to the child: _____
Visiting Party #3 (VP): _____	Relationship to the child: _____
Scheduled time: _____	Caseworker: _____
Visit Canceled: _____ by: _____ Reason: _____	
No Show: _____	

Level of Monitoring	Number of Children	Child Number Key
___ Level 1 (in room entire visit)	___ 1 ___ 2 ___ 3	1. _____ 4. _____
___ Level 2 (10 minute checks)	___ 4 ___ 5 ___ 6	2. _____ 5. _____
___ Level 3 (30 minute checks)	___ Make-up Visit	3. _____ 6. _____
___ Level 4 (beginning and end)		

Child(ren)'s Appearance							Interaction at						
Child #	1	2	3	4	5	6	Child #	1	2	3	4	5	6
Clean	---	---	---	---	---	---		---	---	---	---	---	---
Dirty	---	---	---	---	---	---	Smiled	---	---	---	---	---	---
Healthy	---	---	---	---	---	---	Hugged/Kissed	---	---	---	---	---	---
Ill	---	---	---	---	---	---	Verbal greeting	---	---	---	---	---	---
Injured	---	---	---	---	---	---	Encouraged Visit	---	---	---	---	---	---
Inappropriately Clothed	---	---	---	---	---	---	Discouraged Visit	---	---	---	---	---	---
							No Interaction	---	---	---	---	---	---
							Delayed separation	---	---	---	---	---	---

NOTES: Monitor's Initial: _____
