MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION

SUPERVISED VISITATION CHECKLIST

RESET

SECTION A: FILL IN THE BLANKS

CASE NAME	DATE	BEGIN TIME END TIME:
CHILD(REN)'S NAME		
LOCATION	VISIT SUPERVISOR	CASE MANAGER
NAME OF PERSON(S) VISITING AND RELATIONSHIP TO CHILD		

SECTION B: CHECK IF APPLICABLE	SECTION C: COMMENT(S)
☐ Parent initiates contact	
☐ Child initiates contact	
☐ Parent and child hug each other	
☐ Parent and child kiss each other	
☐ Siblings interact with each other appropriately	
☐ Parent initiates communication	
☐ Child initiates communication	
☐ Parent listens to child's communication	
☐ Parent smiles at child	
☐ Child smiles at parent	
☐ Parent and child have eye contact	
☐ Parent uses reasonable tone of voice with child	
☐ Parent talks positively about child's interim placement	
☐ Parent asks child about everyday activities (school, play, etc.)	
☐ Parent praises and encourages child	
☐ Parent lets child know what child is allowed/not allowed to do	
☐ Parent sets and communicates age appropriate consequences for behaviors not allowed in such a way that child appears to understand	
☐ Parent manages behavior without punishment	
☐ Parent follows through with consequences for behaviors not allowed	
☐ Parent encourages good behavior	
☐ Child responds appropriately to parent's direction	
☐ Parent talks realistically and does not make unrealistic promises to the child	
☐ Parent follows through on promises previously made	
☐ Parent is attentive to child's needs (diaper, bottle, bathroom, etc.)	
☐ Parent is interested and asks about child's health and other basic daily needs	
☐ Child appears/expresses that he/she is excited/happy to visit (before and after visit)	
☐ Parent provides hope and reassurance at end of visit for the next scheduled visit	

VISIT SUPERVISOR'S SIGNATURE	DATE

Submit