

REPORTING TOOL VISITATION CENTER MONTHLY STATISTICAL REPORT

Reporting Month/Year: _____

Contract Number: _____

Preparer Name: _____

Telephone Number: _____

Monthly Statistics			
	<u> </u> Visitation Site	<u> </u> Visitation Site	Total
Number of referrals from FFN/DCF for the month			
Number of FFN/DCF families participating in supervised visitation services for the month			
Number of supervised visits for FFN/DCF families completed during the month			
Number of children with an open FFN/DCF case who were provided services during the month			
Number of scheduled visits that did not occur due to client no-show or cancellation			

Comments: _____