



PARENTAL SUPERVISION PARENTAL SUPERVISION

Service request

Please note that all signatures are required before the beginning of the service agreement.

October 2018

1- Responsibilities

1.1) Parent's responsibility

The resource for parental supervision believes that parents are primarily responsible for their children. Consequently, they must recognize and take responsibility in this regard.

Parents have the responsibility to ensure that visits/transitions take place in the best possible conditions. They must :

- Respond to the needs of their children and ensure their safety at all times during the visit/transition;
- Ensure that their children have all that they need;
- Provide the staff with relevant information regarding their children's health;
- Respect our rules and regulations concerning the services provided in the supervised visits.

It should be noted that these are transitory measures and that parents must commit to finding a long-term solution. With a view to transitional measures, the files will be reviewed every six months.

1.2) The responsibility of the resource for parental supervision

The parental supervision service is responsible of ensuring the respect of the conditions that allow the proper functioning to access rights, such as:

- To provide a neutral and safe place;
- To provide professional services of high quality;
- To oversee to the smooth running of the staff;
- To oversee to the proper operation of visit and transitions by ensuring that the rules and regulations are applied.

2- Course of events of the visits or transitions

- The greeting of the child during a visit or transition must be conducted inside the premises of the AFMRO, in the presence of a worker.
- The observations made during the visit or transition are documented in a written report and are sent to the parties' lawyers' or the case worker in charge of the file at the DYP.
- Transitions or supervised visits, canceled or shortened cannot be retaken during the same day. However, if both parties agree, the AFMRO will try to reschedule to another available date, the visit or transition.

Supervised visits

The custodial parent of the child has to leave the premises of the AFMRO immediately after the arrival of the visiting parent.

At all time, the supervised visitation worker has the right to cancel the visit and ask the parent to leave if the behaviour or comment of the parent causes or could cause harm to the child and/or anyone present.

Transitions

The total duration of a transition is 15 minutes. The parent who brings the child, and the other parent, must enter through their assigned entrance, either door A on Saint-Joseph Boulevard or door C on St-Jean Bosco Street. The parent who brings the child must wait with the child, until the arrival of the other parent. Then, the parents leave in turns without ever seeing each other.

It is strongly advised that each parent does not go near the assigned entrance for the other parent, before and after a visit or transitions.

3- Cancellations

The cancellation of **three (3) transitions/visits (by the parents)**, within a three month period, will result on a temporary suspension of services and will be reported to the lawyers in order to proceed to a revision of the situation. A written engagement by the parents (or the parent that will have cancelled two or three times) will be required to resume the services, and a 30,00\$ fee will apply to reopen the file.

4- Costs of the parental supervision	
Administrative fees	\$ 30.00
Supervised visits	\$ 13.00 / hour
Transitions	\$ 5.00 / transition
Visiting room rental	\$ 40.00 / hour
Reports (unrepresented users)	\$ 25.00 / each report
<p>Please note: In the event of a cancellation in less than 36 hours, <u>the person who cancels the visit/transition must pay the full cost</u> of the visit or transition.</p> <p>➤ A revision of the fees will be possible, under the presentation of the most recent tax return.</p> <p>➤ A 15.00\$ fees will apply for the reopening of a file, if it is within less than a six month period from the date of the initial request. A 30.00\$ fee will apply for the reopening of a file, if it is after six month from the initial request.</p>	
5- Required documents to open a file	
<ul style="list-style-type: none"> • Judgement of the Superior Court • Most recent tax return (to see if a cost review is applicable.) • Health fact sheet (see service request) 	

1. **ZERO tolerance:** Intimidation, threats (verbal or physical), aggression, harassment, violence of any kind, racist comments or behaviors, parents in a state of intoxication. A violation of the guidelines and rules will result in the immediate cancellation of the visit.
2. Respect the court judgement or the instructions issued by your lawyer and/or the DYP worker.
3. Park on the street of your designed entrance (A- St-Joseph Boulevard or C- St-Jean Bosco Street).
4. Parents must respect the time at which the visit or transition is expected. A delay of more than 15 minutes will result in the cancellation of the visit/transition and will be billed.
5. Parents must call if they need to cancel the visit/transition in less than 36 hours (at 819-771-3269 at office 21 or 24) and leave a message if no one is available to answer your call. Any cancellation warning made in less than 36 hours will result in a bill for the full cost of the visit/transition for the parent that cancelled. After three cancellations within a three month period, services will be suspended until a written engagement is signed by the parent.
6. The payment for opening the file and the costs of the first visit must be made before the date of the first visit. During your first visit, the costs related to the second visit must be paid, and so on for all future visits. It is the parent's responsibility to arrange payment for the next visit; otherwise the AFMRO will cancel the scheduled visit.
7. Notify the Coordinator of the supervised visit service by email (spafmro@videotron.ca) of any changes to the terms and conditions of the agreement. All the parties involved must be aware of and in agreement with the changes.

The visits/transitions

1. The custodial parent must remain accessible at all times, in case the AFMRO has to contact them in the events of an emergency or a sudden cancellation of the visit.
2. Contribute to the welcoming atmosphere by promoting values such as respect, integrity and fairness.
 - Use a respectful language in front of the children, the support worker and the AFMRO staff members;
 - Do not denigrate anyone in the presence of the child (foster family, other parent, family, new spouses, support worker, etc.);
 - Have appropriate conversation topics (positive and enjoyable);
 - Do not make emotional blackmail or promises to the child;
3. The conversation and exchanges must be held in a way that the support worker can see and understand everything that is happening at all time. So, it is prohibited for the parent to take away the child without the support worker and/or to make noise so the worker cannot hear the exchanges between the parent and the child.
4. During the last 15 minutes of their visit, parents have to put the toys back to their respective place, to clean the room and make the payments. The room should be freed 15 minutes before the end of the visit as a privacy measure, in case of juxtapose visits. The room should be left as it was at the beginning of the visit.
5. Keep in mind that the support worker is there to observe and not to transmit messages from one parent to another, except if it is information concerning the immediate health of the child.
6. Respect the AFMRO building (equipment, supplies, furniture, cleanliness, etc.)
7. Parents are not allowed to film nor record their child at any time. However, pictures are permitted.
8. If the parents are required to assist children's toileting needs, the restroom door has to stay partially open.

9. If the instructions in your file state that you are not allowed any visitor(s) during the supervised visit, it also includes any form of communication (verbal, visual, written, via video, etc.) which is forbidden between the child and any other person than the visiting parent.
10. It is strictly forbidden to smoke, to consume alcohol or drugs inside the premises of L'AFMRO.
11. Animals are forbidden at all times inside the premises of the AFMRO.
12. It should be noted that any food as well as any container that is left inside the refrigerator will be thrown away every week.
13. We also ask for parent to throw away the diapers outside, during the visit if it is necessary.

Procedure to file a complaint

By mail: Service Quality and Complaints Commissioner
105, boulevard Sacré-Cœur
Gatineau (Québec) J8X 1C5

By Phone : 819-771-4179; without cost : 1-844-771-4179

By Fax: 819-771-7611

By email: commissairesauxplaintes@ssss.gouv.qc.ca

Online: Fill out a complaint form online

<https://cisss-ouataouais.gouv.qc.ca/formbox/?url=..%2FformServer%2Fsignal%2Findex.php>

<https://cisss-ouataouais.gouv.qc.ca/la-voix-de-lusager/faire-une-plainte/>

Request of service – Supervised access rights
(Please print all information)

of the court file: _____ Date of request: _____
Fields marked with a * are required (day-month-year)

1. Family identification		
Visiting parent	Custodial parent	
*	*	
(Last name, first name)	(Last name, first name)	
Telephone #: Res: * _____ Cell: * _____ Email: * _____ Language of use: _____	Telephone #: Res: * _____ Cell: * _____ Email: * _____ Language of use: _____	
Visiting parent's lawyer	Custodial parent's lawyer	
*	*	
(Last name, first name)	(Last name, first name)	
Telephone #: * _____ Email: * _____	Telephone #: * _____ Email: * _____	
2. Children identification		
Last name	First name	Date of birth (day-month-year)
*	*	*
*	*	*
*	*	*
*	*	*
3. Type of service needed		
<input type="checkbox"/> Supervised visits	<input type="checkbox"/> Transitions	

4. Frequency and length of the visits (attach the court judgment)

<input type="checkbox"/> Every week	<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Progressive duration-specify: _____ _____ _____ _____ _____	
<input type="checkbox"/> Every three weeks	<input type="checkbox"/> Every month		
Length of the visits:	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 3 hours

5. Preferred visit or exchange period

(Weekdays between 9:00 am and 8:00 pm - weekends between 9:00 am and 6:00pm)

1 st choice	
2 nd choice	
3 rd choice	

* The desired periods will be granted according to the availability of the calendar and observers

6. Reasons for reference

<input type="checkbox"/> Mental health	<input type="checkbox"/> Parenting skills	<input type="checkbox"/> Reconnection
<input type="checkbox"/> Misunderstanding	<input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Negligence
<input type="checkbox"/> Addiction	<input type="checkbox"/> Physical or sexual abuse	
<input type="checkbox"/> Other:		

6a- When was the last contact between the visiting parent and the child: _____
(day-month-year)

6b- Does the child(ren) have any hesitations about seeing again his parent(s)? _____

6c- Is there a restraining order between the parents? _____
In case there is no noncontact order, would you prefer to avoid contact? ☐ Yes ☐ No

6d- Terms of custody: _____

7.Modalities			
7a- Can the parent be accompanied by a visitor during visits?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Last name	First name	Relation with the child	
7b- Are outdoor supervised visits allowed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
7b-Mandate's duration? : _____ (6 month maximum)			
8.Costs			
The costs will be paid by:	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Visiting parent	<input type="checkbox"/> Both
9.Signatures			

* _____
Custodial parent's lawyer day-month-year

* _____
Custodial parent day-month-year

* _____
Visiting parent's lawyer day-month-year

* _____
Visiting parent day-month-year

- ☐ I _____ certify that I have read the AFMRO Standard Guidelines.
Initials
- ☐ I _____ certify that I have read the AFMRO Standard Guidelines.
Initials

Reserved to the AFMRO	
Approved by: _____	Date: _____

I, the undersign, _____ authorize :
Custodial parent

I, the undersign, _____ authorize :
Visiting parent

L'Association des familles monoparentales et recomposées de l'Outaouais

To divulge or to forward (orally or written) the necessary informations related to the supervised accesses of my child(children) :

Children's names :

1-	4-
2-	5-
3-	6-

To :

Custodial's parent lawyer : _____

Visitor's parent lawyer : _____

This autorisation is valid at the precise date indicated below and for all the duration of the service :

Name (custodial parent)

Signature

Date

Name (visiting parent)

Signature

Date

Health Fact Sheet (one for each child)

Child's General Information	
Last name: _____	Name: _____
Date of birth: _____ Day-month-year	
Health card number: _____	Expiration date: _____
Parent's or guardian's information	
Last name: _____ Name: _____	
Relation to the child: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (specify): _____	
Address: _____ App: _____	
City: _____ Province: _____ Postal code: _____	
House phone N°: _____ Work phone N°: _____	
Cellphone N°: _____ Email: _____	
People to contact in case of emergency	
<u>Parent's or guardian's full name:</u>	
1) _____ Cell: _____ Home: _____ Work: _____	
2) _____ Cell: _____ Home: _____ Work: _____	
<u>Contact information of two people, other than the parents, to call in case of emergency:</u>	
1) _____ Cell: _____ Home: _____ Work: _____	
Relation to the family: Parent <input type="checkbox"/> Friend <input type="checkbox"/> Neighbour <input type="checkbox"/>	
1) _____ Cell: _____ Home: _____ Work: _____	
Relation to the family: Parent <input type="checkbox"/> Friend <input type="checkbox"/> Neighbour <input type="checkbox"/>	

Medical history

Does your child suffer from a chronic or recurrent health issue?

As you child been vaccinated for tetanos?

Yes ☐ No ☐

Asthma: Yes ☐ No ☐

Epilepsy: Yes ☐ No ☐

Diabetes: Yes ☐ No ☐

If so, please indicate the year:

Other (specify) : _____

Allergies

Food allergies: Yes ☐ No ☐

Allergic to penicillin: Yes ☐ No ☐

Allergic to insect bites: Yes ☐ No ☐

Allergic to other

Allergic to animals: Yes ☐ No ☐

pharmaceutical drugs:

Yes ☐ No ☐

Food allergies, which ones: _____

Other allergies: _____

Does you child carry an adrenaline dose (Epipen, Ana-Kit) to control the allergies?

Yes ☐ No ☐

If yes, who as the autorisation to administer the adrenaline dose?

☐ The child

☐ The visiting parent

☐ AFMRO personnel

Dosage: _____

Authorisation

Parents' Authorisation

In signing the present document, I give the authorisation to the AFMRO's staff to use an Epipen, if required. If the staff and/or the visiting parent judge that the situation requires immediate medical assistance, I give the authorisation for my child to be transported to the nearest hospital. I understand that those fees are under my responsibility.

I agree with the conditions noted above ☐

I disagree with the conditions notes above ☐

In case of disagreement, AFMRO disengages itself from all medical issues that can occur.

I agree ☐

I disagree to sharing this information with the visiting parent ☐

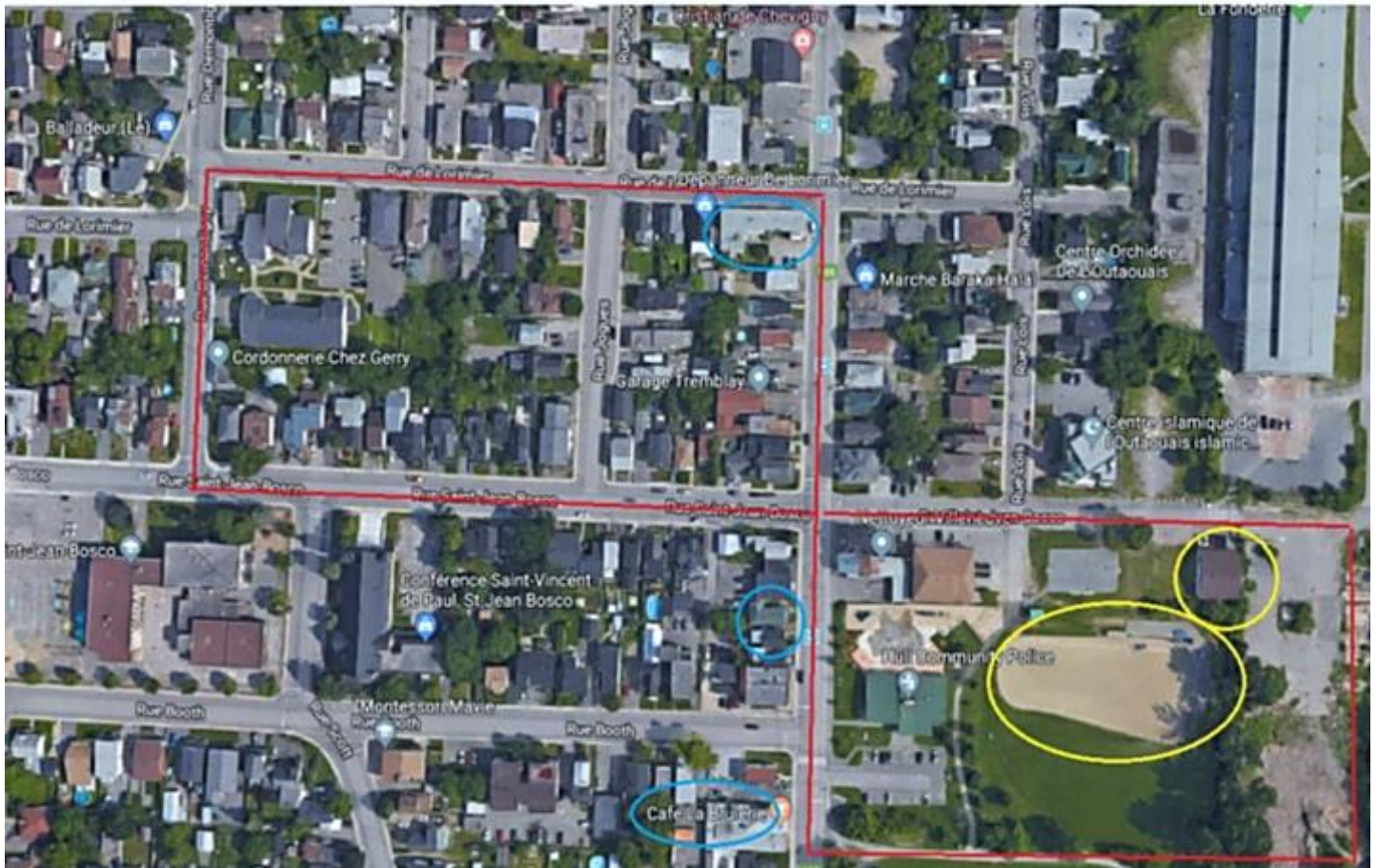
Last and first name of the parent or guardian: _____

Signature of the parent or guardian: _____

Date: _____

Personal information is collected, used, kept and destroyed in accordance with the Law on the access to documents of public organisations and the protection of personal information (L.R.Q., ch.A-2.1).

— Store
— Park
— Authorised perimeter



In yellow, are the parks nearby

- Water park
- Play structures
- Swings
- Baseball field
- Basketball court

In blue, are convenience stores and cafes nearby

This perimeter is designed in way that allows the supervised visit worker to get help quickly, if needed. During outside visits, the supervised visit worker remains near and is with the visiting parent(s) and their child(ren) at all times.