

SOUTHEASTERN MONITORING, INC.

SUPERVISED FAMILY TIME RULES

- ___ 1. I will be on time to all appointments. The visit will be cancelled I am more than 15 minutes late.
- ___ 2. I will keep all my children together within sight and earshot of the SEM worker at all times. I will get permission from my caseworker to take the children out in the community.
- ___ 3. I will remain at the approved location for the duration of the visit. If I elect to take my children to another location, I must phone my caseworker at least 48 hours in advance to change my visitation location. If I leave the visitation for any reason, I understand I will not be permitted to return.
- ___ 4. I will provide meals and snacks for my children. We will sit at a table while we eat, when possible.
- ___ 5. I will provide for my child's needs during visitation (diapers, formula, meals, snacks, games, toys, etc.)
- ___ 6. I will respond to my child's needs without spanking or yelling at them.
- ___ 7. I will give my children my full attention during the visit. I will not read newspapers, watch tv, etc.
- ___ 8. I will not discuss court matters with the children.
- ___ 9. I will be respectful of all participants in the visitation.
- ___ 10. I will not smoke nor be under the influence of drugs or other mood-altering substances during supervised visitation.
- ___ 11. I understand I may be expected to cooperate for drug screens, providing a urine sample or breathalyzer.
- ___ 12. I will not bring any unauthorized guests to visitation. I will get approval from my caseworker 48 hours in advance of my desire to bring a guest to my scheduled appointment.
- ___ 13. I will dress with modesty during my visitation with my children.
- ___ 14. I will not make any demands on staff to care for my children. I will clean up the room at the end of my appointment.
- ___ 15. I will take my children out of car seats and put them in the car whenever a SEM worker drives them to the visitation. I will say goodbye to my children in a prompt manner so SEM staff can depart on time.
- ___ 16. I will keep my housing conditions safe for supervised family time.
- ___ 17. I understand that failure to show up for appointments will be reported directly to my caseworker.
- ___ 18. In the event that I am unable to attend a visitation, I will phone (262) 748-2940 and leave a message describing the need to cancel 24 hours in advance.
- ___ 19. In the event of snow conditions, supervised family time will be canceled. Parent will be notified by phone / text.
- ___ 20. I will not use my cell phone during family time. I am allowed to take photos. I must request permission to use my phone for any other reason.

SEM STAFF ROLE

- ___ 21. I understand that SEM staff does not work for the WCDHHS. SEM is an independent, contracted agency.
- ___ 22. I understand that the staff may offer suggestions and encourage me or the children during our appointments.
- ___ 23. I will not discuss placement and court issues with SEM staff.
- ___ 24. I understand that staff is supposed to observe and document my interaction with the children.
- ___ 25. I understand that staff is mandated to intervene when child safety or rules have been compromised.

TERMINATION PROCEDURE

Visitation may need to be terminated due to parent failure to adhere to rules. Visitation can be terminated at any time. Parents are expected to explain to the children that the visit is over. Parents will fully cooperate and inform the children that the visitation is over. SEM staff will inform parents of the necessity to end the visit. Failure to cooperate will result in family time privileges being

suspended for future appointments. Typically, the terms of termination:

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| a. inappropriate language / inappropriate topics of discussion | d. unsafe or unclean housing conditions |
| b. discussion of court matters | e. inappropriate discipline of child |
| c. positive drug screens | f. threatening behavior towards staff or child |
| | g. unauthorized guests |

I agree to adhere to the SEM supervised visitation rules as outlined in this document.

Print Name _____

Parent Signature _____

Date _____