State of Kansas
Department for Children and Families
Prevention and Protection Services

**Parent/Child Interaction Schedule**

PPS 3053
REV Jan 2017
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Note: This is a stand-alone document that can be updated between case planning conferences. Each visit shall be documented on a visit log and an encounter code submitted to DCF.

| Child's Name: | | FACTS Case # | | Parent(s) Name: | |
|---|---|---|---|---|---|

Parent-Child Interaction Frequency: **No less than 1 x week if Reintegration is the goal**

### RESTRICTIONS:

1. Effective Date:    ☐ Supervised    ☐ Unsupervised    ☐ Other (specify below)

Arrangements: (transport, location, time, duration)

If interactions are not occurring (i.e. deceased, PRT, therapeutic, court order) or are not in-person (i.e. by phone, mail electronic) explain why:

If interactions are supervised provide explanation and indicate what would need to occur to move to unsupervised:

Parent(s) Name:

Parent-Child Interaction Frequency: **No less than 1 x week if Reintegration is the goal**

### RESTRICTIONS:

2. Effective Date:    ☐ Supervised    ☐ Unsupervised    ☐ Other (specify below)

Arrangements: (transport, location, time, duration)

If interactions are not occurring (i.e. deceased, PRT, therapeutic, court order) or are not in-person (i.e. by phone, mail electronic) explain why:

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If interactions are supervised provide explanation and indicate what would need to occur to move to unsupervised:

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*Strong Families Make a Strong Kansas*