# CRB Visitation Survey

1A. Select the box next to the statement that best describes the usual frequency of visits between the person and the child during the period under review.

*If the child has multiple siblings and the frequency of visits with each of them is not the same, use the sibling the child visits most frequently to complete the table and answer question 1B.

| | Mother | Father | Sibling* |
|---|---|---|---|
| More than once a week | ☐ | ☐ | ☐ |
| Once a week | ☐ | ☐ | ☐ |
| Less than once a week, but at least twice a month | ☐ | ☐ | ☐ |
| Less than twice a month, but at least once a month | ☐ | ☐ | ☐ |
| Less than once a month | ☐ | ☐ | ☐ |
| Never | ☐ | ☐ | ☐ |
| Not applicable<br>(person does not exist, is unknown, deceased, whereabouts unknown, rights terminated, or contact is not in the child's best interests) | ☐ | ☐ | ☐ |

***Skip question 1B if the child does <u>not</u> have multiple siblings***

1B. Does the child visit each sibling at the same frequency? ☐ Yes ☐ No

2. Did the court order or a trained therapist recommend limited or no contact?

| | | | |
|---|---|---|---|
| MOTHER | ☐ Yes | ☐ No | ☐ N/A |
| FATHER | ☐ Yes | ☐ No | ☐ N/A |
| SIBLINGS | ☐ Yes | ☐ No | ☐ N/A |

3. Were concerted efforts made to ensure the **<u>FREQUENCY</u>** of visits during the review period was sufficient to maintain or promote the continuity of the relationship?

| | | | |
|---|---|---|---|
| MOTHER | ☐ Yes | ☐ No | ☐ N/A |
| FATHER | ☐ Yes | ☐ No | ☐ N/A |
| SIBLINGS | ☐ Yes | ☐ No | ☐ N/A |

4. Were concerted efforts made to ensure the **<u>QUALITY</u>** of visitation during the review period was sufficient to maintain or promote the continuity of the relationship?

| | | | |
|---|---|---|---|
| MOTHER | ☐ Yes | ☐ No | ☐ N/A |
| FATHER | ☐ Yes | ☐ No | ☐ N/A |
| SIBLINGS | ☐ Yes | ☐ No | ☐ N/A |

5. Was the Visit and Contact Plan reviewed with a parent within the last 90-days?

☐ Yes ☐ No

Turn Over →

6. Was the frequency of visits with a parent increased and/or level of supervision reduced in the review period?

☐ Yes ☐ No

If not, why? _____

7. Does the board believe the circumstances of the case support revision of the current Visit and Contact Plan?

☐ Yes ☐ No

If yes, what should change and why? _____

_____

_____