



VISITATION BENCHCARD Oversight vs. Support Matrix

	Supervised	Unsupervised
With Support	<p>Child's safety and well-being are at risk and require supervision. Parent needs support to understand and meet child's needs, or develop/maintain attachment and connection to the child.</p> <p><i>Example: Children recently removed due to neglect or abuse. Goal may be reunification or adoption; support is appropriate for either.</i></p>	<p>Child's safety and well-being are assured and visits may occur without any need for supervision. Parent needs support to refine their ability to understand and meet child's needs, or develop/maintain attachment and connection to the child.</p> <p><i>Example: Parent and child transitioning to child's return home; reunification goal.</i></p>
Without Support	<p>Child's safety and well-being are at risk and require supervision. Parent does not demonstrate capability to have insight into child's needs and/or parent's own need to change their behavior.</p> <p><i>Example: Visitation solely for the purpose of providing the child with contact with the parent; closely supervised. Reunification is not likely or is not a goal, or parent is pursuing prerequisite treatment goals before parenting can become a priority.</i></p>	<p>Child's safety and well-being are assured, parent is attuned to and responsive to child's needs, parent-child bond is strong. Placement not due to lack of parenting ability or protective capacity.</p> <p><i>Example: Homelessness due to job loss; reunification goal.</i></p>

VISITATION BENCHCARD

APPENDIX I

Frequency and Duration Guide for Visitation



Infants and Toddlers 0-3	Preschool 3-5	Children 6-9	Children 10-12	Children 13-17
<p>The first visit occurs within 72 hours of the removal of a child from the parents/guardians</p> <p>Infants and toddlers have a minimum visitation of 3 times per week. More frequent visitation is considered for infants and toddlers, due to their developmental need to secure attachment and bonding with caretakers in the early months and years of life. (Smariga, 2007, Dependency Resource Companion).</p> <p>Visitation frequency addresses, through the development of a visitation plan, beginning at the shelter hearing and included in the shelter order</p>	<p>The first visit occurs within 72 hours of the removal of a child from the parents/guardians</p> <p>Children have a minimum of weekly visitation. More frequent visitation is considered when possible</p> <p>Visitation frequency addresses, through the development of a visitation plan, beginning at the shelter hearing and included in the shelter order</p> <p>The frequency of the visitation is progressive and reviewed at every hearing</p>	<p>The first visit occurs within 72 hours of the removal of a child from the parents/guardians</p> <p>Children have a minimum of weekly visitation. More frequent visitation is considered when possible</p> <p>Visitation frequency addresses, through the development of a visitation plan, beginning at the shelter hearing and included in the shelter order</p> <p>The frequency of the visitation is progressive and reviewed at every hearing</p>	<p>The first visit occurs within 72 hours of the removal of a child from the parents/guardians</p> <p>Children have a minimum of weekly visitation. More frequent visitation is considered when possible</p> <p>Visitation frequency addresses, through the development of a visitation plan, beginning at the shelter hearing and included in the shelter order</p> <p>The frequency of the visitation is progressive and reviewed at every hearing</p>	<p>The first visit occurs within 72 hours of the removal of a child from the parents/guardians</p> <p>Children have a minimum of weekly visitation. More frequent visitation is considered when possible</p> <p>Visitation frequency addresses, through the development of a visitation plan, beginning at the shelter hearing and included in the shelter order</p> <p>The frequency of the visitation is progressive and reviewed at every hearing</p>
<p>The frequency of the visitation is progressive and reviewed at every hearing</p> <p>When possibly to safely do so, parents are encouraged to attend collateral contact activities, in addition to their traditional visits (i.e. medical appointments)</p>	<p>Consideration is given to preschool schedules</p> <p>When possible to safely do so, parents are encouraged to attend collateral contact activities, in addition to their traditional visit (i.e. preschool meetings, programs)</p>	<p>At this age, consideration is given to children becoming involved in school activities and sports. As such, it may be necessary to consider an increase in duration when an increase in frequency will disrupt those activities enjoyed by the child.</p> <p>When possible to safely do so, parents are encouraged to attend collateral contact activities, in addition to their traditional visit (i.e., sports, educational</p>	<p>Duration, over frequency, is more strongly considered at this stage as children become more independent and collateral activities become more socially important.</p> <p>When possible to safely do so, parents are encouraged to attend collateral contact activities, in addition to their traditional visit (i.e., school programs, sports)</p>	<p>Duration, over frequency, is more strongly considered at this stage as children become more independent, collateral activities become more socially important and the older teenagers may obtain employment.</p> <p>When possible to safely do so, parents are encouraged to attend collateral contact activities, in addition to their traditional visit (i.e., school activities, community activities, job searches)</p>

*All bolded information highlights individualized needs for that age group

Transitioning Youth ages 18 – 21 Years:

- Visitation during this stage should be at the discretion of the transitioning youth.
- Consideration should be given to the cognitive and developmental needs of the youth that would require additional planning and oversight.