

DSS Visitation Narrative FormTHIS FORM MUST BE EMAILED TO DCFSFRVisits@co.fresno.ca.us WITHIN 3 BUSINESS DAYS OF THE VISIT

Facility/Agency:	Date of Visit:
Name of Person Supervising Visit:	Scheduled Visitation Time:
	Duration of Visit:
Case Name:	Case #:

Individuals Participating in the Visit

ADULTS List the name and relationship of all adults visiting.		CHILD(REN) List the name and relationship of all children visiting. Note: You may have more than one focus child. Focus child(ren) should be any child with an open DSS case.	
<u>Name</u>	<u>Relationship</u>	<u>Name</u>	<u>Relationship</u>
1.	Relationship:	1.	Relationship:
2.	Relationship:	2.	Relationship:
3.	Relationship:	3.	Relationship:
4.	Relationship:	4.	Relationship:
5.	Relationship:	5.	Relationship:
6.	Relationship:	6.	Relationship:

Please list any additional adults or children and their relationship here:

Visitation Description

Provide a brief description regarding the child(ren)'s arrival and greeting with the parent or relative visiting:

Provide a narrative regarding the interactions and activities during the visit:

Strengths during the visit:

Challenges during the visit:

Interventions provided by the visitation supervisor to address challenges:

Provide a brief description regarding the child(ren)'s separation from the parent or relative at the end of the visit:

Other Comments for the Social Worker or Court regarding the visit:

Visitation – Scheduled but did not occur

ONLY COMPLETE THIS SECTION IF THE VISIT WAS SCHEDULED BUT DID NOT OCCUR FOR ANY REASON

- ☐ No show – child(ren)
 ☐ No show – parent/relative
 ☐ Canceled by Social Worker
☐ Canceled by other party – Name of party:

If canceled, please provide a reason for the cancelation:

If no show by any party, please provide a brief statement about efforts to ensure visitation participation of the referred parties for future visits: