Initial Visitation

Rhode Island Department of Children, Youth and Families

Policy: 700.0035

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The Department of Children, Youth, and Families supports the belief that regular, planned contact between a child in placement and his/her family is essential for the well-being of the child, ensures continuity of the parent/child relationship, serves as a basis for improved family interaction, and promotes family reunification or other permanency planning. The Department further supports the belief that contact, if it is to be effective, must begin as soon as possible after the child is separated from his/her family. Contact is defined as:

1. Primary - regular, planned face-to-face visits between parent and child in a variety of settings;
2. Secondary - telephone and/or mail contact between parent and child; and
3. Tertiary - visits, phone calls, and/or mail contact between the child and siblings, other family members, or significant others.

The Department is mandated by Federal Law to prevent or eliminate the need for removal of a child from his/her home, when possible, and to make reasonable efforts, if the child is removed, to return the child to his/her home. Once a child is removed, regular and frequent visitation is an integral part of the reunification process. Any delay in the visitation process could effect a delay in reunification. Therefore, visitation between parent and child will begin within ten days after the child is placed in DCYF foster/relative/institutional care. Exceptions to this are situations when the child's physical and/or emotional health is endangered or situations when the nature of the family's problems (reason the child came into care) in some way limits initial visitation (serious abuse, parent in prison, parent hospitalized).

Contact and visitation is both a right and a responsibility of the parent. The parent bears the primary responsibility to maintain the formulated visitation schedule including transportation for himself/herself. At the time of the formulation of an initial visitation plan, the worker must make it clear to the parent(s) that failure to maintain contact/visitation could constitute grounds for termination of parental rights. The Department has the responsibility to establish with the family a reasonable visitation plan suited to the needs and limitations of the child, the family, and the Department. The Department also has the responsibility to adhere to the agreed upon plan.

Each child in placement will have a visitation plan, beginning with the Initial Visitation Plan/Agreement (DCYF #032A), developed within five (5) working days (excluding weekends and holidays) after the placement. The initial Visitation Plan/Agreement specifies the duration, frequency, location, and limitations of the parent/child visitation and is in effect until the formulation of the Case Plan/Agreement.

The initial visit after placement must be supervised by the assigned worker or his/her designee in order to assess the parent/child interaction, assess any possible risk to the child, and aid the parent(s) and child in determining the focus of the visitation.

~~Subsequent visits will be supervised if it is determined that there is any physical and/or emotional risk to the child.~~

~~Related Procedures~~

~~Visitation Plan~~
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~~Woman and Infants Hospital~~

Visitation Plan

Procedure From Policy 700.0035: Initial Visitation

A. An Initial Visitation Plan/Agreement (DCYF #032A) is formulated within five (5) working days (excluding weekends and holidays) after the child is placed:

1. This plan specifies visitation dates, times, location, transportation arrangements (for parent and child), and specifies if visits are to be supervised and why:
   a. Foster parents may voluntarily provide transportation for the child to and from visits with natural parent(s). The foster parents shall receive payments at the prevailing mileage rate for state employees. Foster parents may also receive an hourly wage; and
   b. Parents may be eligible to receive RIPTIKS (bus tokens) to be used for visitation purposes.
2. The parent(s) and primary service worker must have input into this agreement. If the child is of appropriate age or if the foster parents, relative caretakers, or other child care providers are to be involved in the actual visitation, they may be included in the planning;
3. This plan is signed by the worker, supervisor, and parent(s). When appropriate, the child, foster parent(s), relative caretaker(s), or facility representative(s) may sign this plan:
   a. This ensures that everyone is aware of the visitation plan/agreement;
   b. This delineates for each individual his/her role in the visitation plan;
   c. Parents not in agreement are apprised by the worker of their rights to meet with a supervisor to discuss this further; and
   d. A copy of this plan/agreement is provided to all involved individuals.
4. This plan/agreement is in effect until the formulation of the Case Plan/ Agreement which includes an on-going visitation plan.

B. In formulating a reasonable visitation plan, special attention is paid to the following:

1. Visitation should not disrupt the child's education process. When possible, visits should be scheduled during non-school hours;
2. In keeping with the goal of reunification and to ensure stability of the family, visitation should not jeopardize the employment of the parent(s); and
3. If the parent(s) require a visitation location that is handicapped accessible, the worker must accommodate this need.

Frequency of Visits

Procedure From Policy 700.0035: Initial Visitation

A. ~~Visits between the child and family must begin within ten (10) calendar days after the child is placed except:~~
   1. ~~When the child's physical and/or emotional health is endangered;~~
   2. ~~When the primary service worker determines that the nature of the family's problems (reason for the child coming into placement) makes a delay in initial visitation necessary (e.g. severe abuse, parent in prison, etc.);~~
   3. ~~When the child is placed in a setting where a special visitation plan is a regulation of the facility/agency and an important element in the particular case plan; and~~
   4. ~~Any delay in the start of visitation must be documented in the case record and must have supervisory approval.~~

B. ~~Subsequent visits between parent and child must be planned and documented on the initial visitation Plan/Agreement (DCYF #032A):~~
   1. ~~The frequency of visits may be dependent upon such factors as the child's age, the precipitating events, risk factors to the child, the nature of the family's problems, etc.;~~
   2. ~~Visits will occur on a not less than once every two-week basis until the formation of the Case Plan/Agreement; and~~
   3. ~~Visitation which is less frequently than once every two weeks must be explained and documented in the case record and must have supervisory approval.~~

Duration

Procedure From Policy 700.0035: Initial Visitation

A. In considering the length of visits and the restriction thereof, the worker must assess the physical and/or emotional risk to the child. Factors to consider are:
   1. Precipitating factors:
      a. The severity of the reasons for removal of the child from his/her home: and
      b. An assessment of whether or not the conditions warranting removal still exist.
   2. Parent Behavior:
      a. A determination of whether or not the behavior, attitude, and/or emotional stability of the parent(s) poses a threat to the child.

B. If the child is determined to be at risk, parent/child contact must be limited or restricted for the safety of the child:
   1. Decreased duration of the visits can limit the degree of anxiety for parent and child;
   2. Decreased duration of the visits can serve to restrict the possibility of negative behaviors or reactions; and
   3. While family or child-centered problems may necessitate a temporary reduction in the duration of the visits, the worker must strive to overcome the child's anxieties, aid the family in the resolution of conditions warranting this reduction, and work towards reunification.

C. Length of visits depends upon the individual needs, problems, and strengths of each family member and cannot be uniformly prescribed. Factors to consider are:
   1. Visits should be long enough to allow families to sufficiently interact and feel comfortable together. Consideration must be given to such issues as travel time and costs incurred;
   2. Visits should be long enough to maintain and strengthen the parent/child bond;
   3. Visitation should be realistic, goal oriented, and progressive;
   4. Visits should be long enough for the worker, when necessary, to assess the parent/child interaction:
      a. The visit should be long enough to be a positive experience for the parent and child; and
      b. The visit should be of sufficient length to continue or improve the parent/child relationship.
   5. The age of the child is a factor in determining length of visit. Younger children usually need longer visits to allow for the establishment and/or maintenance of the parent/child bond.

Location

Procedure From Policy 700.0035: Initial Visitation

A. ~~The location of the visits can have a great effect on the tenor of the parent/child interaction, the visits should occur in the least restrictive setting which still ensures the safety of the child:~~

1. ~~The DCYF office offers the most restrictive setting for parent/child interaction but most effectively guarantees the safety of the child. This setting is used if there is clear evidence that the child's physical and/or emotional health would otherwise be endangered. This setting may be preferred initially if there is suspected risk to the child and a more thorough assessment of the parent/child interaction is indicated;~~
2. ~~Supervised visits in the parent's home are less restrictive than at the DCYF office yet still ensure the safety of the child. Visits in the natural home are beneficial because the parent and child are in familiar surroundings. Visits in the natural home more closely resemble normal family functioning and aid in the reunification process;~~
3. ~~Other locations may include neutral settings (relative home, park, community agency, shopping mall, etc.), the foster home/institution, or unsupervised visits in the parent's home. Each setting offers varying degrees of restriction and varying degrees of insured safety to the child:~~
   a. ~~A neutral setting may serve to defuse anxiety, especially if the precipitating placement event was significantly traumatic to the child;~~
   b. ~~A neutral setting may encourage otherwise difficult communication between parent and child, especially in the case of the older child;~~
   c. ~~By using such controlled settings as community mental health agencies, the interaction between parent and child can be therapeutically monitored;~~
   d. ~~Visits in the foster home provide a more natural home setting. Such visits may only take place in the foster home with the permission of the foster parents;~~
   e. ~~The foster parent's home is not to be used when there is a threat to the safety of the foster parent; and~~
   f. ~~Unsupervised visits in the parent's home are least restrictive and provide the least protection for the child. This setting is used only once it is determined that there is minimal or no risk to the child.~~

Supervision

Procedure From Policy 700.0035: Initial Visitation

A. ~~The initial visit after placement must be supervised by the assigned worker or his/her designee in order to:~~
   1. ~~Assess the parent/child interaction;~~
   2. ~~Assess any possible risk to the child; and~~
   3. ~~Aid the parent(s), child and foster parent(s), (when applicable) in determining the focus of the visitation.~~

B. ~~Subsequent visits are supervised under certain circumstances:~~
   1. ~~The physical and/or emotional safety of the child is the major factor in determining the need for ongoing supervision. The focus of supervision is to maintain an atmosphere which will assure the physical and/or emotional well-being of the child and limit negative parent/child interaction;~~
   2. ~~Supervision is a tool used by the agency to evaluate the quality of the parent/child relationship;~~
   3. ~~Through supervision the parent(s) and child can be aided in such areas as anger, fear, separation issues, and parent/child interaction;~~
   4. ~~Through supervision the parent(s) can be offered role modeling; and~~
   5. ~~There is an existing court order.~~

Women and Infants Hospital

Procedure From Policy 700.0035: Initial Visitation

A. ~~When a newborn child is on a protective hold or in DCYF temporary custody in the hospital, the mother remains in the hospital, the child will not be taken to the mother's room. Rather, the mother will feed and visit the child in the nursery. (Hold is defined as a child being placed in the protective custody of DCYF by a physician, police officer, or Child Protective Investigator). Frequency of these visits will be determined by hospital staff.~~

B. ~~Only the mother and father of the child are allowed to visit in the nursery. Father must be identified by the DCYF worker in writing with both name and birth date. He will be expected to identify himself with picture identification.~~

C. ~~If the child remains in the hospital after the mother is discharged, the mother and father may continue to visit the child in the nursery.~~

~~NOTE: A copy of the court orders on a child shall be faxed to hospital social services along with a statement of the visiting plan. When placement with DCYF is ordered by the Court, visitation shall be planned. Visitation between parents and child shall be limited to a maximum of one (1) hour per day.~~

D. ~~If special circumstances exist which may pose security or safety concerns for the child, individual visitation plans will be developed by the Department's primary service worker and hospital staff.~~

E. ~~The determination to allow the mother to breast feed the infant will be made by the physician and/or hospital. If the primary service worker has any concern about alcohol/drug abuse by the mother, he/she must immediately share these concerns with the hospital staff.~~

F. ~~If an individual, either relative or non-relative, is being considered as a placement resource for the child, the hospital social services staff will be notified in writing of the name of the person(s). This notification will be placed in the child's chart in the nursery. A visitation agreement will be developed between the individual, the Department's primary service worker and the hospital.~~