

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>Custodial Cases: FSW and Child placed at DCS Facility or DCS Resource Home</p>	<ul style="list-style-type: none"> FSW and Management Staff (DCS Team Leader or Team Coordinator) 	<ul style="list-style-type: none"> As frequent as necessary. 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). 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. 	<ul style="list-style-type: none"> To ensure adjustment to placement. To monitor and ensure the child is receiving appropriate services. To determine that the child's needs are being met and service goals are being implemented. To assess the safety and well being of the child. To ensure actions that promote permanency are being taken to support the timely achievement of the permanency goal. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 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. At least half of the monthly visits between the FSW and the child should occur in the child's placement. In most cases visits with children at school should be associated with prescheduled meetings. School should not be a common visitation

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					<p>environment.</p> <ul style="list-style-type: none"> • 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.
<p>Custodial Cases: FSW and Child Served By Private Provider</p>	<ul style="list-style-type: none"> • FSW and Private Provider 	<ul style="list-style-type: none"> • As frequent as necessary. • The first visit should occur within 72 hours of a new placement and at least once a month, thereafter. <p>The private provider case workers 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 case.</p>	<ul style="list-style-type: none"> • To ensure adjustment to placement. • To monitor and ensure the child is receiving appropriate services. • To determine that the child's needs are being met and services goals are being implemented. • To assess the safety and well being of the child. • To ensure actions that promote permanency are being taken to support the timely achievement of the permanency goal. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • The worker-child visiting shall mean a face-to-face visit between the child's DCS FSW and the child in the child's placement. • 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. • The child and the DCS FSW must also meet privately, away from facility staff of private provider staff. <p>The quarterly visitation between the FSW, private provider case</p>

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					workers, resource parent/caregiver, and the child should occur in the resource home.
<p>Custodial Cases: Child and Private Provider Worker</p>	<ul style="list-style-type: none"> • Private Provider 	<ul style="list-style-type: none"> • As frequent as necessary. • The first visit should occur within two weeks 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 3 of those visits must occur in the resource home or residential the placement). • Two (2) times a month following the first two (2) months in the new placement. • Monthly visits should occur in the home of the private provider resource parent. 	<ul style="list-style-type: none"> • To ensure adjustment to placement • To assess the safety and well being of the child. • To share all relevant and legally permissible information concerning the child. • To ensure the child is receiving appropriate services. • To determine that the child's needs are being met and service goals are being implemented. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Visits may take place in the child's placement, at school, in the FSW's office, or other appropriate setting. • The worker-child visiting shall mean a face-to-face visit between the child's private provider worker and the child. • 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.

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<p>Custodial Cases: Birth Parent and Child</p>	<ul style="list-style-type: none"> Assigned FSW, Management Staff (DCS Team Leader or Team Coordinator), Parent, and other Child and Family Team Members 	<ul style="list-style-type: none"> As frequent as possible If reunification is the goal on the Permanency Plan, the child should visit with one or both parents no less than twice per month. 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 and should be documented in the child's case record. Visits can and should occur for longer than one hour intervals and occur as frequently as possible. Visits can be modified by a court order specific to addressing visitation. Sibling visits should occur no less often than 1 time per month regardless of parental visits unless directed 	<ul style="list-style-type: none"> Visits are important to reduce child's trauma due to separation from parent and family. Visits help to maintain the parent-child-sibling relationship. Visits are essential to the success of reunification and other forms of permanence. 	<ul style="list-style-type: none"> Documentation is placed in TFACTS "Case Recording" section when a visit has occurred. 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. 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. 	<ul style="list-style-type: none"> The child's safety will be assured. Denial of visitation may not be used to manage behavior however, modifications in the visitation plan may be therapeutically necessary. All Visitation plans must comply with any applicable court orders. Visits should occur in as home-like a setting as possible.

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		otherwise by a court order.			
<p>Custodial Cases: Resource Parent and Birth Parent</p>	<ul style="list-style-type: none"> Assigned FSW, Management Staff (DCS Team Leader or Team Coordinator), Resource Parent, Birth Parent, and Private Provider Case Worker, if applicable. 	<ul style="list-style-type: none"> As frequent as necessary 	<ul style="list-style-type: none"> To ensure parent involvement, information sharing, and mentoring when necessary. To provide the birth parents with an opportunity to inform the resource parent of their child's specific needs, likes, dislikes and goals. To provide a learning environment for the birth parents so they can learn the positive parenting skills and alternate ways to discipline from the resource parents. To strengthen the ability to work as a team in finding permanence for the child. 	<ul style="list-style-type: none"> Documentation of these visits and all discussions should be made in TFACTS "Case Recording" section as they occur. 	<ul style="list-style-type: none"> These visits can occur in the home of the birth parent, the home of the resource parent or in the community. In some cases, the FSW may want to be present to help facilitate building a relationship between the birth parents and resource parents.
<p>Custodial Cases: FSW and Resource Parent</p>	<ul style="list-style-type: none"> Assigned FSW, Management Staff and Resource Parent. 	<ul style="list-style-type: none"> As frequent as necessary, but no less often than once a month. When a child first enters a new resource home the 	<ul style="list-style-type: none"> To support developing a "helping relationship" between the FSW and the resource parent(s). To ensure the 	<ul style="list-style-type: none"> Documentation of these visits and all discussions should be made in TFACTS "Case Recording" section as they occur. 	<ul style="list-style-type: none"> The FSW contact with the resource parent can substitute for the resource parent support/assessment worker's face- to-

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		<p>FSW must meet with the resource parent within two weeks of the placement</p>	<p>resource parents have the resources available to meet the needs of the child.</p> <ul style="list-style-type: none"> • To monitor service delivery and effectiveness and to assess the safety and well-being of the child. • To support the resource parent in their care for the child. • To ensure actions that promote permanency are being taken to support the timely achievement of the permanency goal. • 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 		<p>face visit with the resource parent every other month with the approval of the Regional Administrator.</p> <ul style="list-style-type: none"> • If the FSW is completing the visit for the resource parent support/assessment worker, then documentation will be entered into TFACTS "Case Recording" section, and the FSW will click the button to allow the entry to be copied to the resource home file.

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			<p>supportive services.</p> <ul style="list-style-type: none"> • 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). 		
<p>Custodial Cases: Child/Youth from Another State</p>	<ul style="list-style-type: none"> • FSW and Management Staff. 	<ul style="list-style-type: none"> • Face-to-Face contact as required for other children/youth in the custody of DCS. 	<ul style="list-style-type: none"> • To ensure adjustment to placement. • To monitor and ensure the child is receiving appropriate services. • To determine that the child's needs are being met and service goals are being implemented. • To assess the safety and well being of the child. • To ensure actions that promote permanency are taken timely and professionally in order to support the expedited 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • May take place in the child's placement, at school, in the FSW's office, or other appropriate setting. • Quarterly documentation of progress reports. • See the ICPC Practice and Procedures Manual for additional information.

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			achievement of the permanency goal.		
<p>Custodial Cases:</p> <p>Resource Parent and Resource Parent Support & Assessment Worker</p>	<ul style="list-style-type: none"> Resource Parent Support and Assessment Worker 	<ul style="list-style-type: none"> Once Monthly face-to-face contact with the resource parent in their home. If no foster children are placed in the resource home, the resource parent support/ assessment worker will visit the resource home quarterly. 	<ul style="list-style-type: none"> To determine that the home is reassessed in a timely manner and resource parent needs are being met. To share all relevant and legally permissible information concerning the child. To monitor service delivery and effectiveness and to assess the safety and well-being of the child. To monitor service delivery and achievement of permanency plan goals. 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 	<ul style="list-style-type: none"> 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. Documentation of the contacts will be entered in the electronic resource home file in TFACTS. Other notations in TFACTS should be made when phone calls occur and or correspondence is sent to the home. 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). 	<ul style="list-style-type: none"> 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 the resource parent on the alternate months. 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.

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			referral to mental health counseling services, medical doctors or other supportive services.		
Custodial Cases: Trial Home Visits	<ul style="list-style-type: none"> DCS FSW, Child and Family Team and Private provider as applicable. 	<ul style="list-style-type: none"> Three (3) face to face visits per month for the first two months. One of these visits per month must occur in the family home. 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. <u>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.</u> When a child enters a trial home visit and is still being served 	<ul style="list-style-type: none"> FSW shall visit with the child outside the parent or caretaker's presence. To ensure that the conditions that led to the child's custody have been addressed. To confirm that the child is safe in his environment. 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. FSW will interview child's teacher to ascertain that progress in school remains appropriate. To ensure that all services needed by the child and family are arranged and are effective. 	<ul style="list-style-type: none"> Documentation is placed in TFACTS "Case Recording" section when a visit has occurred. 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. All court orders addressing visitation limitations should also be referenced in the legal section of the child's case file. 	<ul style="list-style-type: none"> Follow-up documentation of a successful trial home visit, for Court, will be necessary to exit a child from DCS custody to that of their caretaker.

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		<p>through a private provider continuum, the private provider staff will be responsible for completing the aforementioned visits.</p> <ul style="list-style-type: none"> The DCS FSW will visit the child in 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>Custodial Cases: FSW & Birth Parent(s) (Unless Termination of Parental Rights has occurred)</p>	<ul style="list-style-type: none"> DCS FSW and the Birth Parents 	<ul style="list-style-type: none"> 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 One Face to Face contact per month with the birth parents must occur thereafter. A Face-to-Face visit with the birth parent will occur in 	<ul style="list-style-type: none"> FSW shall visit the birth parents in their residence in order to monitor progress of birth parents on Permanency Plan action steps. FSW will observe and monitor ongoing progress of the birth parents/caregiver within the home setting, potential items to monitor: A&D issues, domestic abilities, safety issues etc. 	<ul style="list-style-type: none"> Documentation is placed in TFACTS "Case Recording" section when a visit has occurred. 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 	<ul style="list-style-type: none"> Efforts to build the child and family team should be ongoing-parents should be asked who else can be added to their team. Parents should be kept updated on the child /youth's progress, services being provided and assessments being completed. The parents' opinions about the effectiveness of

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		<p>the birth parent's home at least on a quarterly basis.</p>	<ul style="list-style-type: none"> • FSW and Birth Parent will discuss ongoing needs of the children and what services may still be needed. • Responsibilities for the arrangement of identified services should be reviewed to ensure services are being provided. 	<p>should also be addressed at each CFTM and documented on the CFTM Summary form.</p>	<p>services being provided to them or the child should be elicited and discussed.</p> <ul style="list-style-type: none"> • These visits should encompass ongoing discussions with parents about their progress toward the permanency goals. This can also include preparing a birth parent for reunification as well as the adoption process.
<p style="text-align: center;">NON-CUSTODIAL CASES:</p> <p>Contacts between the FSW, family, child and team members if the case <u>is received from CPS.</u></p>	<ul style="list-style-type: none"> • FSW, Management Staff (DCS Team Leader or Team Coordinator), birth parent, and provider 	<ul style="list-style-type: none"> • As frequent as necessary. • 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. • The FSW will see each parent/caretaker(s), significant other and sibling(s) residing in the home at least one (1) time per month 	<ul style="list-style-type: none"> • To assess the safety, risk, and well being of the child, his/her siblings, and all family members. • To monitor and ensure the children and family are receiving appropriate services. • To determine that the needs of the children and family are being met and service goals are being implemented. • To ensure that actions described on the Family Permanency 		<ul style="list-style-type: none"> • 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. • Contacts with the providers may be by telephone, e-mail or face-to-face. • A transfer FSTM must be held when the case is transferred from CPS to the FSW. • A Family

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		<ul style="list-style-type: none"> The FSW will contact all providers (paid or unpaid) that are working with the family every other week. 	<p>Plan (NCPP) are being completed.</p>		<p>Permanency Plan (NCPP) will be revised at the transfer FSTM.</p> <ul style="list-style-type: none"> An FSTM must be held every ninety (90) days and a revised Family Permanency Plan (NCPP) must be revised at each FSTM.
<p align="center">NON-CUSTODIAL CASES:</p> <p>Contacts between the FSW, family, child and team members if the case <u>is received directly from the court.</u></p>	<ul style="list-style-type: none"> FSW, Management Staff (DCS Team Leader or Team Coordinator), birth parent, and provider 	<ul style="list-style-type: none"> As frequent as necessary. <p align="center"><u>Initial Contacts</u></p> <ul style="list-style-type: none"> Initial contact (via phone or in person) with the <u>family</u> will be made within one (1) working day. An initial face to face contact with the child and parent/caretaker must be made within two (2) working days. An initial home visit must be made within five (5) working days. <p align="center"><u>Days 1-30</u></p> <ul style="list-style-type: none"> The FSW will make weekly contact with 	<ul style="list-style-type: none"> To assess the safety, risk, and well being of the child and family members. To monitor and ensure the children and family are receiving appropriate services. To determine that the needs of the child and family are being met and service goals are being implemented. To ensure that actions described on the Family Permanency Plan (NCPP) are being completed. 	<ul style="list-style-type: none"> Documentation of these visits and all discussions should be made in TFACTS "Case Recordings" section as they occur. FSTMs will be recorded in TFACTS "CFTMs" section. 	<ul style="list-style-type: none"> 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. Contacts with the providers may be by telephone, e-mail or face-to-face. The initial FSTM will occur within 15 calendar days of the referral. The Family Permanency Plan (NCPP) will be developed at this FSTM. An FSTM will be held every 90 days from the date of the

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		<p>the family. Two of these contacts must be made in the home where the child resides.</p> <ul style="list-style-type: none"> • During these weekly contacts the FSW, the child, and all family members that live in the home must be seen face to face at least twice. <p align="center"><u>Days 30-Case Closure</u></p> <ul style="list-style-type: none"> • 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. • The FSW will see each parent/caretaker(s), significant other and sibling(s) residing in the home at least one (1) time per month • The FSW will contact all providers (paid or 			<p>referral as long as the case remains open. The Family Permanency Plan (NCP) will be revised at each FSTM.</p>

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		unpaid) that are working with the family every other week. •			
<p align="center">NON-CUSTODIAL CASES:</p> <p>Contacts between the FSW, family, child and team members if the case is due to <u>child exiting state custody</u></p>	<ul style="list-style-type: none"> FSW, Management Staff (DCS Team Leader or Team Coordinator), birth parent, and provider. 	<ul style="list-style-type: none"> 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. The FSW will see each parent/caretaker(s), significant other and sibling(s) residing in the home at least one (1) time per month. The FSW will contact all providers (paid or unpaid) that are working with the family every other week. 	<ul style="list-style-type: none"> To assess the safety, risk, and well being of the child and family members. To monitor and ensure the children and family are receiving appropriate services. To determine that the needs of the child and family are being met and service goals are being implemented. To ensure that actions described on the Family Permanency Plan (NCPP) are being completed. 	<ul style="list-style-type: none"> Documentation of these visits and all discussions should be made in the TFACTS "Case Recordings" section as they occur. FSTMs will be recorded in the TFACTS "CFTM" section. 	<ul style="list-style-type: none"> 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. The same FSW will continue to work with the family after the child is released from custody. At the custody Discharge CFTM, a Family Permanency Plan (NCPP) will be developed with the family. 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 (NCPP) will be developed at each

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					FSTM.

Glossary:	
New Placement	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.
Private Provider Worker	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.

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New Placement	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.
Private Provider Worker	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.
Health Summary	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.