



KANSAS ATTORNEY GENERAL
KRIS W. KOBACH

**Kansas Child Exchange
and Visitation Center
Guidelines**

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1.1 Introduction

Enabling legislation was passed in 1996 by the Kansas Legislature (K.S.A. § 75-720) to support and fund centers which provide services for parents when supervised visitation or exchange of a child is needed. The 2006 legislature added a percentage of district court docket fees to continue support of child exchange and visitation centers. These centers are to provide much needed services to children and families at risk because of circumstances relating to neglect, substance abuse, emotional, physical, or sexual abuse, domestic or family violence, and threat of abduction. K.S.A. § 75-720 states, “the attorney general shall provide for child exchange and visitation centers throughout the state for victims of domestic or family violence and their children to allow court-ordered child exchange or visitation in a manner that protects the safety of all family members.”

The Office of the Kansas Attorney General has the legal authority to set forth guidelines and funding for child exchange and visitation providers as required by state statute. The Attorney General formed a task force in 1998 to develop Guidelines for child exchange and visitation centers (*hereinafter referred to as supervised exchange and visitation centers*).

These Guidelines must be followed by providers receiving state funding administered by the Office of the Kansas-Attorney General. Providers not receiving funding from this source are encouraged to use these Guidelines set forth by the state, as these have been established as tools for best practice.

1.2 Purpose of the Guidelines

The purpose of the Guidelines is to assist in the development or implementation of procedures for providing supervised exchange and visitation of children.

The Guidelines are intended to provide a general course of conduct without stifling the development of service models. The Guidelines are expressed in general terms with the intention that they will apply to supervised exchange and visitation services throughout the state. The Guidelines allow for innovations and may be revised by the Office of the Kansas Attorney General with consultation from other state and local stakeholders.

1.3 Purpose of Supervised exchange and visitation centers

The primary purposes of supervised exchange and visitation centers are to promote the safety and welfare of the children, parents, and center staff during exchanges and visits, and to promote the safety of vulnerable parents at changeovers.

Section 2 Terminology

- 2.1 Authorized person** refers to an individual(s) approved by the court or by agreement of the parents and/or provider to be present during services.
- 2.2 Child and Children** refer to minors, age birth to 18 years.
- 2.3 Child Abuse** is a threat to a child's health or welfare by physical, mental or emotional injury or impairment; sexual abuse or exploitation; deprivation of essential needs; or lack of protection for these by a person responsible for the child.
- 2.4 Child Neglect** is any acts or omissions by a parent, guardian or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm. The acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian.
- 2.5 Client** refers to the persons involved in receiving child supervised exchange and visitation services. Clients may include the child, residential parent, and non-residential parent.
- 2.6 Critical incident** is an event(s) that occurs which threatens the safety of clients or staff members of supervised exchange and visitation centers, or occurrences that require the intervention of a third party, or medical situations.
- 2.7 Domestic violence** is a systematic pattern of physical, sexual, financial, or psychological abuse within an intimate or prior intimate relationship. The abuse may be directed at intimate partners or prior intimate partners, and may include violence toward children and/or pets. Rather than a series of independent acts or events, it is often part of a process by which the batterer maintains control and domination over the victim.
- 2.8 Exchange/visitation supervisor (or Observer)** is an individual trained and authorized to observe the contact between the clients, to factually document such observations, and to facilitate, intervene and/or terminate the service if necessary.
- 2.9 Evaluative Report** is a report that expresses professional opinions or assessments about the need for ongoing supervised exchange or visitation services, the appropriate frequency of the services, and whether contact is in the best interest of the child. Evaluation reports also may include a professional assessment of the causes of the child's and/or parent's behavior or the ramifications of certain occurrences for the child.
- 2.10 Facilitate** means to encourage age-appropriate activities, promote the child's safety and welfare, and discourage inappropriate conduct. Facilitate should not be construed to mean therapeutic intervention.
- 2.11 Facility under management of provider** is a facility where the provider has the authority and responsibility to enable safe visits and exchanges in compliance with the Guidelines, regardless of whether the space is donated.
- 2.12 Group supervision** refers to multiple-family supervision, where the supervision of parent/child

contact of multiple families is observed by one visit supervisor.

- 2.13 Intake** is an interview with the residential parent, nonresidential parent and child (as appropriate) conducted independently prior to the beginning of services to provide information.
- 2.14 Manager** (or Facilitator, Provider, Director) is the person hired to provide oversight of the supervised exchange and visitation center.
- 2.15 Monitored Exchange (or Supervised Exchange)** is the supervision of the movement of a child from the residential parent to the non-residential parent at the start of the non-residential parent/child contact, and from the non-residential parent back to the residential parent at the end of the contact.
- 2.16 Monitored visitation** is the intermediate supervision of the contact between a non-residential parent and child.
- 2.17 Neutrality**, as used in the context of supervised exchange and visitation services, means maintaining an unbiased, objective, and balanced environment, and when providing services, not taking a position between the parents in providing services. Providing services in a neutral manner is intended to ensure respect for all individuals in their capacity as parents and to protect children who remain in contact with their parents. Being neutral does not mean providers disregard behaviors such as abuse or violence of any kind.
- 2.18 Non-Residential parent** is the person who is authorized to have contact with the child. It is acknowledged that the non-residential parent may not be one of the child's parents (refer to the definition of residential parent).
- 2.19 Offsite supervision** consists of supervision of parent/child contact that occurs away from a facility that is under the management of the provider.
- 2.20 Program** is a system of services offered by a provider.
- 2.21 Provider** refers to a paid independent contractor, public or private not-for-profit organization, for-profit organization, or local or state governmental agency.
- 2.22 Residential parent** is the person with whom the child primarily resides. For simplicity, the term residential parent has been used although it is acknowledged that the child may reside with a non-parent. Residential parent may refer to a biological parent, adoptive parent, legal guardian, state agency and its representatives who have temporary or permanent legal custody of a child, any other person with whom the child primarily resides, or any other person responsible for the child.
- 2.23 Risk Assessment** is the review and analysis of historical information and observation of behavior for the purpose of deciding whether there is a match between the probability that a client will exhibit dangerous behavior and the capacity of a provider to manage that behavior.
- 2.24 Safety** is the protection from danger or risk of physical, psychological, or emotional injury.
- 2.25 Satellite facility** is a secondary location under the management of the provider in which supervised visitation or exchange services may occur.

- 2.26 Security** refers to measures put in place to effect safety.
- 2.27 Sexual Assault** is any sexual actions (completed or attempted) and words that coerce, manipulate, or are forced upon someone with the intent to intimidate, humiliate, dominate, subjugate, and control. This definition includes rape, sexual battery, sexual harassment, and human trafficking, as well as other forms of sexual violence.
- 2.28 Stalking** is a knowing and intentional pattern of behavior directed at a specific person that alarms, annoys, torments, terrorizes, or places the person in fear for her/his safety and that serves no legitimate purpose. It does not have to involve physical contact but can escalate to such behavior. Stalkers can be strangers, acquaintances, friends, family members, intimate, or prior intimate partners.
- 2.29 Services** may include supervised visitation and monitored exchange, parent education classes, and therapeutic supervision.
- 2.30 Supervised visitation** is the contact between a non-residential parent and a child which occurs in the presence of an exchange/visitation supervisor. Supervised visitation also may have supportive, educational, or modeling components.
- 2.31 Telephone monitoring** is the supervision of child or parent onsite during communication via telephone with a child or parent off-site.
- 2.32 Therapeutic supervision** is the combination of adult-child psychotherapy provided by a licensed mental health professional and the protective and/or supportive functions of supervised visitation. Therapeutic supervision is specifically intended to achieve psychotherapeutic goals. Because this service is provided by trained, therapeutic professionals, evaluations and recommendations for further parent-child contact may be made. Therapeutic supervisors shall develop a written protocol with the court which specifies under what circumstances evaluative reports are to be made.

3.1 Providers

The provider or staff hired by the provider must demonstrate a record of providing effective services to children and families. This includes having support and approval for the services by the community, a history of providing direct services to children and families, and financial support from sources other than the Office of the Kansas Attorney General.

3.2 Premises

The premises should be suitable to the intended activities of the service. The premises should be accessible, safe, and a pleasant environment for children, as well as promote the welfare of the child, facilitate the parent/child interaction during contact, and, where appropriate, assist to overcome factors in the parents' interaction with each other which adversely impact the service.

3.3 Policy and Procedure Development

Providers shall develop a supplemental policy and procedure manual as outlined throughout this document. Providers are not expected to repeat each guideline in the policy and procedure manual. Policy and procedure manuals shall be in compliance with federal, state, and local requirements. Providers also shall consider any other funding source requirements during development or revisions of policies and procedures.*

* Note: See Appendix I *Checklist for Policy and Procedure Manual Development*

3.4 Accountability

Providers shall submit initial policy and procedure manuals to the Office of the Attorney General. Policy and procedure updates shall be submitted annually with grant applications to ensure compliance with the Guidelines. The Office of the Attorney General will conduct on-site audits with each funded program.

3.5 Advisory Group

The provider shall establish and maintain a local advisory group separate from any decision making board, regardless of whether supervised exchange and visitation services are provided by an independent contractor or an agency. It is believed services will benefit from the input and support from such a group. The advisory group should include those with expertise in relation to the key issues relevant to the operation of the services, such as:

- child and family welfare
- domestic violence, victim services, and safety issues
- batterers' intervention services
- child abuse, neglect, and safety issues
- mental health
- sexual assault
- substance abuse
- legal issues
- service provision and accessibility
- administrative issues
- law enforcement
- court process

An advisory group should provide program support, assistance, and problem solving with center policies and

procedures, and reflect the diversity of the community. Consultants also may be used to assist with staff and volunteer education and training. It is recommended that the advisory group meet at least quarterly and keep a record of meetings and action taken during the meetings. The advisory group shall not provide case consultation. Case consultation or review shall be directed to a multi-disciplinary team, state organization, or peer providers.

3.6 Affiliations

Providers are encouraged to establish formal affiliations with individuals or agencies such as, but not limited to: district court judges, court administrators, court services officers, mental health clinics, child protective services, licensed child placement agencies, Court Appointed Special Advocates (CASAs), legal services, substance abuse counseling and treatment programs, batterers' treatment programs, domestic violence programs, and sexual assault programs which provide services and expertise complementing supervised exchange and visitation services. The purpose of establishing affiliations is to facilitate the provision of services and consultation.

Providers are expected to use knowledge of best practice. Therefore, it is recommended that membership in appropriate state and national associations for supervised exchange and visitation centers are maintained.

3.7 Conflict of Interest

Supervised exchange and visitation services may be provided or operated by agencies which have other functions. However, the nature of the other functions should not be inconsistent with or impede in the ability of the child exchange and visitation centers to meet the Guidelines.

When supervised exchange and visitation services are provided by an agency which has an unrelated primary mission, the agency still is responsible for ensuring that staff or persons providing the services are trained and qualified according to the Guidelines.

It is inappropriate for persons providing supervised exchange and visitation services to provide other services to the same clients such as counseling, evaluation, or mediation of custody and visitation disputes because:

- these are specialized activities requiring specific training;
- the services would be duplicating existing services; and
- one or both of the parties may cease to view the service as independent in relation to the dispute or difficulty.

In the event that providers, staff, or security are acquainted with a client but are not in a relationship as previously identified, services may continue unless one or both parties determine the relationship to be a conflict of interest. Providers should be aware of and avoid conflicts of interest interfering with the exercise of professional discretion and impartial judgment.

Providers should clarify their obligations to each client. In the event that a conflict of interest occurs, it is the responsibility of the staff to protect each client's best interest.

3.8 Insurance

There shall be adequate general liability insurance for the board of directors, staff, volunteers, interns, and clients utilizing the services.

3.9 Accessibility

The site shall comply with the applicable portions of the Americans with Disabilities Act (A.D.A.). Centers shall aim to accommodate adults and children with a disability. The client's cultural, ethnic, linguistic, and financial needs should be recognized and, as far as possible, accommodated. The preferred language of the parents and the child should be respected and taken into account when designing service arrangements.

3.10 Health and Safety Requirements

Providers shall follow and comply with any local, state, or federal requirements for health and safety issues. It is the provider's responsibility to ensure proper compliance.

3.11 Diversity Plan

Providers are encouraged to work with the local advisory group to establish a plan for researching the diversity within the service area, understanding the service provisions necessary to account for diversity, and responding to the diversity by creating culturally responsive policies and procedures.

Providers shall develop a plan to expand the diversity within their center to ensure that the demographics of the board of directors, local advisory group, staff, security, and volunteers are representative of the service area and clients served.

An annual review of the diversity plan is recommended.

4.1 General Policy

If a provider is receiving grant funding from the Office of the Kansas Attorney General, compliance with the specific requirements regarding financial responsibility and reporting, statistical reporting, and evaluation as set forth by the grant guidelines is required.

4.2 Financial Responsibility

Providers shall follow generally accepted accounting principles. Any public funding will carry an obligation to keep proper records including a periodic audit of accounts. Accounting and auditing procedures shall comply with the guidelines of the funding source(s).

4.3 Statistics

Statistics shall be kept for evaluation and monitoring. Statistics shall not compromise client confidentiality. Statistics shall be collected to fulfill the requirements of funding sources and the evaluation plan.

4.4 Program Evaluation

Providers shall establish and implement an evaluation plan to determine the effectiveness of the center or service activities. Evaluation should be ongoing and it should be regarded as a core function rather than a negotiable or expendable activity. Evaluation is crucial to quality assurance, and should include formal client input at least annually. Whenever possible, it is important to gather feedback from child participants in an age appropriate manner.

4.5 Records and Records Recovery

Providers will be responsible for developing policies and procedures regulating the maintenance and destruction of paper and electronic records. These rules and procedures will define database security and access privileges, purging the database of old or obsolete information, regular backup procedures, disaster recovery, and general customer service. Policies and procedures also will include measures and materials for the education and training of personnel according to the authorized level of access. Each program will provide assurances that all record systems are capable of providing a high standard of confidentiality for the protection of children, parents, and staff. Records shall be maintained for a minimum of five years.

5.1 General Policy

Access to a supervised exchange and visitation center is gained through courts, guardians, attorneys, Social and Rehabilitation Services (SRS), designated independent agencies, and self-referrals. Providers shall provide the referring agencies with criteria regarding appropriate referrals.

5.2 Right of Refusal

Providers shall retain the right to refuse to provide services if it is determined that risk factors are unmanageable, there is a conflict of interest, or the provision of services would place an undue demand on the provider's resources. Providers shall review the services requested by the referring agency and determine if the services can be provided. If a referring agency requests services (such as evaluation) which the provider cannot or is not trained to provide, or if there are security risks which the provider cannot appropriately manage, then the provider shall notify the referring agency of the refusal of service provision.

5.3 Accepting Referrals

Providers shall have a written policy regarding the acceptance of a referral. The written policy shall include considerations for referrals that are not subject to court orders. It is recommended that referrals accepted without a court order include a written agreement with the referring party outlining referral information.

5.4 Requesting Referral Information

Providers shall obtain all relevant information about the person(s) being referred, including:

- a. the reasons for supervised exchanges or visitations;
- b. the type of service requested;
- c. the requested frequency of the service;
- d. the arrangements for payment of fees, if any, including apportionment among the persons being referred;
- e. any special needs of the children; and
- f. any information concerning family and domestic violence, or any other risk factors or security issues.

Providers may send clients who are referred with inadequate information back to the referring agency or may continue to gather necessary information during the intake process.

5.5 Secondary Referrals

Providers shall have a written policy for referring clients to other agencies for services. All staff, volunteers, and interns should be trained on appropriate referral procedures.

6.1 Intake

An intake process is essential prior to supervised exchange and visitation services being provided. The quality of the intake process is a major factor in the success of the service. Providers shall have written policy regarding the intake process.

Intake assessments with each of the parents shall be face-to-face and occur prior to the first visit. In circumstances such as phone visitation or when an agency worker is transporting the child to services, a face-to-face intake interview may not be necessary. Children should not be present during the intake interviews of the parents. If children are brought to the intake, accommodations shall be made to ensure the children are not subject to inappropriate conversations. Parents shall be interviewed separately and at different times to ensure they do not come in contact with each other.

Intake assessments shall make a reasonable effort to include at least the following information:

- a. necessary demographic information including name, address, and telephone numbers;
- b. driver's license number, if transporting children by vehicle, state identification number, and emergency telephone numbers;
- c. names and ages of children and the names and locations of schools or childcare centers they attend;
- d. assessment of the nature and extent of any risk and identifiable supervision needs;
- e. copies of current orders, including, but not limited to: restraining orders, no contact orders, protection from abuse or stalking orders, divorce decree or parenting plans;
- f. court proceedings in progress, upcoming court dates, any criminal actions pending against either parent, prior restraining orders, protection from abuse or stalking orders, including from other partners, past criminal history, current or prior child in need of care cases and the bases for them;
- g. details of the reasons for the request of supervised exchange or visitation services, including referral source, referral date, and referral reason;
- h. lawyers' names, addresses, and phone numbers;
- i. assessment of whether the program has the capacity and resources to provide the type of supervision which is required;
- j. risk factors, including risk of abduction and any history of stalking, domestic violence, or sexual violence;
- k. family history, including mental health, disability, or substance abuse (specify type);
- l. information regarding the child(ren)'s relationship with the parents and concerns such as that may arise during services;
- m. information regarding the purpose, duration, limitations, and costs of the service;
- n. security arrangements and the limits of security;
- o. data collection and limits to confidentiality;
- p. information on practical arrangements for visits such as diet, medication and health needs, toileting, clothing, food, etc.; and
- q. releases of information, as necessary.

Upon completion of the intake process, providers shall give the adult clients an opportunity to make an informed decision about whether or not to use services.

6.2 Orientation

Parent orientation shall occur during the intake process. Child orientation shall occur prior to beginning services. In an age appropriate manner, children shall be oriented to the setting, introduced to the staff, and reassured that the staff will be available to him/her during the visit. Children should be told of the arrangements for the visits including frequency, duration, and procedures.

6.3 Client Records

Up-to-date client records shall be maintained. Client contact logs shall be updated prior to the next supervised exchange/visitation contact. Client files for each family shall include all intake information, written and signed agreements, and observation notes as recorded for each client contact. Photographs of children and parent clients shall be kept on file for identification. Properly executed releases of information shall be kept in the client file. Current client address and telephone number information should be updated. Criminal-related information should be obtained at intake and updated on an ongoing basis.

Client records shall be kept in a manner to afford the greatest protection of victims. The provider should request protection by the court from any valid court ordered subpoena information that could potentially be harmful or create risk.

The records shall be limited to facts, observations, and direct statements made by the clients, not personal conclusions, suggestions, or opinions of the provider. All contacts by the provider, whether in person or by telephone, or any correspondence concerning each client, including contact with the residential and non-residential parent, children, court, attorneys, mental health providers, and referring agencies should be documented in the client file. Entries should be signed and dated by the person recording the entry.

6.4 Observation Notes

Providers are responsible for developing a written policy regarding the format for recording observation and other service notes. Providers shall include considerations of reason for referral when planning for observation note documentation.

Providers shall maintain a record of each client contact that includes at a minimum:

- a. a means of identifying who provided the service;
- b. the date, time, and duration of the service;
- c. summary of activities during the drop-off, the service, and the pick-up;
- d. relevant comments and/or requests made by children and/or parents;
- e. interventions made during the service, including early termination of the visit, and reasons for the intervention;
- f. account of any physical or verbal altercations, threats, violation of protection orders or court visitation orders;
- g. account of any failure to comply with the terms and conditions for participation in the service as set forth by the provider; and
- h. any incidence of abuse or neglect, as required by law.

Format of observation notes:

Detailed Observation: Detailed observations offer an account of events including the level of adherence to the service arrangements by the parent. An example of this is compliance with scheduling and program rules. Providers should include an objective account of child(ren) and adult behaviors and interactions.*

*NOTE: Checklist format is appropriate for exchanges only. The checklist shall include the level of adherence to the service arrangements by the parent, for example, compliance with scheduling and program rules.

Incident: Incident reports provide a detailed account of potentially harmful behaviors exhibited during the service. If the provider observes a behavior or action that she/he perceives as an indication for alarm, the provider will immediately submit a detailed account of the behavior and how the incident occurred to the court. When appropriate, submit the incident report to other referring agencies.

6.5 Evaluative Reports

It will be inappropriate for providers to offer evaluative or professional opinion reports on services, or broader questions for the following reasons:

- a. because an evaluative report is inconsistent with the provider's role and function in relation to the provision of services;
- b. the provision of evaluative reports is likely to lead to services being used primarily for assessment and legal/tactical purposes rather than supervision of exchange and visitation services;
- c. providers will only see part of the story and this will be too limited to validate any attempt at broad evaluation; and
- d. supervised exchange and visitation center staff may have a variety of backgrounds and experience. Courts are generally prepared to accept professional opinion (including evaluation) evidence only from those who have professional qualifications and experience. Inappropriate attempts to provide evaluative reports will adversely affect the credibility of child exchange and visitation centers.

Therapeutic supervisors may offer evaluative reports and recommendations to the court based on a written protocol developed by the same (refer to Section 2.31).

6.6 Reporting to the Court

Providers are responsible for developing an agreement with the court which specifies standard reporting procedures that ensure victim safety. Court reports should provide an overview of services provided. The report must be factual, objective, and absent of any professional recommendation.

Reporting procedures should be specifically addressed in the provider's policy and procedure manual:

- a. submission of reports, both crisis and ongoing;
- b. reporting method: written and verbal communication;
- c. responsibility for court reports;
- d. testifying practices;
- e. client notification;
- f. court report format; and
- g. response to requests by clients, courts, or others.

It is recommended that a court report contain a summary of detailed observations unless otherwise specified by the court (see 6.4).

All court reports should include at a minimum:

- a. court case number;
- b. referral source and reason for services (if known);
- c. the date and duration of service(s);
- d. cancellations/no shows;
- e. compliance/non-compliance with program rules;
- f. fee information;
- g. account of any interventions made during services, including early termination of the service; and
- h. any incidence of abuse or neglect.

6.7 Cautionary Note on All Reports or Observation Notes

When submitting reports or copies of observation notes, a provider should include a clear introductory notice stating the structured and protected context in which the observations occurred, the various levels of training and experience of the different observers, and the need for caution in making decisions about future adult-child contact based solely on these reports or notes.

6.8 Routine Case Review

There should be a periodic review of all cases as a part of the ongoing evaluation of the service and to review the appropriateness of the service continuing in each case.

- 1) Internal Case Review: A provider must review the status of all open cases, both active and inactive, to monitor client compliance with services, program preparation for court review dates, if any, and follow up on outstanding issues.

- 2) Review by the court or referring agencies: Subject to jurisdiction, providers must work with the court or referring agency to have written policies and procedures for case review to consider the status of the case, any needed changes to the court order, or whether participation in the service will continue or terminate. Resource information about how to access court and community resources shall be made available to clients.

6.9 Dissemination Policy

Providers shall develop a written policy regarding the dissemination of client information, including court reports and observation notes, with regard to client confidentiality (refer to section 7). This policy should dictate to whom reports are given and on what basis. Dissemination shall be consistent with applicable state and federal statutes and the standing order of a court in a specific case.

7.1 General Policy

Clients shall be advised of, and indicate agreement in writing, with the policy on privacy and confidentiality prior to provision of any services. It is recommended that providers have access to a legal consultant to provide guidance on issues relating to client confidentiality, release of records, and court proceedings. Confidentiality applies to information received by clients, as well as information shared by others.

7.2 Privacy and Confidentiality

Providers shall have a written policy regarding provisions for privacy and confidentiality. Providers shall respect the clients' right to privacy and not solicit private information from clients unless it is essential to provide services.* Providers shall discuss with clients and interested parties the nature of confidentiality.

*NOTE: see 7.3 Limitations to Confidentiality

Confidential information shall be obtained in a private setting, and shall be protected and stored in a secure location. Confidential information shall be disclosed with appropriate informed consent or when necessary to prevent serious, foreseeable, and imminent harm to the client or other identifiable persons. When disclosing information, the least amount of information necessary to achieve the desired purpose and only information that is relevant to the purpose of disclosure shall be provided.

Providers should take precautions to ensure and maintain confidentiality when information is shared with other parties via computer, electronic mail, facsimile machine, telephone, answering machines or voicemail, or any other electronic or computer technology. Programs shall develop policies regarding response to media requests.

Providers should take precautions regarding transfer of or disposal of client records in accordance with state statutes governing records

7.3 Limitations to Confidentiality

Providers shall include limitations to confidentiality in the written agreement and shall have policies regarding the limitations to confidentiality. Providers shall inform clients of any federal or state statutes or grant reporting which may be required. Provider shall discuss the limitations with clients upon intake interview and upon any situation requiring reporting to a relevant party as described below.

Providers, regardless of whether under legal or statutory duty to report, should report at a minimum, the following information to the relevant parties listed below:

- a. suspected child abuse or neglect;
- b. criminal acts which occur during the supervised contact;
- c. violation of probation or parole;
- d. dangerousness or threats of harm;
- e. suspected substance use;
- f. possession of weapons on premises;
- g. participation in service and compliance with service agreement; and
- h. client refusal to agree to service terms (report directly to referring party).

Providers are not required to gather a release of information consent to speak with the following entities, if circumstances outlined above occur:

- Court
- Law Enforcement
- Child Protective Services
- Court Services Officer
- Probation or Parole Officer

Providers should assist law enforcement and child protective services in an investigation related to criminal acts or child abuse or neglect. Providers shall inform clients of their obligation to report such incidents.

Providers shall release information from client case files when subpoenaed with a valid court order to testify or provide written court reports. Providers shall make all reasonable efforts to protect the privacy and confidentiality of clients. Client records shall be kept in a manner to afford greatest protection of victims. The provider should request protection by the court of any subpoenaed information that could potentially be harmful or create risk. Identifying information should be handled per section 7.6. in the Guidelines. Client intake forms shall not be provided due to the content of personal and identifiable information.

7.4 Informed Consent

Providers shall develop a written policy regarding informed consent for client program participation and release of information. A written informed consent shall be included in the written agreement and reviewed with each adult client prior to providing services.

7.5 Release or Obtain Information

Providers shall discuss with each client the importance, limitations, and consequences of releasing or obtaining information. This discussion shall include the center policy and required review timeline, as well as any required forms. Authorization to Release or Obtain Information forms* shall be signed by the appropriate residential or non-residential parents prior to sharing, accessing, or receiving information.

Authorization to Release or Obtain Information forms shall be updated 90 days from the initial release and every six months thereafter. If services continue for a period of more than one year, releases of information shall be reevaluated and forms resigned annually. Releases of information shall be in compliance with federal, state, and local statutes and regulations, and should include the purpose of the release or exchange of information, the information subject to release or exchange, the manner in which the information shall be released or exchanged, and the duration for which the release is valid.

*NOTE: See Appendix III *Sample of Authorization to Release or Obtain Information*

7.6 Release of Identifying Information

Identifying information, such as where a parent or child lives, works, goes to school, or receives child care, shall be kept confidential and not released to any other party unless required by written court order. Providers shall make all reasonable efforts to protect the confidentiality of other individuals identified or discussed in the records.

7.7 Notification to Clients

Providers shall notify clients when information is shared with authorized or other relevant parties. Providers have a duty to warn clients of information received that may prevent serious, foreseeable, and imminent harm to the client or other identifiable persons.

7.8 Client's Access to Records

Providers shall have a written policy regarding making records available to clients at their request as required by federal, state, or local requirements.

Section 8 Prohibited Services

8.1 General Policy

Supervised exchange and visitation centers shall not engage in any service or activity that compromises the safety of staff, children, or families.

8.2 Prohibited Services and Activities

The following services and activities are prohibited as set forth by the Guidelines:

- a. Group supervision (see 2.12);
- b. offsite supervision (see 2.18);
- c. administering drug and/or alcohol testing without proper training and authorization; and
- d. any other service or activity that compromises the safety of staff, children, or families.

9.1 General Policy

Providers must comply with obligations under relevant legislation such as equal employment opportunity and non-discrimination, occupational safety, worker's compensation, and training.

9.2 Services

Providers shall offer only those services for which their staff are adequately trained or appropriately licensed. Providers shall have a written policy outlining the types of services offered and the manner in which the services will be provided.* Services provided may include:

- a. supervised visitation;
- b. monitored exchange;
- c. telephone visitation;
- d. therapeutic supervision;
- e. recording observations of visits;
- f. referrals to other services; and
- g. parent education classes.

*NOTE: Monitored visitations and group supervision are not considered best practice due to the safety and liability concerns, the creation of false senses of security, and the difficulty in assessing ongoing risks.

9.3 Hours of Operation

Center services shall be accessible to the public in terms of hours of operation. Hours for providing services should include evening and weekend hours. In addition to the supervised exchange and visitation services, the center should be open at suitable times for pre-arranged intake interviews. Flexibility to meet clients' needs is encouraged.

9.4 Fees

Providers shall have a written policy regarding payment of fees. The policy should dictate which adult client is responsible for paying the fees, when payment is to be collected, the method for collection of fees, and procedures for handling clients' noncompliance with the payment agreement.

Centers are encouraged to offer a sliding fee scale and locate funding for scholarship assistance for clients.

9.5 Visitation Supervisor to Child Ratio

A minimum of one supervisor per family is required.

In certain cases, the ratio of supervisors should be increased dependent on the:

- a. nature and extent of risk factors present in each case;
- b. nature of the supervision required in each case;
- c. number and age of children being supervised;
- d. duration of the visit; and
- e. expertise and experience of the supervisor.

9.6 Written Agreement

As a condition of services being provided, clients shall sign a written agreement* to follow the terms and conditions of the center services as set forth by the provider. Terms and conditions shall be in written form, provided to each parent, and then reviewed and explained to them. Each parent shall indicate his/her

understanding and acceptance of the rules by signing the form in the presence of the staff person conducting the intake.

If the client chooses not to participate, he/she shall be treated with respect and informed of the provider's duty to notify relevant parties.

*NOTE: See Appendix II *Sample Written Agreement for Participation*

Written Agreement for Participation shall include, at a minimum, the following information:

- I. Participation terms and conditions. The terms and conditions for participation in supervised exchange and visitation services shall include, but not be limited to, the following:
 - a. Safety and well being shall be the top priority;
 - b. Clients shall arrive punctually at the arranged times for the start and the end of the service;
 - c. While at the center, residential and non-residential parents shall remain separated physically, visually, and verbally so that contact between them does not occur;
 - d. No adult may follow, harass, or cause any other person to follow or harass another party;
 - e. No weapons or dangerous implements of any kind shall be brought to the exchange and visitation center at any time;
 - f. Clients will not use or be under the influence of illegal substances or alcohol during the use of services;
 - g. Clients will not make any threat of violence or threaten to violate any court order;
 - h. Clients shall not commit any violent act or violate any court order.
 - i. No adult may physically discipline or threaten to physically discipline a child;
 - j. No adult may make negative comments about the other parent, partners, or family members;
 - k. No adult shall ask a child or provider to deliver support payments, legal documents, other documents, or letters to the other parent;
 - l. Photographs will be allowed at the discretion of the center;
 - m. Audiotapes or videotapes are not allowed except on rare occasions, with the center conducting the audio or video taping. Prior approval by the center director is required;
 - n. Gifts, including money, should only be allowed at the discretion of the center. Centers shall have a written policy regarding exchange of gifts;
 - o. No adult may physically inspect a child for evidence of abuse. Physical inspection refers to the removal of clothing for purposes of identifying signs of physical abuse.
- II. Safety and security measures;
- III. Limitations of safety and security measures;
- IV. Service overview;
- V. Intake process;
- VI. Scheduling of services;
- VII. Other participants;

- VIII. Fee for services;
- IX. Client responsibility
 - a. Child behavior
 - b. Arrival and departures;
 - c. Facility layout;
 - d. Entrances and exits;
 - e. Parking lot;
 - f. Emergency procedures;
 - g. Information updates;
- X. Staff responsibility
 - a. Documentation and reporting;
 - b. Suspension and termination;
- XI. Grievance policy;
- XII. Confidentiality and limitations to confidentiality;
- XIII. Release or obtain information; and
- XIV. Informed consent for participation.

9.7 Child Refusal to Visit

Providers shall establish a written protocol for situations in which a child refuses to participate in services. If a child refuses to visit with the non-residential parent in such a way or for such a period of time that it raises concerns that continuation of services may be detrimental to a child's safety and emotional well-being, then a provider must suspend services pending resolution of the issue.

9.8 Accountability for Battering Behavior

Providers are expected to be able to recognize and respond to battering tactics or abuse.

Providers shall have written protocol on responding to abusive behaviors. Protocol should include both egregious and/or abusive behaviors. Providers shall become aware of the battering tactics through the intake process, ongoing communication, and observation with clients. Providers shall seek educational opportunities to enhance their understanding of battering tactics.

9.9 Suspension and Termination of Services

Providers shall establish a written protocol for suspension and termination of services. If the terms and conditions for services are not followed, the provider reserves the right to suspend or terminate services.

Services may be suspended or terminated if:

- a. in the view of the provider, the continuation of the service is too stressful or traumatic for the child;
- b. safety concerns or other case issues exist that cannot be effectively managed by the provider;
- c. one or both adult clients have failed to comply with the rules of the services;
- d. fees have not been paid; or
- e. any other reason arises at any time.

Depending on the child's reaction, the safety level of either parent, or the provider's assessment, services may be temporarily suspended with the service schedule resuming at a later date. All suspension or termination of services shall be recorded in the client's file. A written protocol shall be established to notify the court or referring agency of suspensions or terminations.

When suspension or termination of the service schedule is being considered by the provider, the provider should advise the residential and non-residential parent separately about the issue. Once a decision has been made, both the residential and non-residential parent should be advised of the reason for suspension or termination. These reasons shall be confirmed in writing to the residential and non-residential parent, the court, and when appropriate, the referral source.

9.10 Grievance Policy

Providers shall have a written policy which is shared with clients, regarding how to report grievances and how such grievances will be handled.

10.1 General Policy

The types of cases which the provider is prepared to take will affect what is expected of staff and consequently the competency level required of staff. Providers will assure all staff, volunteers, and interns are competent, consistent, reliable, committed, void of conflict of interest, and adequately trained according to their specific assignment. Providers may use volunteers and interns, providing they meet relevant staff qualifications and training requirements.

10.2 Background Checks

Providers shall obtain a Kansas Bureau of Investigation (KBI) Criminal Record Check and Offender Registration Check, as well as Social and Rehabilitation Services (SRS) Child Abuse Registry Check on all considered staff, volunteers, or interns. Providers shall also make inquiries of the registries of other states where the applicant has lived in the last five years.

Staff, volunteer, or intern consideration cannot proceed if any of the following is found to apply to the applicant:

- a. has been convicted as an adult of any felony;
- b. has been convicted as an adult of any misdemeanor or municipal violation which is a sex offense, a crime against public morals, a crime affecting family relationships and children, assault, battery, or an attempt or conspiracy to commit any such misdemeanor;
- c. has been adjudicated as a juvenile offender because of having committed an act, which if done by an adult, would constitute the commission of a felony;
- d. has been adjudicated as a juvenile offender because of having committed an act, which if done by an adult, would constitute a misdemeanor which is a sex offense, a crime against public morals, a crime affecting family relationships and children, assault, battery, or an attempt or conspiracy to commit any such misdemeanor;
- e. has entered into a diversion agreement involving a charge of child abuse or a sexual offense; or
- f. has been determined by SRS or a similar agency in another state as a perpetrator of an act of child abuse or child neglect.

10.3 Staff Selection Criteria, Considerations, and Requirements

The following information shall be considered for staff, interns, and volunteer selection:

- a. educational background;
- b. employment history;
- c. personal experience with issues relevant to the services being provided;
- d. experience in care-giving role in relation to children;
- e. understanding of child development needs and issues;
- f. understanding of dynamics of domestic violence and battering behaviors;
- g. ability to maintain an independent role and draw boundaries;
- h. good communication and written skills;
- i. good observation and behavior documentation skills;
- j. understanding of the dynamics of divorce and separation; and
- k. basic understanding of the laws governing separation, divorce, custody, and child welfare.

Applicants shall be required to:

- a. be at least 18 years of age;
- b. provide references from three persons unrelated to the applicant; and
- c. have a personal interview.

10.4 Staff Roles and Responsibilities

10.4a Role and Responsibilities of Manager

The manager will be defined and titled by the provider. The manager's primary goal is to ensure the overall quality of services provided. Managers also may be an exchange/visitation supervisor.

In addition to the responsibilities listed below for exchange/visitation supervisors in 10.4b, the following additional responsibilities should be required of management:

- a. Program and financial management;
- b. Manage, supervise, and train staff; and
- c. Court and community liaison.

10.4b Role and Responsibilities of Exchange/Visitation Supervisors

The exchange/visitation supervisor will be independent of the clients and seek to ensure that supervised exchanges and visitations proceed as agreed and in accordance with any relevant court orders.

The responsibilities include:

- a. documenting supervised visitations or exchanges;
- b. recording client contacts and observations;
- c. intervening, when necessary, to protect the welfare of the clients;
- d. suspending or terminating the visitation or exchange, when necessary;
- e. testifying, when required to do so by a valid court ordered subpoena; and
- f. other duties, as defined.

10.4c Role and Responsibilities of Volunteers and Interns

Volunteers and interns should have the same responsibilities as paid staff performing similar tasks.

10.4d Role and Responsibilities of Security Personnel

The key role of security personnel is to ensure a reasonable degree of safety and security of clients and staff. Security personnel are not to take the place of or act in the role of an exchange/visitation supervisor.

The responsibilities include;

- a. assisting with the check-in and check-out process;
- b. communicating information to agency staff;
- c. verifying proper car seat and restraints; and
- d. coordinating other security measures.

10.5 Personnel File

Provider shall maintain a personnel file for all staff, interns, volunteers, and security personnel. The personnel file shall comply with agency human resources practices and at minimum include:

- a. application materials;
- b. approved background notifications (if available);
- c. certifications; and

- d. completed initial and ongoing training documentation of topics and hours.

10.6 Employment Practices

Providers shall have a written employment policy and procedure. The policy and procedure shall include how volunteers, paid staff, and security personnel will be accepted and discharged.

11.1 General Policy

Providers, regardless of previous experience or education, are encouraged to optimize quality training and encourage support for the supervised exchange and visitation services from other relevant sources. Providers should consider drawing on professionals from other services to develop their training program and to provide staff training specific to the provision of supervised exchange and visitation services.

11.2 Training Objectives

Providers shall ensure that all staff, volunteers with client contact, and security personnel receives training on each of the following topics:

- a. awareness of the need to maintain role integrity;
- b. familiarity with relevant legal, welfare and government processes, terminology and requirements;
- c. familiarity with issues relevant to the need for supervised contact;
- d. awareness of common issues and problems which may arise and techniques for dealing with difficult situations;
- e. awareness of the impact of domestic violence on the safety and vulnerability of children and adult victims;
- f. awareness of local community resources; and
- g. emergency response procedures.

11.3 Minimum Training Requirements

Twenty-four hours of training listed in section 11.3a are required of all providers of supervised exchange and visitation services, including security personnel. Client observation, shadowing staff, and role-playing are integral elements for completing the minimum training requirements.

11.3a Training Topics for Exchange/Visitation Supervisor

An exchange/visitation supervisor shall complete pre-service training consisting of a minimum of 30 minutes on each of the following topics as they relate to supervised exchange and visitation services:

Note: adequate coverage of any specific topic may require significantly more time.

- domestic violence;
- sexual assault;
- stalking;
- child physical, emotional, and sexual abuse;
- confidentiality;
- recording observations;
- assertiveness training;
- general security issues and procedures;
- legal context and court procedures;
- available community resources;
- cultural sensitivity;
- child development;
- substance abuse education and detection;
- psychiatric/psychological disabilities;
- dynamics of separation and divorce; and
- batterers' intervention.

Documentation that training or education has been received for any of the above mentioned topics prior to employment may be used towards the fulfillment of eight hours.

Individuals working in a child exchange and visitation center prior to the adoption of the revised Guidelines and having documentation of completion of the 24 hour training requirement will be credited toward this training requirement.

11.4 Emergency Response Training

At least one staff or security person certified in each of the following shall be on duty during all service hours:

- a. First aid;
- b. Infant cardiopulmonary resuscitation (CPR);
- c. Adult cardiopulmonary resuscitation (CPR);
- d. Automated external defibrillator (AED) (if available); and
- e. Emergency response methods (including use of fire extinguishers).

First aid, AED, and CPR re-certification shall be completed as required by the certifying agency to keep certification current.

11.5 Continuing Education

Providers shall complete a minimum of 15 hours annually in continuing education or in-service training relevant to supervised exchange and visitation services as outline in section 11.3a. Emergency response training hours apply toward the total continuing education requirement.

11.6 Security Personnel Training

Security personnel may provide center manager with documentation of training completed through law enforcement training or other off-site trainings. It is strongly recommended that all security personnel also complete 15 hours annually of continuing education training, but it is not required.

In addition to those outlined in 10.4d, Security Personnel shall at minimum complete training in the following areas:

- a. Basic emergency response (first aid, AED, CPR);
- b. Emergency evaluation procedures and facility floor plans;
- c. Intruder or violent behavior response;
- d. Interpersonal communication;
- e. De-escalation;
- f. Center policy and procedures;
- g. Understanding the signs and dynamics of domestic violence, sexual assault, stalking, and batterers tactics;
- h. Identifying signs and symptoms of narcotic or alcohol use;
- i. Use of metal detectors, if used; and
- j. Use of portable breathalyzer test (PBT), if used.

12.1 General Policy

Safety shall be the primary concern. Although a provider cannot guarantee the safety of clients, a provider's responsibility includes taking reasonable precautions and providing the security measures outlined in these guidelines.

12.2 Security Trained Personnel

A person trained in security as outlined in section 11.6 shall be on-site during direct service hours. Security personnel shall be easily identified as such by clients, staff, or the public. Security personnel, when possible, should be from either a law enforcement or corrections background.

12.3 Cooperation with Law Enforcement

A written protocol shall be established with local law enforcement regarding assistance and response. The protocol should establish what assistance and response the provider can expect from law enforcement, including the priority law enforcement will accord to requests for assistance. Providers may find it useful to have a law enforcement representative serve on their advisory group.

12.4 Emergency and Security Procedures

Emergency and security procedures shall be set forth in writing and reviewed with each client and staff member prior to the provision of any services. Providers shall have written protocols for how to handle emergency situations including, but not limited to:

- a. critical incidents such as violent or dangerous behavior on the part of an adult or child;
- b. response procedures for abduction or threat of abduction;
- c. evacuation procedures in the case of fire, inclement weather, or other emergency; and
- d. medical emergencies, client, staff, or volunteer injuries, and worker's compensation procedures.

Annual emergency drills for staff and security are recommended.

12.5 Facility

Providers shall have adequate facilities to accommodate for the services and safety requirements for such services. Providers shall establish written protocol which outlines the center's specific considerations for safety for each of the following, as applicable to the center:

- a. layout of facility;
- b. entrances and exits for residential and non-residential parents;
- c. parking lots;
- d. elevators;
- e. on-site waiting areas;
- f. accessibility;
- g. public transportation;
- h. alarm or panic systems; and
- i. signage (weapons, no smoking).

Centers shall have floor plans available for staff outlining the emergency exit plans, location of AED, fire extinguishers, first aid kits, or other emergency response materials. Providers are encouraged to share the center floor plans with local law enforcement and fire departments.

12.6 Arrivals and Departures

Providers shall establish written policy for arrivals and departures of the clients. Residential and non-residential parents shall not come in contact during arrivals and departures for services. The policy shall require staggered arrival and departure times for residential and non-residential clients.

12.7 Video Surveillance

Providers that use video surveillance shall establish a written policy and procedure for the use of and storage of video recordings.

12.8 Metal Detectors

Providers that use metal detectors shall establish a written policy and procedures for the use of metal detectors. Written policies shall include at least the following considerations:

- a. when clients will be subject to search;
- b. staff or security personnel responsible for conducting the search;
- c. training for use of metal detector;
- d. procedure for seizing and storage of items found in search; and
- e. notification requirements.

12.9 Suspicion of Drug or Alcohol Use

Providers shall establish a written policy and procedure for handling suspected drug or alcohol use. Providers shall work with the local advisory group and security personnel to develop procedures for responding to situations involving suspicion of drugs or alcohol use.

Drug and/or alcohol testing is discouraged, and shall only occur when 1) the staff person is properly trained and authorized in administering drug and/or alcohol testing; and 2) the individual being tested appears to be under the influence of drugs or alcohol when arriving for services.

12.10 Examination of items on premises

Providers shall have a written policy regarding the examination of items brought to the center. Gifts, packages, bags, purses, coats, food, and drinks brought by clients onto the premises during services should be examined by staff or security.

Providers may require clients check in with designated program personnel items to be kept in a secure location during the length of the service. If a client's personal belongings are held during the length of the service, it is recommended that an inventory of the items be signed by the client and the authorized personnel.

12.11 Identification

12.11a Identification of Children

Photographs of children shall be kept on file for identification and updated no less than every six months or upon significant physical changes in appearance. Providers shall have residential parents sign a consent form to photograph the child. It is recommended that photos be taken and stored digitally.

12.11b Residential and Non-Residential Parents

Residential and non-residential parent photographs shall be kept on file for identification and updated no less than annually or upon significant physical changes in appearance. Providers shall have residential and non-residential parents sign a consent form to photograph. It is recommended

that photos be taken and stored digitally.

Residential or non-residential parents who transport children to or from services in a personal vehicle must present a valid driver's license or arrive/depart from the center with a licensed driver. Verification of valid driver's license shall be conducted annually.

13.1 General Policy

Providers shall treat clients with respect and dignity throughout the duration of services regardless of the reason for referral and with consideration of culture.* Providers are expected to interact with each client on a regular basis to ensure clients are given opportunities to provide feedback regarding process of services and ensure client's needs are considered.

* NOTE: Refer to Diversity Plan, section 3.11

13.2 Cultural Responsiveness to Clients

Providers shall strive to create an environment sensitive to the needs of clients regarding culture, ethnicity, or family experience. Providers shall become aware of the diverse needs and experiences of clients through ongoing communication and observation. Providers shall seek educational opportunities to enhance their understanding of cultural diversity.

Providers shall have a written policy regarding cultural responsiveness, including, but not limited to:

- a. accommodating extended family in visitation services may be appropriate;
- b. accounting for individual requests for visitation activities (i.e. food and music) may be appropriate; and
- c. respecting cultural celebrations, including gifts, may be appropriate.

13.3 Limited English Proficiency Plan

Providers should have written procedures to ensure access to service by persons with limited English proficiency who are eligible for assistance or services. The preferred language of the parents and the child should be respected and taken into account when designing supervision arrangements.

Providers shall have a written policy for the following:

- a. Interpreter selection, training, and use; and
- b. translation of materials.

14.1 General Policy

Providers are expected to coordinate with community partners, separate from the center's local advisory group, to improve awareness and response to domestic violence, sexual assault, and stalking. This can be accomplished by participating with an existing coordinated community response team, domestic violence and/or sexual assault task force, and/or multi-disciplinary committee. Providers shall support creating a similar coordinated effort if one is not available within the community.

Providers shall work proactively with community partners to develop mechanisms for referrals and increase awareness of services.

Appendices

Appendix items are available for providers to use to meet the specific needs of the center. Appendix items offer recommended examples of forms that include guideline requirements.

Child Exchange and Visitation Center Guidelines Appendices:

Appendix I: *Checklist for Policy and Procedure Manual Development*

Appendix II: *Written Agreement for Participation*

Appendix III: *Authorization to Release or Obtain Information*

Appendix I

Checklist for Policy and Procedure Manual Development

Providers should discuss policy and procedure development with the local advisory group prior to implementation, revision, or deletion of any policy or procedure.

The policy and procedure manual shall follow the Kansas Child Exchange and Visitation Center Guidelines. Providers are not expected to re-write each guideline; rather, each provider shall have a written policy and/or procedure for each of the following items. Providers shall include any additional policy or procedures as directed by the local advisory group. Each policy or procedure developed should reference at the top of the policy the specific Guideline from which it was developed.

Policy and Procedure	CEVC Guideline	Revision Date
Center Mission Statement/Role in Community	1	
Additional Terminology	2	
Establish Advisory Group	3.5	
Diversity Plan	3.11	
Program Evaluation	4.4	
Records and Records Recovery -Maintenance of paper and computerized records -Destruction of records	4.5	
Accepting Referrals -Court referrals -Non court referrals	5.3	
Secondary Referrals	5.5	
Intake Procedures	6.1	
Client Records -Maintenance of files	6.3	
Observation Notes -Format	6.4	
Reporting to the Court -Standard reporting procedures with the court or other referral sources -Communication with court	6.6	
Dissemination of client information including court reports and observation notes.	6.9	
Privacy and Confidentiality	7.2	
Informed Consent	7.3	
Limitations to confidentiality -Reporting criminal behavior and suspected abuse or neglect	7.6	
Types of services and the manner in which they are provided	9.2	
Fees	9.4	
Terms and Conditions for Participation -Photographs -Audio/Video Tapes -Gifts	9.6 9.6 l 9.6 m 9.6n	
Child Refusal to Visit	9.7	
Accountability for Battering Behavior	9.8	
Suspension and Termination of Services	9.9	
Grievance Policy	9.10	
Employment Practices	10.6	
Training	11	
Cooperation with Law Enforcement	12.3	
Emergency and Security Procedures	12.4	

Facility Considerations (as applicable)	12.5	
-Layout of facility	12.5a	
-Entrances and exits	12.5b	
-Parking lots	12.5c	
-Elevators	12.5d	
-On-Site waiting areas	12.5e	
-Accessibility	12.5f	
-Public transportation	12.5g	
-Alarm or panic system	12.5h	
-Signage	12.5i	
Arrival and Departure	12.6	
Video Surveillance (if applicable)	12.7	
Metal Detector (if applicable)	12.8	
Suspicion of Drug or Alcohol Use	12.9	
-Use of Portable Breathe Analyzer (if applicable)		
Examination of items on premises	12.10	
Cultural Responsiveness to Clients	13.2	
-Extended Family		
-Individual Request for Activities		
-Cultural Celebrations		

Forms

Providers shall have copies of any agency forms used for services available in the policy and procedure manual.

Appendix II

[Center's Letterhead]

Written Agreement for Participation Supervised Visitation or Monitored Exchange

The [Center Name] offers supervised visitation and monitored exchange services within a safe environment. At [Center Name] everyone's safety is the top priority throughout the process. We do not represent either parent; *[Centers insert role and purpose]*.

Involvement in this program may or may not alter the type of contact or supervision required for visitation or exchanges. It is not the intention of [Center Name] to make recommendations or assessments about the appropriateness of future parent/child contact.

The following statements define and explain the terms of the [Center Name] to ensure that parents and the child(ren) have visits or exchanges that are safe, secure, and nurturing.

Program Participation Expectations

Safety and Security Measures

[Insert: Center specific safety or security measures notification]

- Security is present for all services. Persons entering the building may be searched with a metal detector and security may request to hold the visiting party's keys, coat, and cell phone/pager for the duration of supervised visitation or monitored exchanges. Cell phone use is prohibited during use of services.
- Clients and the general public are not allowed to have weapons (knives, guns) or protective devices (mace/pepper spray, etc.) of any kind anywhere on center property.
- Center staff and/or security are authorized to suspend or terminate parenting time to ensure the safety of the child(ren), parents involved, and staff whenever they deem necessary.
- If staff and/or security suspect the use of alcohol or other substances at any time the services will not occur.
- Threats of violence, threatening behavior or threats to violate any court orders will not be allowed. Staff is obligated to report any violations to the proper authorities.

Limitations of safety and security measures

Although safety is our primary concern, this center cannot absolutely guarantee the safety of clients.

[Insert: Center limitations of safety and security measures if desired]

Service Provisions

Safety and well being shall be the top priority.

Service overview (Monitored Exchange or Supervised Visitation):

Monitored exchange (or Supervised Exchange) is the supervision of movement of the child from the residential parent to the non-residential parent at the start of the non-residential parent/child contact and from the non-residential parent back to the residential parent at the end of the contact.

Supervised visitation is the contact between a non-residential parent and a child which occurs in the presence of an exchange/visitation supervisor. Supervised visitation may also have supportive, educational or modeling components.

Intake Process

Center staff will complete an intake process to gather history and obtain information for assessment purposes with each adult client. Center staff will meet with the child(ren) prior to any services being scheduled.

- Center written agreement for participation will be reviewed
- Release or exchange of information forms will be discussed and obtained as applicable
- Applicable agency forms will be reviewed and signatures collected as applicable
- Adult clients may undergo a criminal background check
- All pertinent court order documents will be reviewed and copies collected
- Copy of identification/driver's license will be obtained as applicable
- Photographs will be obtained for center records
- Fee for service will be reviewed

Scheduling of Services

- [Center: Insert hours of operation]
- Supervised visitation and monitored exchanges will be scheduled according to the court order or per center's policy and availability. Every effort will be made to create a consistent service schedule.
- The manager is responsible for scheduling the date and time of each supervised visitation or monitored exchange. Requests to alter service times depend on the openings available in the center's schedule and all clients' ability to adjust the date/time. If the parties are unable to agree on a date/time, the manager will make the final decision. Court orders will be followed to the specifications as drafted, unless the schedule cannot accommodate. Make up visits are scheduled at the discretion of staff and according to center availability.
- All residential and non-residential parents are expected to follow strict time frames for pick up and drop off procedures as outlined under participant's responsibility. Late fees may be assessed at the center's discretion.
- Supervised visitations will occur between the visiting party and the child(ren) as designated in the court order.
- In the event of an emergency or conflict with a scheduled supervised visit or monitored exchange, parties are expected to inform the center at the earliest possible time. All missed/cancelled services will be documented and reported to the court as necessary. Fees may be assessed if less than 24 hours notice is given to accommodate travel time for all parties.
- In the event of the center being closed due to bad weather, center staff will attempt to contact all clients. All cancelled services will be made up according to center availability.
- In the case of a no call/no show, normal service fees may be assessed.
- Verification of reason for absence or illness of all parties may be required, documented, and reported to the court, if necessary.

Other participants

- Extended Family [*Insert: Center policy on extended family or other visitors*]
- CASA or Guardian *ad litem* may observe the visit
- Domestic violence or sexual assault advocate may observe the visit
- Other interested persons (i.e. therapist, case manager, court service officer) may observe the visit at the discretion of center staff. A 24-hour notice should be provided.

Fees for service

Responsibility for payment will be determined before any services are provided.

[*Insert: Center's fee policy*]

Payment is expected upon arrival at each scheduled visit or exchange.

Fees for service may be assessed on a sliding scale. Other arrangements outside of the original fee agreement must be made with and approved by staff.

- Services can be suspended or terminated based on nonpayment by either client.
- If a client wishes to use the sliding scale, appropriate information regarding income must be provided to the center.
- Each client is responsible for paying his or her own intake fee unless the court order states otherwise.

Gifts/Exchange of Items

[Insert: Center's policy on gifts]

During services, the transfer of any personal possessions, toys, or clothing will not be permitted. During services, notes or messages of communication from parent to child(ren) must be reviewed, copied by staff, and will only be shared if deemed appropriate by staff. If the information is considered inappropriate (i.e. NOT directly related to the child), it will be returned.

Photographs

[Insert: Center's policy on photographs]

Audio/Video Tapes

[Insert: Center's policy on audio/video tapes]

Client responsibility (as outline in CEVC guidelines 9.6)

- All clients will make every attempt to place the child at ease. Comments during services regarding the status of court, mental health issues, and sexual/physical/emotional abuse are considered inappropriate. Adults should not make promises regarding investigations or reference future living arrangements. Center staff may also designate other topics of conversation as inappropriate.
- Supervised visitation is confined to a designated location within the facility. **All contact and communication between the child and the visiting parent will be within view and hearing range of staff supervising the visit.** Whispering and note writing are considered to be an inappropriate means of conversation during supervised visitation.
- Negative comments/questioning about parents, extended family members, or significant others will not be allowed.
- Residential and non-residential parents will remain separated (visually, physically and verbally).
- The non-residential parent should plan and prepare appropriate activities for the supervised visitation. Such activities should enhance interaction. It is not the child(ren)'s responsibility to bring activities to the visits, but children are allowed to bring games, homework, or other activities if they choose to do so. If the facility can accommodate visiting pets, prior approval by center staff is required.
- In planning and preparing activities, consideration should be given to the location for the visit. The non-residential party is responsible for clean up and leaving the visitation area in the order in which it was found. If there is a problem with clean up the staff reserves the right to restrict future activities. If the participant has a question about an activity, the parent should discuss this with staff. Staff will not assume any responsibility for toys brought to the visitation.
- Tobacco is prohibited on center property.
- If services are suspended or terminated, both parties should remove themselves from the situation with minimal upset to the child(ren) involved.
- For children under the age of three (3) years, the residential parent is to see that an adequate change of clothes, diapers, pull-ups, wipes, a plastic bag, and bottle are prepared and given to staff for the non-residential parent's use during **Supervised Visitation**. In **Monitored Exchange** situations, each parent is to furnish whatever is needed in the best interest of the child(ren) involved. Residential parents have the option to bring snacks as outlined by center policy for either service.
- *[Insert: Center policy on food/drinks if applicable]*
- Medication will not be administered during the visitation by any party. If the child(ren) becomes ill during the visitation, staff will determine whether the visit should continue or cease. Written information regarding medication, dose, and consumption should be shared for exchanges.

Child's Behavior

- Child(ren) may experience emotional responses to transitions for many reasons, resulting in uncharacteristic behaviors.
- In order for successful visitations or exchanges to occur, residential and non-residential parents should allow the child(ren) to engage in behaviors which are acceptable in a normal family, classroom, or public setting.
- The expectation is that the residential or non-residential parent will be responsible for responding to the child's behavior. If the residential or non-residential parent does not respond to the child's behavior, then staff will take appropriate action. The staff will identify the inappropriate behavior to the child and request

- that it stop. If the inappropriate behavior continues, “Time Out” will be used. Child(ren)’s behavior and staff intervention may also be shared with the appropriate adults/therapists.
- The child(ren) will not be allowed to strike, kick, bite, push, or display other inappropriate behavior toward the parent, other participant or center staff.
 - The child(ren) will not be allowed to yell, scream, or state any inflammatory remarks to the parent, other participant or center staff.
 - The child(ren) will not be allowed to run about the visiting area in disregard of their own safety or property.

Arrival and Departures

[Center Insert Arrival and Departure Policy]

- No contact should occur between the residential parent and non-residential parent at arrival or departure. The arrival and departure times are staggered to eliminate the mutual presence and minimize tension.
- A valid driver’s license is required and a copy will be made for the record for any person assisting with transportation of a child. **The appropriate use of car seats is expected as required by law.**
- If someone other than the parent or emergency contact needs to drop off or pick up the child(ren), staff must be notified in advance and a copy of photo identification will be required. Any objection from the other party in regard to this requires court intervention.
- If a residential parent fails to pick up a child at the scheduled time, staff will contact the following persons: 1) the parent, 2) the emergency contact person, 3) the authorities if no one can be reached within 30 minutes to pick up the child. If a party fails to drop off a child for a scheduled service, staff will document and inform the court or law enforcement if deemed appropriate to do so.

Facility Layout

[Insert: Center overview of Facility Layout]

Entrances and Exits

[Insert: Center overview of entrances and exits]

Parking Lot

[Insert: Center overview of parking lot procedures]

Emergency Procedures

[Insert: Center policy on emergency procedures]

Information Updates

It is the client’s responsibility to provide staff with any changes in address/phone, copies of court orders, PFA/PFS documents, etc. If reports are needed from staff, clients must inform staff in advance of all hearings/reviews. It is recommended that clients notify the center at least two weeks before a scheduled hearing.

Staff responsibility

- The role of staff is to ensure a safe and positive environment for the child(ren) and all individuals involved in services. Center staff reserves the right to end any visit if the child(ren) show signs of discomfort.
- Staff will observe and factually document contact, conversations, behaviors, and incidents by all clients involved. Staff will redirect, intervene and document when inappropriate contact, conversations, behaviors or incidents occur.
- During supervised visitation children will remain in the presence of staff at all times.
- Staff are mandated reporters of alleged child abuse and/or neglect and will take appropriate action as required by law. All concerns as reported or noted will be documented according to center policy.
- *If child abuse and/or neglect are suspected during contact of the program appropriate authorities will be notified.*
- Staff will maintain strict confidentiality and privacy. Information will only be received or shared with individuals as authorized.
- Staff will attend court hearings if there is a valid court ordered subpoenaed.
- Staff will submit court reports when notified and/or requested. Staff may also draft reports to the court based on noncompliance or suspension or termination of service. Reports will be distributed according to center policy.

- To maintain objectivity, staff is prohibited from all social contact with any involved parties. Staff is unable to accept personal gifts.
- During services staff may speak periodically with the children to aid in their comfort level.

Documentation and Reporting

[Insert: Center Policy on Documentation and Reporting]

Suspension or Termination of Services

Client will not be allowed in the center if his/her behavior is unsuitable to the promotion of a safe, secure, and nurturing environment for the child. A report will be sent to referring party or court. Examples of such occurrences include:

- If alcohol or drug use is evident at the time of drop off, pick up, or visitation. Determination is left to the discretion of staff or security.
- Use of offensive or abusive language toward the clients, children, security, or staff.
- Inappropriate touching or physical discipline of the child or children.
- Inappropriate questioning of the child or children.
- Use the child or children as a source of information.
- A pattern of cancellations or no shows for visitations or exchanges.
- A pattern of violating program guidelines.
- Alterations in the court order.
- Center’s ability to meet the needs of the family unit.

Grievance Policy

All grievances are set for case review with the person or agency in question. Staff will attempt to resolve issues in question and continue services if possible.

[Insert: Center Grievance Policy]

Confidentiality and Limitations to Confidentiality

[Insert: Center Policy regarding Confidentiality and Privacy]

- The center staff will ensure the privacy of the residential parent, non-residential parent, and child. Neither residential nor non-residential parent should inquire as to personal information about the other parent. Questions of this nature directed to the child will **NOT** be allowed during the visit or exchange and are also highly discouraged on the part of the residential parent when away from the center.
- The center will not use identifiable photographs for public purposes without the consent of the client.
- Information from client files may be used without a signed release when:
 - court ordered by testimony or written court report
 - a summary of contacts is requested by a client/client’s attorney
 - a violation of a court order is suspected
 - abuse or neglect is suspected
 - the use of alcohol and/or other substances is suspected
 - either party fails to comply with this agreement
 - it is suspected that the safety or well-being of the parent and/or child(ren) is in jeopardy
 - criminal acts are witnessed on center property

***Center staff are mandated reporters of suspected child abuse and neglect and will take appropriate action as required by law to notify and document such concerns as reported or noted during contact in the program.*

Release or Obtain Information

Center Policy Description *[Insert: Center Policy regarding Release of Information]*

Providers shall respect the clients’ right to privacy and not solicit private information from clients unless it is essential to provide services.

Limitations to Confidentiality

[Insert: Center policy regarding limitations to confidentiality.]

Appendix III

Authorization to Release or Obtain Information

I, _____, give my consent to _____
(name of person authorizing release of information) (name of visitation program)

to release and exchange information as outlined below with _____ at the following location
(name of individual)

(name and address of agency)

Information to Be Released or Obtained

[Brief description of the type of information to be released specific to the agency listed above.]

- Compliance or non-compliance with written Agreement for Participation
- Summary of services
- Other (please describe) _____

Purpose for Release of Information

[Brief description of the purpose of releasing or exchanging information]

- Safety and well-being of participants
- Assist in the assessment of ongoing safety considerations for supervised visitation or exchange services
- Other (please describe) _____

Method of Releasing/Exchanging Information:

- Verbal
- Written

Date this Consent Expires:

____/____/____ (No more than 90 days from the original release and no more than 6 months from any subsequent release). I understand that I will need to sign a new release form if services continue for more than 90 days from this date.

*In circumstances where services continue for a prolonged period of time, review of release is required annually

I understand that I may cancel and/or make changes to this release at any time. If I want to cancel and/or make changes, I must inform the program coordinator or staff in writing and/or sign the cancellation section below.

Agreement:

I have read and understand the terms of this release of information.

Client Signature Date

Staff Signature Date

Cancellation of Consent:

I cancel any release of information consent given prior to this date.

Client Signature Date

Staff Signature Date

Websites of Interest

Supervised Visitation

Supervised Visitation Network

<http://www.svnetwork.net/>

Florida State University Clearinghouse on Supervised Visitation

<http://familyvio.csw.fsu.edu/CHV.php>

California Uniform Standards of Practice for Providers of Supervised Visitation

http://www.courtinfo.ca.gov/rules/index.cfm?title=standards&linkid=standard5_20

Child Abuse and Neglect

Child Abuse Prevention Network

<http://child-abuse.com/capn.shtml>

Minnesota Center Against Violence and Abuse

<http://www.mincava.umn.edu/categories/854>

Cultural Diversity

National Multicultural Institute

<http://www.nmci.org>

Domestic Violence

National Coalition Against Domestic Violence

<http://www.ncadv.org/>

Family Violence Prevention Fund

<http://endabuse.org/>

VAWOR Home Page: Violence Against Women Online Resources

<http://www.vaw.umn.edu>

Minnesota Center Against Violence and Abuse

<http://www.mincava.umn.edu/categories/877>

Kansas Web Sites

Kansas Attorney General Stephen Six Home Page

<http://www.ksag.org/home/>

Kansas Governor's Grants Program, Creating S.A.F.E. Communities

<http://www.governor.ks.gov/grants/default.htm>

Kansas Children's Cabinet & Trust Fund

<http://www.kschildrenscabinet.org/history.htm>

Kansas Action for Children's Home Page
<http://www.kac.org/>

Kansas Coalition Against Sexual and Domestic Violence (KCSDV)
<http://www.kcsdv.org/>

Kansas CASA Association
<http://kansascasa.homestead.com/webpage.html>

Kansas Children's Advocacy Center
<http://www.kscac.org/CACOutcomes.html>

Kansas Network of Visitation Providers (KNVP)
<http://www.projectappleseed.org/safehavens.html>

Mental Health

US Department of Health and Human Services: National Institute of Mental Health
<http://www.nih.gov/>

US Department of Justice: Americans with Disabilities Act Home Page
<http://www.ada.gov/>

Sexual Assault

National Sexual Violence Resource Center
<http://www.nsvrc.org/>

Rape, Abuse and Incest National Network
<http://www.rainn.org>

Stalking

Stalking Recourse Center
<http://www.ncvc.org/SRC/Main.aspx>

Statistical Data

Links to All Sources of Federal Statistics by Agency
<http://www.fedstats.gov>

US Bureau of the Census
<http://www.census.gov>

Substance Abuse

HHS: Substance Abuse and Mental Health Services Administration (SAMSHA)
<http://www.samhsa.gov/>

National Clearinghouse for Alcohol and Drug Information (NCADI)
<http://ncadi.samhsa.gov/>

References

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Kansas Sexual and Domestic Violence Prevention Planning Committee (2008).

National Association of Social Workers. (2008). *Code of Ethics*. Washington D.C.: National Association of Social Workers.

Office on Violence Against Women. (2007). *Guiding Principles: Safe Havens, Supervised Visitation and Safe Exchange Grant Program*. Washington D.C.: US Department of Justice.

Social and Rehabilitation Services. (2007). *Kansas Code for Care of Children*. Topeka: SRS Division of Children and Family Services.

Supervised Visitation Network. (2006). *Standards for Supervised Visitation Practice*. Cookeville: Supervised Visitation Network.