

Worker Visit with Child Tracking Tool

Demographic Information	
Child Name	Service County or Contractor Code
DCN	
Reviewer Name	Date of Review

- 1) -Enter **yes** if a worker (must be responsible for case of the child) visited the child face to face during the month indicated.
 -Enter **no** if a worker did not visit the child face to face during the month indicated.
 -Leave **blank** if child was not in care the full **calendar** month.
- 2) -Enter **yes** if visit took place in the placement provider home, facility, or other temporary placement such as hospital.

	10/07	11/07	12/07	01/08	02/08	03/08	04/08	05/08	06/08	07/08	08/08	09/08
1) Worker Visit w/Child												
2) Visit in Placement?												

Notes: _____

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