



Tennessee Department of Children's Services

Visitation Observation Checklist

DATE OF SUPERVISED VISIT:		TIME OF VISIT:	TO
LOCATION:		SUPERVISOR:	
PARTICIPANTS:			
OTHER DCS /AGENCY/VOLUNTEER STAFF PRESENT:			
PARENT/CAREGIVER'S STATUS AT VISIT			
Arrived on time	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
Arrived with only authorized guests to the visit	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
Shows attention to personal hygiene	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
Appeared sober and free from substance abuse	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
If Partially Agree or Disagree was selected, please provide details.			
COMMUNICATION SKILLS OF PARENT/CAREGIVER			
Verbal communication with the child was appropriate considering the age and developmental status of the child. This could include the topics discussed, words spoken, and tone or delivery of the communication.	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
Parents communication with other adults present during the visit (approved family or kin members and/or visitation supervisor) was appropriate.	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
If Partially Agree or Disagree is selected, please provide details.			
UNDERSTANDING OF PHYSICAL SPACE AND INTIMACY NEEDS			
Non-verbal interaction with the child(ren) was appropriate. This could include respecting the child's physical space, showing appropriate affection, and creating an environment that is comfortable for the child(ren).	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
If Partially Agree or Disagree is selected, please provide details.			
UNDERSTANDING OF AGE APPROPRIATE EXPECTATIONS			
Responded to child's verbal and non-verbal cues (vs. parent/caregiver didn't acknowledge child's cry or responds inappropriately)	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
Had appropriate expectations of child's abilities (vs. parent/caregiver played inappropriately, became frustrated by child's limitations, etc.)	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
Provided care necessary for child's developmental stage (vs. parent/caregiver did not change diaper, help to tie shoes, hold and rock, talk to or reassure child)	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
Set appropriate behavioral limits/discipline and ensured child safety (vs. parent/caregiver using corporal punishment or time outs that were not age appropriate, etc.)	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
Separated from child appropriately (vs. parent/caregiver caused the child to become upset, failed to comfort and reassure child)	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
If Partially Agree or Disagree is selected, please provide details.			
MANAGEMENT OF MULTIPLE CHILDREN (THIS SECTION IS APPLICABLE WHEN MORE THAN ONE CHILD IS PRESENT AT THE VISIT)			
Shared time between children appropriately	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
Provided appropriate supervision of all children during the visit	<input type="checkbox"/> Agree	<input type="checkbox"/> Partially Agree	<input type="checkbox"/> Disagree
If Partially Agree or Disagree is selected, please provide details.			

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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FEEDBACK

Describe what went well during the visit:

Describe if there was a need for intervention during the visit (such as opportunities to improve parenting skills; explain what happened, how you handled it and how the parent/caregiver reacted):

Additional Information: