



Helping families heal, play and love!

Family & Children's Counseling Services, Inc.
572 Rio Lindo Avenue, Ste. 104F
Chico, CA 95926
www.HealPlayLove.org
530-518-1406

Family Number: XXFLMMM

Professional Supervised Visitation Documentation

Notice: According to Standard 5.20, the supervised monitor's report shall include facts, observations and statements regarding parent-child contact, and not opinions or recommendations.

To: Visiting Parent
 CC: Custodial Parent
 Attorneys of record, if applicable
 Minor Counsel, if applicable

Court ordered: yes no | **Precautions:** DV, MH, etc. _____

Date __00/00/20xx **Location** _____ description and address _____

Scheduled Time _____ am/pm **Visitation Monitor (Printed)** _____

Photo of: adult child license plate _____ auto _____

Visiting Parent Name _____ **Arrival Time** _____ see note _____

Custodial Parent Name _____ **Arrival Time** see note _____

Child/ren Name/s _____

Visit Start Time _____ see note _____ **End Time** _____ see note _____

Who was present for visit? _ Names _____

Description (clothing, hair, tattoos, etc.) child: _

Child One: height, weight, eye color, hair color, etc.

Child Two: (if applicable) height, weight, eye color, hair color, etc.

Parent: ___ height, weight, eye color, hair color, etc.

The following are behaviors noticed by Monitor. Visiting Parent (check all applicable):

- | | |
|-----------------------------|--|
| ___ safety awareness | ___ emotional presence, responsiveness |
| ___ acceptable conversation | ___ feeding; eating together |
| ___ safe touch | ___ discipline techniques |
| ___ eye contact | ___ quick good-bye |

The following are behaviors noticed by Monitor. Child / ren (check all):

- | | |
|--|--|
| ___ smile at introduction | ___ eye contact |
| ___ age-appropriate closeness, touch, engagement | ___ familiarity, body language appears comfortable |

Other: _____

Session stopped for re-direction: ___ Yes ___ No

- | | |
|---|------------------|
| ___ negative or inappropriate talk / action | ___ other: _____ |
| ___ assistance with nurturing or activities | |

Details of interrupted visit are provided in chronological, if applicable.

Chronological details of visit:

Description of interactions, behaviors and dialog; not judgements or opinions.

Report prepared by: _____ **Title:** ___Supervised Visitation Monitor

Reviewed by: _____ **Title:** _____

Signature _____ **Date** _____

Supervised visitation is not therapy.