

DCFS Visiting Record

Family Name _____ CYCIS Family I.D. _____

Type of Visit: Initial Parent Ongoing Parent Sibling Sibling Only
(check all that apply)

Date of Visit: _____

Reason Visit Did Not Occur:

<input type="checkbox"/> Parent Did Not Show	<input type="checkbox"/> Worker/Visit Supervisor/Substitute Caretaker Failed To Bring Child (Name) _____
<input type="checkbox"/> Parent Cancelled	<input type="checkbox"/> Child Refused To Attend (Name) _____
<input type="checkbox"/> Worker/Visit Supervisor Cancelled	<input type="checkbox"/> Child Sick (Name) _____
<input type="checkbox"/> Substitute Caretaker Cancelled	<input type="checkbox"/> Weather _____
<input type="checkbox"/> Transportation	<input type="checkbox"/> Other (specify) _____

EXPLAIN: _____

PERSONS PRESENT

Child	Mother	Father	Step-Parent	Siblings	Grandparent	Other
(NAME)						
(ID)						
(NAME)						
(ID)						
(NAME)						
(ID)						
(NAME)						
(ID)						

Location of Visit: Parent's Home DCFS Office Foster Home Other (Specify) _____ Private Agency Office

Length of Visit: _____ (hrs.) Visit Start Time: _____ Visit End Time: _____

Visit Supervised: Yes No

Visit Supervised by: DCFS Staff Foster Parent Private Agency Staff Other (Specify) _____ Homemaker Ind/Agency Relative

Visit Terminated Before Planned Time: Yes No

Reason Visit Terminated:
 Parent Behavior problem (specify) _____

Child Behavior Problem (specify) _____

Other (specify) _____

Illinois Department of Children and Family Services
NARRATIVE DESCRIPTION OF VISIT

(This section must be filled out if the visit is supervised or if something significant occurs in an unsupervised visit.)

PURPOSE OF TODAY'S VISIT: _____

OBSERVATION OF VISIT: _____

COMMENTS: _____

Signature of Person Completing Form

Title

Date Completed

Signature of Worker

Title

Date Reviewed