**Temporary Visitation Schedule**

CPS **(Investigations)**

**Purpose:**  Use this form to list pertinent information for the Temporary Visitation Schedule developed with the parent.

**Directions:**  After completing the form, maintain the original in the case file and provide a copy to the parent(s) and other parties as required.

 to be used by Inv and FBSS Staff only

While your children are IN DFPS CUSTODY, you are expected to have contact with them according to the plan outlined below

|  |
| --- |
|  **Participants included in the visit ( including siblings)** |
| **Cause No:**  |  |
| **Case Name:**  |  |
|  |  |
|  |  |
| **Visitation Schedule** |
| **Limitations on visits? If no visitation is allowed, address what needs to occur in order for visits to begin.** |  |
| **If no visitation is allowed, explain how this is in the child's best interest.** |  |
| **Length of Visit** |  |
| **Visitation Frequency** |  |
| **Visit Time** |  |
| **Visit Location** (options may include the home of the parents, relatives, foster parent, CPS office or other agreed upon location) |  |
| **Visit Supervision** ( list all persons approved to supervise visits and their contact information) |  |
| **List other approved forms of contact** ( email, social media, texting, phone calls) |       |
| **Rules and expectations for visits** |       |
| **Services provided to support visitation: (address transportation, snacks, activities)** |       |

**This agreement can be modified at any time with the agreement of DFPS and the parent(s).**

**I participated in the development of this visitation plan and understand the plan as written:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | *Signature – Parent* |  | *Date Signed* |
|  |  |  |  |
|  | *Signature – Parent* |  | *Date Signed* |
|  |  |  |  |
|  | *DFPS Caseworker* |  | *Date Signed* |