Social worker preparation needed ahead of supervised visit, working in consultation with Supervisor:

- 1. **Use SDM to determine high, moderate or low risk level**, and ensure design of supervised visit complies with best practice guidance. Risk level should be reassessed every 90 days
- 2. **Clearly document** rationale for risk level assigned, including any safety factors present both in LINK, and in supervised visitation request form
- 3. **Hold 1-1 conversation** with person responsible for supervising the visit, to give further context and answer any questions regarding details documented in the request form
 - o Should complement (not substitute for) the written information in the request form
 - O Should occur every time someone new supervises the visit (e.g. a change in case aid or provider should trigger a new 1-1 conversation)
 - o Should occur every time a new development arises in a case that has relevance to the supervised visit (e.g. a new safety factor arises)

DCF Statewide Supervised Visitation – Best Practice Guide

	Risk level – to be taken directly from SDM		
	High	Moderate	Low
Description of risk level	 Both risk and safety factors present Potential flight risk Includes all OTCs (in the event of prolonged contested OTCs – this can be modified by PS) 	 No safety factors, but risk factors remain – e.g. parent not sufficiently progressed on identified issues All committed children not deemed high risk TPR 	 No safety or risk factors present Clear path toward reunification, and plan for moving to unsupervised visits
Required training level to supervise	 DCF or qualified provider staff only No interns No relatives or foster parents 	Can be staff, interns, or appropriate relatives/foster parents	Can be staff, interns, or appropriate relatives/foster parents
Required level of supervision	 Within earshot & eyesight Constant supervision – no distractions No personal phone use Children must be accompanied by staff member at all times (including being taken to the bathroom) Coverage must be arranged for any staff breaks 	 Within earshot & eyesight Constant supervision – no distractions No personal phone use Children must be accompanied by staff member at all times (including being taken to the bathroom) Coverage must be arranged for any staff breaks 	 Supervision in keeping with the permanency plan & family circumstances Periodic check-in No personal phone use
Visit location	 Either: In DCF office – with security present (i.e. not on weekends) Provider structured visitation center 	 Aim for most normative environment possible given the details of the case – could be in community or office For community – assess location based on ability to provide oversight 	 Aim for most normative environment possible given the details of the case – should be in community, not office For community – assess location based on ability to provide oversight
Visit duration	No more than 2 hours per visit, unless court-mandated	 Can be longer than 2 hours – depending on permanency plan & family circumstances 	 Can be longer than 2 hours – depending on permanency plan & family circumstances
Special considerations	 Pre-authorized participants only When determining number of supervising staff required, need to consider age & number of children, developmental challenges, and/or transport needs 	 Pre-authorized participants only When determining number of supervising staff required, need to consider age & number of children, developmental challenges, and/or transport needs Recent change in legal status 	 Authorized participants will be at discretion of person responsible for supervising the visit Recent change in legal status New incident or safety factor will require reassessment of risk level