

LUCAS COUNTY CHILDREN SERVICES
VISITATION ACTIVITY LOG

SACWIS ID: _____ **Security Officer Observing:** _____
Case Name: _____

Activity Details

Start Activity Date: _____ **Start Time:** _____ **End Time:** _____
Contact Type: Parental Visit

Category Information

Case Category: Ongoing **Sub Category:** _____
Category: Parties to the case **Other Sub Category:** _____

Location Information

Location Type: Agency Setting

Narrative

The observer of this activity is

DE Use Only

Entered in SACWIS
Date: _____
By: _____