

### Visitation Protocol Attachment to Policy 16.38

Type of Visit	Person Responsible for Ensuring Visit Takes Place	Time Frames	Purpose of Visit	Documentation (See policies 16.38 and 31.14)	Comments
<p><b>Custodial Cases:</b> <b>FSW and Child placed at DCS Facility or DCS Resource Home</b></p>	<ul style="list-style-type: none"> <li>FSW and Management Staff (DCS Team Leader or Team Coordinator)</li> </ul>	<ul style="list-style-type: none"> <li>As frequently as necessary, based upon assessments and/or TL recommendations.</li> <li>The first visit should occur within 72 hours of any new placement and no less often than 6 times during the first two months the child is in a new placement (at least half of those occurring at the placement).</li> <li>Visits will occur two (2) times a month following the first two (2) months in the new placement. At least one of these visits per month must occur in the child's resource home or residential placement.</li> </ul>	<ul style="list-style-type: none"> <li>To ensure adjustment to placement.</li> <li>To monitor and ensure the child is receiving appropriate services.</li> <li>To determine that the child's needs are being met and service goals are being implemented.</li> <li>To assess the safety and well being of the child.</li> <li>To ensure actions that promote permanency are being taken to support the timely achievement of the permanency goal.</li> </ul>	<ul style="list-style-type: none"> <li>Documentation is placed in the TFACTS "Case Recording" section that a private meeting took place with the child-outside of the presence of the resource parent or other caretaker, facility staff, and/or private provider has occurred (unless it involves an infant). Documentation should also reflect that all pertinent issues related to the child's adjustment and treatments are discussed.</li> </ul>	<ul style="list-style-type: none"> <li>Face-to-face visits with children may take place in the child's placement, at school if the child is of school age, in the FSW's office, or other appropriate setting.</li> <li>All visits shall include a private meeting between the DCS FSW and the child out of the presence of the resource parent or other caregiver, except in those cases in which the child is an infant.</li> <li>At least half of the monthly visits between the FSW and the child should occur in the child's placement.</li> <li>In most cases visits with children at school should be associated with prescheduled meetings.</li> <li>School should not be a common</li> </ul>

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					visitation environment. <ul style="list-style-type: none"> <li>• Efforts to build the child and family team should be ongoing-children and youth should be asked who else can be added to their team.</li> </ul>
<b>Custodial Cases:</b> <b>FSW and Child Served By Private Provider</b>	<ul style="list-style-type: none"> <li>• FSW and Private Provider</li> </ul>	<ul style="list-style-type: none"> <li>• As frequently as necessary, based upon assessments and/or TL recommendations.</li> <li>• The first visit should occur within 72 hours of a new placement and at least once a month, thereafter.</li> <li>• The private provider case worker shall accompany the DCS FSW to these visits at least once every three (3) months in order to have discussions with resource parent/caregiver, the child and each other about issues pertinent to the</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure adjustment to placement.</li> <li>• To monitor and ensure the child is receiving appropriate services.</li> <li>• To determine that the child's needs are being met and services goals are being implemented.</li> <li>• To assess the safety and well being of the child.</li> <li>• To ensure actions that promote permanency are being taken to support the timely achievement of the permanency goal.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation is placed in TFACTS "Case Recording" section that a private meeting took place with the child-outside of the presence of the foster parent or other caretaker, facility staff, and/or private agency worker has occurred (unless it involves an infant). Documentation should also reflect that all pertinent issues related to the child's adjustment and treatments are discussed.</li> </ul>	<ul style="list-style-type: none"> <li>• The worker-child visiting shall mean a face-to-face visit between the child and the DCS FSW or the Provider caseworker.</li> <li>• The provider worker must see the child at least twice per month, with one of those visits occurring in the child's placement.</li> <li>• The DCS FSW must see the child at least once per month. During a quarter, one of those DCS FSW/child visits must take place in the child's placement.</li> <li>• All visits shall</li> </ul>

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		case.			<p>include a private meeting between the DCS FSW or provider worker and the child out of the presence of the resource parent or other caregiver, except in those cases in which the child is an infant.</p> <ul style="list-style-type: none"> <li>• The DCS FSW or provider worker must also meet with the child privately, away from facility staff of a provider group/residential setting.</li> <li>• The quarterly visitation between the FSW, private provider caseworkers, resource parent/caregiver, and the child should occur in the resource home or placement setting.</li> </ul>

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<p><b>Custodial Cases:</b> <b>Child and Private Provider Worker</b></p>	<ul style="list-style-type: none"> <li>• Private Provider</li> </ul>	<ul style="list-style-type: none"> <li>• As frequently as necessary, based upon assessments and/or TL recommendations.</li> <li>• The first visit should occur as soon as possible, but no later than within two weeks of a new placement. Face to face contacts must occur no less often than six (6) times during the first two months the child is in a new placement. At least three (3) of those visits must occur in the resource home or residential placement.</li> <li>• Two (2) times a month following the first two (2) months in the new placement.</li> <li>• Monthly visits should occur in the home of the private provider resource parent.</li> </ul>	<ul style="list-style-type: none"> <li>• To ensure adjustment to placement</li> <li>• To assess the safety and well-being of the child.</li> <li>• To share all relevant and legally permissible information concerning the child.</li> <li>• To ensure the child is receiving appropriate services.</li> <li>• To determine that the child's needs are being met and service goals are being implemented.</li> </ul>	<ul style="list-style-type: none"> <li>• Placed in TFACTS "Case Recording" section that a private meeting took place with the child-outside of the presence of the foster parent or other caretaker, facility staff, and/or private agency worker has occurred (unless it involves an infant). Documentation should also reflect that all pertinent issues related to the child's adjustment and treatment is discussed.</li> </ul>	<ul style="list-style-type: none"> <li>• Visits may take place in the child's placement, at school, in the FSW's office, or other appropriate setting.</li> <li>• The worker-child visiting shall mean a face-to-face visit between the child's private provider worker and the child.</li> <li>• All visits shall include a private meeting between the private provider worker and the child out of the presence of the resource parent or other caregiver, except in those cases in which the child is an infant.</li> </ul>

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<p><b>Custodial Cases:</b> <b>Birth Parent and Child and Sibling Visits</b></p>	<ul style="list-style-type: none"> <li>Assigned FSW, Management Staff (DCS Team Leader or Team Coordinator), Parent, and other Child and Family Team Members</li> </ul>	<ul style="list-style-type: none"> <li>As frequently as possible for parents who have parental rights.</li> <li>Opportunities for visits between children and their family shall be provided no less than 4 hours per month.</li> <li>The child(ren) should visit with one or both parents no less often than twice per month.</li> <li>Each visit should be at least one hour in length, unless the visit is shortened to protect the safety or well-being of the child. This should be documented in the child's case record.</li> <li>Visits can and should occur for longer than one hour intervals and occur as frequently as possible.</li> <li>Visits can be</li> </ul>	<ul style="list-style-type: none"> <li>Visits are important to reduce child's trauma due to separation from parent and family.</li> <li>Visits help to maintain the parent-child-sibling relationship.</li> <li>Visits are essential to the success of reunification and other forms of permanence.</li> <li>Parents whose rights have been terminated are not entitled to visits.</li> </ul>	<ul style="list-style-type: none"> <li>Documentation is placed in TFACTS "Case Recording" section when a visit has occurred.</li> <li>Visitation Information should be recorded in the Functional Family Assessment under Section VI- Assessment of Permanency. Visitation Plans should be entered in TFACTS "Visitation Plan" section. Visitation should also be addressed at each CFTM and documented on the CFTM Summary form.</li> <li>All court orders addressing visitation limitations should be filed in the Court Section of the current child welfare information system, as well as a hard copy placed in the legal section of the child's case file.</li> </ul>	<ul style="list-style-type: none"> <li>The child's safety will be assured.</li> <li>Younger children may need more frequent visits with their parents to build or maintain their attachments and reduce separation anxiety.</li> <li>Denial of visitation may not be used to manage behavior however, modifications in the visitation plan may be therapeutically necessary.</li> <li>All Visitation plans must comply with any applicable court orders.</li> <li>Visits should occur in as home like a setting as possible.</li> </ul>

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		<p>modified by a court order specific to addressing visitation.</p> <ul style="list-style-type: none"> <li>For children/youth not placed together, sibling visits should occur no less often than one (1) time per month regardless of parental visits, unless directed otherwise by a court order.</li> </ul>			
<p><b>Custodial Cases:</b> <b>Resource Parent and Birth Parent</b></p>	<ul style="list-style-type: none"> <li>Assigned FSW, Management Staff (DCS Team Leader or Team Coordinator), Resource Parent, Birth Parent, and Private Provider Case Worker, if applicable.</li> </ul>	<ul style="list-style-type: none"> <li>As frequently as necessary</li> </ul>	<ul style="list-style-type: none"> <li>To ensure parent involvement, information sharing, and mentoring when necessary.</li> <li>To provide the birth parents with an opportunity to inform the resource parent of their child's specific needs, likes, dislikes and goals.</li> <li>To provide a learning environment for the birth parents so they can learn the</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of these visits and all discussions should be made in TFACTS "Case Recording" section as they occur.</li> </ul>	<ul style="list-style-type: none"> <li>These visits can occur in the home of the birth parent, the home of the resource parent or in the community.</li> <li>In some cases, the FSW may want to be present to help facilitate building a relationship between the birth parents and resource parents.</li> </ul>

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			<p>positive parenting skills and alternate ways to discipline from the resource parents.</p> <ul style="list-style-type: none"> <li>To strengthen the ability to work as a team in finding permanence for the child.</li> </ul>		
<p><b>Custodial Cases:</b> <b>FSW and Resource Parent</b></p>	<ul style="list-style-type: none"> <li>Assigned FSW, Management Staff and Resource Parent.</li> </ul>	<ul style="list-style-type: none"> <li>As frequently as necessary, but no less often than once a month. When a child first enters a new resource home, the FSW must meet with the resource parent within two weeks of the placement</li> </ul>	<ul style="list-style-type: none"> <li>To support developing a “helping relationship” between the FSW and the resource parent(s).</li> <li>To ensure the resource parents have the resources available to meet the needs of the child.</li> <li>To monitor service delivery and effectiveness and to assess the safety and well-being of the child.</li> <li>To support the resource parent in their care for the child.</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of these visits and all discussions should be made in TFACTS “Case Recording” section as they occur.</li> </ul>	<ul style="list-style-type: none"> <li>The FSW contact with the resource parent can substitute for the resource parent support/assessment worker’s face-to-face visit with the resource parent every other month with the approval of the Regional Administrator.</li> <li>If the FSW is completing the visit for the resource parent support/assessment worker, then documentation will be entered into TFACTS “Case Recording” section,</li> </ul>

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			<ul style="list-style-type: none"> <li>• To ensure actions that promote permanency are being taken to support the timely achievement of the permanency goal.</li> <li>• To assist the resource parent in arranging for any services the resource parent may need in order to adequately and safely provide a home for foster children. These services may include referral to mental health counseling services, medical doctors or other supportive services.</li> <li>• Visits are an opportunity to ensure communication and coordination of health services. The health summary, available in TFACTS. Health section should be printed and provided to the resource parent(s).</li> </ul>		<p>and the FSW will click the button to allow the entry to be copied to the resource home file.</p>

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<p><b>Custodial Cases:</b> <b>Child/Youth from Another State</b></p>	<ul style="list-style-type: none"> <li>FSW and Management Staff.</li> </ul>	<ul style="list-style-type: none"> <li>Face-to-Face contact as required for other children/youth in the custody of DCS.</li> </ul>	<ul style="list-style-type: none"> <li>To ensure adjustment to placement.</li> <li>To monitor and ensure the child is receiving appropriate services.</li> <li>To determine that the child's needs are being met and service goals are being implemented.</li> <li>To assess the safety and well being of the child.</li> <li>To ensure actions that promote permanency are taken timely and professionally in order to support the expedited achievement of the permanency goal.</li> </ul>	<ul style="list-style-type: none"> <li>Placed in TFACTS "Case Recording" section that a private meeting took place with the child-outside of the presence of the foster parent or other caretaker, facility staff, and/or private agency worker has occurred (unless it involves an infant). Documentation should also reflect that all pertinent issues related to the child's adjustment and treatment is discussed.</li> </ul>	<ul style="list-style-type: none"> <li>May take place in the child's placement, at school, in the FSW's office, or other appropriate setting.</li> <li>Quarterly documentation of progress reports.</li> <li>See the ICPC Practice and Procedures Manual for additional information.</li> </ul>
<p><b>Custodial Cases:</b> <b>Resource Parent and Resource Parent Support &amp; Assessment Worker</b></p>	<ul style="list-style-type: none"> <li>Resource Parent Support and Assessment Worker</li> </ul>	<ul style="list-style-type: none"> <li>Once Monthly face-to-face contact with the resource parent in their home.</li> <li>If no foster children are placed in the resource home, the resource parent support/assessment worker</li> </ul>	<ul style="list-style-type: none"> <li>To determine that the home is reassessed in a timely manner and resource parent needs are being met.</li> <li>To share all relevant and legally permissible</li> </ul>	<ul style="list-style-type: none"> <li>Documentation will include a monthly progress note, hand written in the resource parent file. Documentation may also be made on CS-0709, resource Home Recording Form.</li> </ul>	<ul style="list-style-type: none"> <li>Upon the approval of the Regional Administrator, the resource parent support/assessment worker can visit the resource parent every other month and the FSW can complete the face to face contact with</li> </ul>

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		will visit the resource home quarterly.	information concerning the child. <ul style="list-style-type: none"> <li>• To monitor service delivery and effectiveness and to assess the safety and well-being of the child.</li> <li>• To monitor service delivery and achievement of permanency plan goals.</li> <li>• To assist the resource parent in arranging for any services the resource parent may need in order to adequately and safely provide a home for foster children. These services may include referral to mental health counseling services, medical doctors or other supportive services.</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of the contacts will be entered in the electronic resource home file in TFACTS.</li> <li>• Other notations in TFACTS should be made when phone calls occur and or correspondence is sent to the home.</li> <li>• The resource parent support/assessment worker will immediately notify the FSW of any child related issues. (The FSW will also communicate the same information to the resource parent support/ assessment worker).</li> </ul>	the resource parent on the alternate months. <ul style="list-style-type: none"> <li>• If the FSW is completing the visit for the resource parent support/ assessment worker, then documentation will be entered in TFACTS "Case Recording" section, and the FSW will click the button to allow the entry to be copied to the resource home file.</li> </ul>
<b>Custodial Cases: Trial Home Visits</b>	<ul style="list-style-type: none"> <li>• DCS FSW, Child and Family Team and Private provider as applicable.</li> </ul>	<ul style="list-style-type: none"> <li>• Three (3) face to face visits per month for the first two months. One of these visits per month must occur</li> </ul>	<ul style="list-style-type: none"> <li>• FSW shall visit with the child outside the parent or caretaker's presence.</li> <li>• To ensure that the conditions that led to</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation is placed in TFACTS "Case Recording" section when a visit has occurred.</li> <li>• Visitation information</li> </ul>	<ul style="list-style-type: none"> <li>• Follow-up documentation of a successful trial home visit, for Court, will be necessary to exit a</li> </ul>

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		<p>in the family home.</p> <ul style="list-style-type: none"> <li>• Two (2) face to face visits per month for any remainder of the trial home visit, with at least one of these visits occurring in the family home.</li> <li>• One (1) face to face visit with the school each month that school is in session. The FSW will interview the child's teacher to determine progress and if the school placement is appropriate.</li> <li>• When a child enters a trial home visit and is still being served through a private provider continuum, the private provider staff will be responsible for completing the required visits.</li> <li>• The DCS FSW will visit the child in</li> </ul>	<p>the child's custody have been addressed.</p> <ul style="list-style-type: none"> <li>• To confirm that the child is safe in his environment.</li> <li>• If a private provider is working in the home, the FSW shall have once monthly visits with the private provider during the trial home visit.</li> <li>• FSW will interview child's teacher to ascertain that progress in school remains appropriate.</li> <li>• To ensure that all services needed by the child and family are arranged and are effective.</li> </ul>	<p>should be recorded in the Functional Family Assessment under Section VI- Assessment of Permanency. Visitation Plans should be entered in TFACTS "Visitation Plan" section. Visitation should also be addressed at each CFTM and documented on the CFTM Summary form.</p> <ul style="list-style-type: none"> <li>• All court orders addressing visitation limitations should also be referenced in the legal section of the child's case file.</li> </ul>	<p>child from DCS custody to that of their caretaker.</p>

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		<p>their family home one time per month while the child is on a trial home visit and is being served through a private provider continuum.</p>			
<p><b>Custodial Cases:</b> <b>FSW &amp; Birth Parent(s) (Unless Termination of Parental Rights has occurred)</b></p>	<ul style="list-style-type: none"> <li>DCS FSW and the Birth Parents</li> </ul>	<ul style="list-style-type: none"> <li>Whenever a child has a new placement, the DCS FSW will meet with the child's birth parent within two weeks of the child's placement</li> <li>One Face to Face contact per month with the birth parents must occur thereafter.</li> <li>A Face-to-Face visit with the birth parent will occur in the birth parent's home at least on a quarterly basis.</li> </ul>	<ul style="list-style-type: none"> <li>FSW shall visit the birth parents in their residence in order to monitor progress of birth parents on Permanency Plan action steps.</li> <li>FSW will observe and monitor ongoing progress of the birth parents/caregiver within the home setting, potential items to monitor: A&amp;D issues, domestic abilities, safety issues etc.</li> <li>FSW and Birth Parent will discuss ongoing needs of the children and what services may still be needed.</li> <li>Responsibilities for the arrangement of identified services should be reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Documentation is placed in TFACTS "Case Recording" section when a visit has occurred.</li> <li>Visitation information should be recorded in the Functional Family Assessment under section VI- Assessment of Permanency. Visitation Plans should be entered in TFACTS "Visitation Plan" section. Visitation should also be addressed at each CFTM and documented on the CFTM Summary form.</li> </ul>	<ul style="list-style-type: none"> <li>Efforts to build the child and family team should be ongoing-parents should be asked who else can be added to their team.</li> <li>Parents should be kept updated on the child /youth's progress, services being provided and assessments being completed.</li> <li>The parents' opinions about the effectiveness of services being provided to them or the child should be elicited and discussed.</li> <li>These visits should encompass ongoing discussions with parents about their progress toward the</li> </ul>

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			to ensure services are being provided.		permanency goals. This can also include preparing a birth parent for reunification as well as the adoption process.
<p><b>NON-CUSTODIAL CASES:</b></p> <p><b>Contacts between the FSW, family, child and team members if the case <u>is received from CPS.</u></b></p>	<ul style="list-style-type: none"> <li>FSW, Management Staff (DCS Team Leader or Team Coordinator), birth parent, and provider</li> </ul>	<ul style="list-style-type: none"> <li>As frequently as necessary, based upon assessments and/or TL recommendations.</li> <li>In the first 30 days, the FSW will complete two (2) face to face visits per month with the <u>child</u>. At least one (1) of these visits must occur in the home where the child is living.</li> <li>For subsequent months, the FSW will complete one (1) face to face visit per month with the <u>child</u>. Whenever possible, these contacts will take place in the home.</li> <li>Throughout the life of the case, the FSW will see each parent/caretaker(s),</li> </ul>	<ul style="list-style-type: none"> <li>To assess the safety, risk, and well being of the child, his/her siblings, and all family members.</li> <li>To monitor and ensure the children and family are receiving appropriate services.</li> <li>To determine that the needs of the children and family are being met and service goals are being implemented.</li> <li>To ensure that actions described on the Family Permanency Plan (NCPP) are being completed.</li> </ul>		<ul style="list-style-type: none"> <li><b>If at any time the FSW feels a child is at risk of harm, the FSW's team leader, team coordinator and legal must be consulted immediately.</b></li> <li>Contacts with the providers may be by telephone, e-mail or face-to-face.</li> <li>A transfer FSTM must be held when the case is transferred from CPS to the FSW.</li> <li>A Family Permanency Plan (NCPP) will be revised at the transfer FSTM.</li> <li>An FSTM must be held every ninety (90) days and a revised Family Permanency Plan</li> </ul>

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		<p>significant other, and sibling(s) residing in the home at least one (1) time per month.</p> <ul style="list-style-type: none"> <li>The FSW will contact all providers (paid or unpaid) that are working with the family no less than once per month to assess progress on the Family Permanency Plan.</li> </ul>			(NCPP) must be revised at each FSTM.
<p><b>NON-CUSTODIAL CASES:</b></p> <p><b>Contacts between the FSW, family, child and team members if the case is received directly from the court.</b></p>	<ul style="list-style-type: none"> <li>FSW, Management Staff (DCS Team Leader or Team Coordinator), birth parent, and provider</li> </ul>	<ul style="list-style-type: none"> <li>As frequently as necessary, based upon assessments and/or TL recommendations.</li> </ul> <p><b><u>Initial Contacts</u></b></p> <ul style="list-style-type: none"> <li>Initial contact (via phone or in person) with the family will be made within three (3) working days of the referral.</li> <li>An initial home visit and Face to Face contact with the child and each parent/caretaker(s), significant other and sibling(s) residing in the</li> </ul>	<ul style="list-style-type: none"> <li>To assess the safety, risk, and well being of the child and family members.</li> <li>To monitor and ensure the children and family are receiving appropriate services.</li> <li>To determine that the needs of the child and family are being met and service goals are being implemented.</li> <li>To ensure that actions described on the Family Permanency Plan (NCPP) are being</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of these visits and all discussions should be made in TFACTS "Case Recordings" section as they occur.</li> <li>FSTMs will be recorded in TFACTS "Cuts" section.</li> </ul>	<ul style="list-style-type: none"> <li><b>If at any time the FSW feels a child is at risk of harm, the FSW's team leader, team coordinator and legal must be consulted immediately.</b></li> <li>Contacts with the providers may be by telephone, e-mail or face-to-face.</li> <li>The initial FSTM will occur within 15 calendar days of the referral. The Family Permanency Plan (NCPP) will be developed at this</li> </ul>

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		<p>home must be made within five (5) working days.</p> <ul style="list-style-type: none"> <li>In the first 30 days, the FSW will complete two (2) face to face visits per month with the <u>child</u>. At least one (1) of these visits must occur in the home where the child is living.</li> <li>For subsequent months, the FSW will complete one (1) face to face visit per month with the <u>child</u>. Whenever possible, these contacts will take place in the home.</li> <li>Throughout the life of the case, the FSW will see each parent/caretaker(s), significant other and sibling(s) residing in the home at least one (1) time per month</li> </ul> <p>The FSW will contact all providers (paid or unpaid) that are working with the family no less often</p>	<p>completed.</p>		<p>FSTM.</p> <ul style="list-style-type: none"> <li>An FSTM will be held every 90 days from the date of the referral as long as the case remains open. The Family Permanency Plan (NCP) will be revised at each FSTM.</li> </ul>

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Type of Visit	Person Responsible for Ensuring Visit Takes Place	Time Frames	Purpose of Visit	Documentation (See policies 16.38 and 31.14)	Comments
		than once per month to assess progress on the Family Permanency Plan.			
<p><b>NON-CUSTODIAL CASES:</b></p> <p><b>Contacts between the FSW, family, child and team members if the case is due to <u>child exiting state custody</u></b></p>	<ul style="list-style-type: none"> <li>FSW, Management Staff (DCS Team Leader or Team Coordinator), birth parent, and provider.</li> </ul>	<ul style="list-style-type: none"> <li>The FSW will complete two (2) face to face visits per month with the <u>child</u>. At least one (1) of these visits must occur in the home where the child is living.</li> <li>The FSW will see each parent/caretaker(s), significant other and sibling(s) residing in the home at least one (1) time per month.</li> <li>The FSW will contact all providers (paid or unpaid) that are working with the family no less than once per month to assess progress on the Family Permanency Plan.</li> </ul>	<ul style="list-style-type: none"> <li>To assess the safety, risk, and well being of the child and family members.</li> <li>To monitor and ensure the children and family are receiving appropriate services.</li> <li>To determine that the needs of the child and family are being met and service goals are being implemented.</li> <li>To ensure that actions described on the Family Permanency Plan (NCP) are being completed.</li> </ul>	<ul style="list-style-type: none"> <li>Documentation of these visits and all discussions should be made in the TFACTS "Case Recordings" section as they occur.</li> <li>FSTMs will be recorded in the TFACTS "CFTM" section.</li> </ul>	<ul style="list-style-type: none"> <li><b>If at any time the FSW feels a child is at risk of harm, the FSW's team leader, team coordinator and legal must be consulted immediately.</b></li> <li>The same FSW will continue to work with the family after the child is released from custody.</li> <li>At the custody Discharge CFTM, a Family Permanency Plan (NCP) will be developed with the family.</li> <li>An FSTM will be held every 90 days from the date the child is released from state custody as long as the case is open. A revised Family Permanency Plan (NCP) will be developed at each FSTM.</li> </ul>

### Visitation Protocol Attachment to Policy 16.38

<b>Glossary:</b>	
<b>New Placement</b>	Either the child's entrance into custody in a resource home or facility operated by DCS or under a private provider agency or any placement that is different from the immediately prior placement.
<b>Private Provider Worker</b>	Any employee of a Private Agency that has been contracted by the Department of Children's Services to provide Case Management services and functions in the role as a DCS Family Service Worker.
<b>New Placement</b>	Either the child's entrance into custody in a resource home or facility operated by DCS or under a private provider agency or any placement that is different from the immediately prior placement.
<b>Private Provider Worker</b>	Any employee of a Private Agency that has been contracted by the Department of Children's Services to provide Case Management services and functions in the role as a DCS Family Service Worker.
<b>Health Summary</b>	A summary of health services that have been entered into the TFACTS on an individual child. Health Services are keyed into the TFACTS by the Regional SAT Coordinator. The Summary includes all visits for appointments, provider information, diagnosis and medication as it has been entered into TFACTS.