

Welcome to Supervised Parenting through Chehalem Youth and Family Services

Chehalem Youth and Family Services is a local non-profit agency that has served the community for over 40 years to support healthy and safe family relationships. We are continuing to grow to meet the needs of the public in areas which may otherwise be difficult to find service. In light of this, **Chehalem Youth and Family Services announces the reopening of Supervised Parenting and Exchange Services** at our Newberg location. We have updated our policies and standards to reflect best practices for Supervised Parenting and Exchange.

Fees for Services:

Intake with custodial party and children: \$30

Intake with non-custodial party: \$30

Supervised Parenting Visits:

- 1 hour - \$40
- 2 hours - \$65
- 3 hours - \$90

Supervised Exchanges: \$30 per exchange

**Sliding Scale Available*

Cancellation Fee (cancellations within 24 hours of scheduled visit): 50% of cost of scheduled visit

Time of Service:

Monday-Friday 9am-7pm

Saturday: 9am-7pm

Sunday: Closed

Services provided within business hours (M-F, 9am-5pm) \$10/per hour discount

Location of Service:

All service will be provided at 504 Villa Road, Suite 3. Newberg, OR 97132

We are looking forward to working with you -

Aimee M.

Chehalem Youth and Family Services

Supervised Parenting/Exchange Program Coordinator

(503) 538-4874

*Chehalem Youth and Family Services
And
Chehalem Community Counseling Center*

*Supervised Parenting
504 Villa Road, Suite 3. Newberg, Oregon 97132
503.538.4874*

Supervisedvisitation@cyfs.net

**AGREEMENT FOR SERVICE (NON-CUSTODIAL PARTY)
PARTICIPANTS AGREE TO THE FOLLOWING TERMS AND CONDITIONS**

IT IS AGREED THAT ALL PARENTS/RELATIVES AND STAFF WILL MAKE EVERY EFFORT TO ENSURE CHILDREN HAVE AN ENJOYABLE VISIT WITH FAMILY MEMBERS.

1. SAFETY

- a) The CCC staff request that only one person enter the building to drop-off/pick-up the child(ren).
- b) Visiting parents/relatives will not have consumed either illicit drugs or alcohol prior to the visit.
- c) Staff reserve the right to check all parcels and baggage.
- d) The CCC prohibits the use of verbal aggression (eg. profanity, abusive language, etc), physical aggression, or acts of intimidation. Weapons are not permitted.
- e) Participants are required to visit or wait in assigned area and they must remain in this area until notified by staff.
- f) Each participant is to arrive and depart at the specified times. Visiting parents/relatives are expected to arrive prepared for the visit and not to leave the CCC during visitation. The arrival and departure times of the participants will be staggered by at least **15 minutes**.
- g) It is the expectation of the CCC that proper child restraint devices (car seats, seat belts) will be used by all parties when transporting children.
- h) Children are not to be removed from the CCC except as previously agreed to for an exchange. In the event of a medical emergency a child may be removed only when accompanied by the Program Coordinator or designated staff person.

2. MEDICATION

If medication is needed during visits, written consent from the custodial parent is required, giving permission to the visiting parent/relative to administer the medication. Arrangements are to be made with the Program Coordinator or designate prior to the visit otherwise the custodial parent is to remain on site (in a separate area) and be available to administer the medication. The CCC staff will not be responsible for the supervision /administration of any medication.

3. SCHEDULING

- a) The frequency and duration of visits will be subject to the availability of the CCC.
- b) All visits must be approved and scheduled by the Program Coordinator or designate. This schedule is to be confirmed by the CCC before the time of your appointment.
- c) Parents/authorized visitors are to arrive at and depart from the CCC precisely at the prearranged times. Repeated lateness could result in service being discontinued.

4. CANCELLATIONS

- a) If a cancellation of a visit/exchange is necessary, the participant must notify the Program Coordinator or designate as soon as possible. Failure to do so may result in a cancellation fee.
- b) When it is necessary for a visit to be cancelled, the cancelling party shall make arrangements for a make-up visit, by calling the Program Coordinator or designate on the next business day. Consensus among all parties will be required prior to scheduling.
- c) If you or the other party are more than 15 minutes late to the session, the children will be returned home with the custodial party.

5. PICK-UP AND DROP-OFF OF CHILDREN BY CUSTODIAL PARENT

- a) The custodial parent will be responsible for the drop-off/pick-up of the child(ren), unless otherwise specified by the court order. At the time of intake the custodial parent provides the names of two emergency contact people who may be designated to provide transportation, if necessary. These individuals will be required to show photo identification.
- b) Should the custodial parent fail to pick up the children at the scheduled time, the emergency contact person will be notified. If CCC staff are unable to reach the designated persons, the CPS will be contacted.

6. CUSTODIAL WHEREABOUTS DURING VISIT

The custodial parent is responsible to inform CCC staff of his/her whereabouts during the visit. The custodial parent may provide a phone number where he/she can be reached.

7. VISITORS

Visitors will not be permitted to attend the visit without prior approval of the Program Coordinator or designate. Unless visitors are court ordered, both parents must agree to their attendance. Attendance at visits are subject to space availability, therefore the visiting parent must contact the Program Coordinator in advance.

8. VISITING PARENT/RELATIVE VISITATION GUIDELINES

Visiting parent/relative and guest agree to the following:

- a) The visit should focus on the present so that the child experiences a calm and pleasurable visit. References to past events and future plans should be avoided in discussions with the child. (Past events may have caused stress/trauma and the child is uncertain about the future.)
- b) Visitors can invite, but not demand or coerce, physical contact with the child.
- c) Visitors are not to be alone with the child or engage in whispered conversations.
- d) Visitors are not to speak ill of the other parent – or his or her relatives, friends or loved ones.
- e) Visitors are not to ask children for information about the other parent's household, friends, income or activities
- f) Visitors are not to ask the children for information about where they go to school, where they live or any other identifying information.
- g) Visitors shall be responsible for the clean up of toys, food and beverages at the end of the visit.

9. RELAY OF INFORMATION BETWEEN CUSTODIAL AND NON-CUSTODIAL PARENTS

During on-site visits the staff will only pass written information from one party to the other concerning the immediate care of the child(ren). Staff will read all correspondence and communication books. Staff reserve the right to photocopy all correspondence.

10. FEES FOR SERVICE

- a) Fees will be assessed to each party during intake procedures.
- b) The fee for service is payable at the beginning of each visit and a receipt will be issued. Parties are asked to bring the exact amount, as making change is not always possible. They are expected to adhere to the agreed upon fee unless otherwise discussed with the Program Coordinator or designate.

11. WITHDRAWING SERVICE

- a) The CCC reserves the right to refuse access, cancel or terminate a visit when there exists a violation of the Agreement for Service or when the Program Coordinator or staff feel it is not in the best interest of the children and/or others involved with the CCC.

12. IN ADDITION

- a) If requested in writing, we will provide **a summary record/copies of the observation notes** to the parties and/or their lawyers regarding factual observations of the visits/exchanges. There is an additional fee for this service and the written request must include the name of the party responsible for payment.
- b) Client information is confidential and cannot be released without written informed consent, except when required by legislation or directed by the courts. Examples of such exceptions may include reporting suspicion of child abuse or a child in need of protection to the CPS; informing someone in a position of authority if a client is in imminent danger of harming themselves or others; or, providing information as directed by the courts through subpoena, search warrant or other legal order.
- c) From time to time individuals other than CCC staff and volunteers may be on site. Example: students and assessors.
- d) Smoking is not permitted on CCC and CYFS property.
- e) The custodial parent is requested to supply clothing, bottles, formula or whatever else is needed for good care of the child (ren) during the visit. A well-loved stuffed toy; blanket or game can be sent with the child (ren) to facilitate his/her emotional comfort while at the CCC..

13. COMPLAINT PROCEDURE

Problems or concerns regarding Supervised Parenting services should be discussed with the respective staff member and/or the Program Coordinator. If unresolved the complaint can be addressed in accordance with the client complaint procedure of the sponsoring agency, Chehalem Youth and Family Services.

Supervised Visitation is operated by Chehalem Youth and Family Services. Our responsibility is to ensure a safe visit to all participants. We strive to provide services in a sensitive and thoughtful manner reflective of our concern for the well-being of children and families. At any time should you have a question or concerns regarding the service you receive, we would appreciate hearing about these. We encourage you to contact the Program Coordinator and/or our Quality Assurance Department.

I have read the **AGREEMENT FOR SERVICE** and I agree to comply with these policies. I understand failure to comply may result in immediate withdrawal of the service being offered.

Non-Custodial Party's Signature

Date

Staff Signature

Date



CHEHALEM YOUTH AND FAMILY SERVICES

SUPERVISED PARENTING INTAKE FORM: NON-CUSTODIAL PARTY

Name: _____ Please circle: M / F

Address: _____

Home Phone: _____ Okay to leave a message? YES _____ NO _____

Cell Phone: _____ Okay to leave a message? YES _____ NO _____

CHILDREN INVOLVED:

Full Name	Date of Birth	Gender

Do any children involved have current medical conditions which may affect visitation? Yes _____ No _____

Do any children involved have allergies which may affect visitation? (food, etc.) Yes _____ No _____

If yes to either above, please explain: _____

Has anyone in this family received mental health services? (therapy, treatment, etc.) Yes _____ No _____

If yes, please explain: _____

Name/Agency of Mental Health Provider: _____

Mental Health Provider Phone #: _____

Please also attach a *copy* of the assessment report.

Other special needs to be considered during visitation (language, cultural, etc.): _____

Have you had previous visitation arrangements? Yes _____ No _____

If yes, at what agency? _____

What is status of visits? (Continuing, ended, etc.): _____

Length of time since most recent visitation: _____

SUPERVISED PARENTING INTAKE FORM: NON-CUSTODIAL PARTY

Others you request to be authorized to accompany you on visits with the child(ren):

Name	Relationship

Custody: Mother _____ Father _____ Joint _____ Other: (please specify) _____

Does this family have a separation agreement? Yes _____ No _____

Is there a Restraining Order involved in this case? Yes _____ No _____

If yes, please attach a *copy* of Restraining Order

Is there a Parenting Plan assigned by the court in this case? Yes _____ No _____

If yes, please attach a *copy* of Parenting Plan

Are legal proceedings continuing? Yes _____ No _____

If yes, when is the next scheduled court date? _____

Who will be making payments for supervised visitation?

Non-Custodial _____ Custodial _____ Both Non-Custodial and Custodial _____

SUPERVISED PARENTING INTAKE FORM: NON-CUSTODIAL PARTY

Who were you referred by? _____ Referral Date: _____

The Non-Custodial party: agrees with _____ is neutral about _____ or disagrees with _____ the referral

Reason for Referral:

- _____ Spousal assault
- _____ Concerns regarding physical, sexual and/or emotional abuse of the child
If abuse is reason for referral, please specify types of abuse in space below
- _____ Concerns regarding parenting ability
- _____ Non-Custodial party has been absent from child for a long time
- _____ History of psychiatric illness
- _____ History of alcohol or drug abuse
- _____ Concerns regarding abduction
- _____ Unresolved conflict between parents, or others, interfering with visits
- _____ Other (specify): _____

Please explain all above checked referral reasons: _____

Describe your expectations and goal for visitation: _____

Describe any other concerns regarding visitation: _____

SUPERVISED PARENTING INTAKE FORM: NON-CUSTODIAL PARTY

AVAILABILITY

CYFS Supervised Visitation Program will review your availability and preferences, taking into consideration the child(ren)’s activities and needs. However, CYFS determines the visitation schedule times based on program availability.

Please indicate all days and times you may be available to be scheduled for CYFS services:

CYFS Hours	Non-Custodial Availability	Reason if Unavailable
Monday: 9 am – 7 pm		
Tuesday: 9 am – 7 pm		
Wednesday: 9 am – 7 pm		
Thursday: 9 am – 7 pm		
Friday: 9 am – 7 pm		
Saturday: 9 am – 7 pm		
Sunday: CLOSED		

Supervised Visitation FEES:

Standard Rates:

1 hour - \$40

2 hours - \$65

3 hours - \$90

*Sliding Scale Available

Cancellation Fee (cancellations within 24 hours of scheduled visit): 50% of cost of scheduled visit

Coordination and Preparation Fees: \$15/hour

Copies of Observation Notes: \$0.10 per page

Please fill out the attached “Authorization to Release Information” for any other person involved in supervised visitation. This could include lawyers, therapists, relatives, or any other person that may be helpful for the CYFS Supervised Visitation Facilitator to communicate with in regards to supervised visitation.

CLIENT SIGNATURE: _____

Date: _____

OFFICE USE ONLY:

Service decision: PROVIDE SERVICE AS REQUESTED _____

PROVIDE ALTERNATIVE DECISION _____

NO PROVISION OF SERVICE _____

If "NO PROVISION OF SERVICE" indicate reason:

Custodial party refused to comply with intake process _____

Non-Custodial party refused to comply with intake process _____

Program unable to accommodate requests made by referral sources _____

Referral inappropriate for the program _____

Other _____

STAFF SIGNATURE: _____ **Date:** _____