**Parent/Child Interaction Schedule**

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.

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>FACTS Case #</th>
<th>Parent(s) Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent-Child Interaction Frequency:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No less than 1 x week if Reintegration is the goal</strong></td>
<td></td>
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</tbody>
</table>

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