



PARENTAL SUPERVISION ԵՎԵՆԼՎԴ ՉՈՒԵԿԱԻՑԻՈՒ

Service request

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

June 2023

1- Responsibilities

Parents' responsibilities

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

Parents must ensure that visits/transitions take place in the best possible conditions. Thus, we ask them to :

- Meet the needs of their children and ensure their safety at all time during visits/transitions;
- Ensure that their children have all that they need;
- Provide the AFMRO with relevant information regarding their children's health;
- Respect our rules and policies regarding parental supervision service.

It should be noted that supervised visits/transitions are transitory measures and that parents must commit to finding a long-term solution. With this in mind, parental supervision files will be reviewed every six months.

Responsibilities of the parental supervision resource

The parental supervision service is responsible for establishing and ensuring compliance with the conditions that allow for the proper functioning of access rights. As such, it must:

- Provide a neutral and safe place;
- Provide high quality professional services;
- Oversee the proper operation of staff;
- Oversee the smooth running of visits and transitions by ensuring that the rules and policies are enforced.

2- Conduct of visits and transitions

- Whether for a visit or a transition, the parent and child must meet first inside the premises of the AFMRO, in the presence of an observer.
- The observations made during the visit or transition are documented in a written report that is sent to the parties' lawyers within a maximum of three weeks. Parents that are not represented can get the report within the same time, upon request and for a 25\$ fee per report.
- If a visit is canceled or shortened, or if a transition is cancelled, it cannot be resumed within the same day.

Visits

The custodial parent must leave the premises (indoor and outdoor) of the AFMRO immediately after the arrival of the visiting parent.

At all times, the observer has the right to cancel the visit and ask the parent to leave if the behaviour or language of the parent causes or could cause harm to the child and/or anyone present.

In order to maintain contact between a child and their parent, the AFMRO has set up supervised calls/videoconferences as an exceptional replacement for visits when they cannot take place physically (ex.: Court order, illness, COVID-19, critical weather conditions, etc.).

In the event of cancellation due to an impediment, the services are offered to the parents who have signed the authorization.

In the event of refusal of alternative services previously accepted when signing the form, the cancellation is recorded and invoiced to the parent who does not consent.

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 the door A on Saint-Joseph Boulevard or the door B on Saint-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 each in turns without ever seeing each other.

It is strongly recommended that each parent not circulate near the entrance designated for the other parent, before and after the visit or the transition.

3- Confirmations

Between Thursday and Saturday, parents will be notified by the AFMRO's administration staff, by phone or email, of the date and time of their visit or transition the week before. The AFMRO requires that each parent confirms the booking of the visit or transition in writing or by phone. The visit or transition will be cancelled if the AFMRO does not receive both confirmations at least 2 working days in advance.

4- Payments

Fees for opening the file and fees of the first visit must be paid before the date of the first visit.

5- Cancellations

The cancellation of **3 transitions/visits by the parents**, within a three-month period, will result in temporary suspension of services and will be reported to the lawyers for review 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 fee will apply to reopen the file. Once the written engagement is signed and services have resumed, non-compliance with the conditions set in the written engagement will lead to suspension of services for three months

Any cancellation due to vacation, child's sports or for similar reasons must be notified to the AFMRO at least 4 weeks in advance. Visits may be postponed if parents so request and both agree to it. These types of cancellations will not be tracked if made within the 4-week timeframe.

6. Costs of parental supervision services	
Administrative fee (opening of file)	30 \$
Visit (on site, call or videoconference)	15 \$ per hour
Transition	5 \$ per transition
Visiting room rental (external resources)	40 \$ per hour
Visit report (unrepresented users and additional copy)	25 \$ per report

- **Please note:** In the event of a cancellation in less than 36 hours, the person who cancels the visit/transition must pay the full cost of the visit or transition
- A revision of the fees will be possible, subject to provision of the most recent tax return or a proof from Service Canada or Services Québec.
- A fee of \$15 will apply for the reopening, after the suspension or renewal of a file within less than a six-month period from the date of the initial request.
- A \$30 fee will apply for reopening a file more than six months after the date of the initial request.
- Methods of payment accepted are: cash, Interac, Visa and electronic transfer.

Information to be used for electronic transfer:

E-mail address: virement.afmro@gmail.com

Question : Password

Password / security answer (in lowercase) : **afmro2021**

Message : Who is paying? (father or mother) + your name + child's first name and last name

_____ // _____ // _____ //

Example : John Smith (father) - Melina Morin-Smith

7. Required documents to open a file

- Judgement of the Superior Court
- Most recent tax return or a proof from Service Canada or Services Québec (to see if a cost review is applicable.)
- Health card (see service request)
- Consent to disclose information form (see service request)

No service can start until the request file is complete.

Rules and Guidelines of the Parental Supervision Service

1. **ZERO tolerance**: Intimidation, threats (verbal or physical), aggression, harassment, violence of any kind, racist comments or behaviour, parents in a state of intoxication – none of this will be tolerated. Non-compliance with the guidelines and rules will result in the immediate ending of the visit.

After an evaluation of the case, a warning and a letter of commitment will be subject to the offender according to the gravity of the facts.

2. Respect the court judgment or the instructions issued by your lawyer.
3. Park on the street of your assigned entrance (door A on Saint-Joseph Boulevard or door B on Saint-Jean-Bosco Street).
4. Parents must respect the time for which the visit or transition is scheduled. A delay of more than 15 minutes will result in the cancellation of the visit/transition and service will be billed. If you arrive early (5 to 10 minutes in advance), we ask that you await the time of the visit/transition outside our premises, if possible, for reasons of confidentiality and space limitations.

The 15-minute delay is valid for anyone taking part in the visit.

5. To cancel a visit/transition, the parent must call the AFMRO at 819-771-3269, extension 21, at least 36 hours in advance and leave a message if no one answers. Any cancellation notice made less than 36 hours in advance will lead to the billing of full cost of the visit/transition to the parent that cancelled. After three cancellations within a three-month period, services will be suspended until a written engagement is signed by one of the parents or both.
6. Any cancellation for medical reasons or in the event of an impediment will not be counted upon presentation of proof.
7. The administrative fee for the opening of the file and the fee for the first visit must be paid before the date of the first visit. During your first visit, fees related to the second visit must be paid, and so on for the following visits. It is the parent's responsibility to arrange for payment of the next visit (at least 24 working hours in advance), otherwise the AFMRO will cancel the scheduled visit.
8. Notify the Assistant Coordinator of the supervised visit service by email at spafmro@videotron.ca of any changes to the terms and conditions of the agreement. All parties involved must be aware of and in agreement with the changes.
9. Parents are encouraged to bring snacks or meals for the visit as several stores are closed in evenings and on Sundays.
10. No sharp or piercing objects (knives, scissors, saws, screwdrivers, etc.) will be authorized within the AFMRO. However, plastic utensils are allowed.
11. Additional visitors will only be able to participate in visits for a period of 30 minutes (first 30 minutes of the visit, in order to complete the short health questionnaire);
12. Only one additional visitor at a time, except on exceptional occasions (within a limit of 5 people maximum (parent(s), child(ren) and observer included)).
13. The outdoor outing time will be limited to 30 minutes for a 1 hour visit; 1 hour for a 2-hour visit; 1h30 for a 3 hour visit. The return to the AFMRO must take place no more than 15 minutes before the end of the meeting.

Visits/transitions

1. The custodial parent or the person from the family-type resource (FTR) must be reachable at all times in case the AFMRO has to contact him due to an emergency or sudden ending of the visit.
2. If the child is sick and contagious (eg. influenza, stomach flu or lice), the custodial parent or the FTR must refrain from bringing him to the AFMRO and must inform the AFMRO of the situation as soon as possible.

3. Contribute to setting a good atmosphere by promoting values such as respect, integrity, and equity.
 - a. Use respectful language with children and AFMRO staff;
 - b. Do not criticize anyone in the presence of the child (foster family, other parent, family, new spouse, observer, etc.);
 - c. Have appropriate conversation topics (positive and pleasant);
 - d. Do not use emotional blackmail with the child and do not make promises to the child.
4. The conversation and exchanges must be conducted in a way that the observer can see and understand everything that is happening at all times. Therefore, the parent is not allowed to leave the visiting room with the child unless the observer accompanies them and/or to make noise that prevents the observer from hearing what they and the child are saying to one another.
5. The parent must take the last 15 minutes of the visit to put away toys, clean the room and make the payment. The room should be freed 5 minutes before the end of the visit as a privacy measure in case of consecutive visits. The room should be left as it was at the beginning of the visit.
6. Neither the custodial parent nor the visiting parent is allowed to use supervised accesses to transfer messages or documents to the other parent through the child or the observer, unless the information concerns the child's immediate health.
7. Respect the AFMRO's premises (equipment, supplies, furniture, cleanliness, etc.)
8. Regardless of their nature and whether they concern AFMRO's staff or visits, any video or audio (conversations) recordings by users on AFMRO's premises or over the phone is forbidden. Only videos for special occasions such as birthdays will be allowed for a limited time, at the discretion of the observer. However, pictures are allowed.
9. If the parent must assist the child with toileting needs, the observer will go in the bathroom with them.
10. If the instructions in your file state that you are not allowed any visitor(s) during the visit, it also means that any form of communication (verbal, visual, written, via video, etc.) between the child and any person other than the visiting parent is forbidden.
11. It is strictly forbidden to smoke, drink alcohol or do drugs inside the premises of the AFMRO.
12. Animals are always prohibited inside and outside the premises of the AFMRO.
13. It should be noted that any food as well as any container that is left in the fridge will be thrown away every week.
14. We ask for parents to put used diapers in the garbage bin outside after the visit or during the visit if 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; toll free: 1-844-771-4179

By fax: : 819 771-7611

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

Online: [File an online complaint](#)
[General information on how to file a complaint](#)



Supervised access rights service request

(please fill out this form in block letters)

Court file number _____ Date of request: _____

(day month year)

Fields marked with * are required

1. Family identification	
Visiting Parent	Custodial Parent
*	*
(Last name First Name)	(Last name First Name)
Phone number : Res. : * _____ Cell : * _____ Email: * _____ Language of use: _____	Phone number : Res. : * _____ Cell : * _____ Email: * _____ Language of use: _____
Attorney for the visiting parent	Attorney for the custodial parent
*	*
(Last name First Name)	(Last name First Name)
Phone number : * _____ Email:: * _____	Phone number : * _____ Email:: * _____
Attorney for the child	
*	
(Last name First Name)	
Phone number : * _____ Email:: * _____	

2. Identification des enfants			
Last name	First name	Date of birth (day month year)	
*	*	*	
*	*	*	
*	*	*	
*	*	*	
3. Type of service required			
<input type="checkbox"/> Visit		<input type="checkbox"/> Custody exchange (transition)	
4. Frequency and duration of visits (attach court order)			
<input type="checkbox"/> Every week	<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Durée progressive – préciser : _____ _____ _____ _____ _____	
<input type="checkbox"/> Every three weeks	<input type="checkbox"/> Once a month		
Duration of visits:	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 3 hours
Number of visits	<input type="checkbox"/> 1 visit	<input type="checkbox"/> 2 visits	<input type="checkbox"/> 3 visits
5. Period of visit or exchange of custody (transition) desired (During the week: between 9 a.m. and 8 p.m.; During weekends: between 9 a.m. and 6 p.m.)			
1 st choice:			
2 nd choice:			
3 rd choice:			

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

6. Reasons for the referral			
<input type="checkbox"/> Mental health	<input type="checkbox"/> Parenting skills	<input type="checkbox"/> Resumption of contact	
<input type="checkbox"/> Disagreement	<input type="checkbox"/> <input type="checkbox"/> Intellectual disability	<input type="checkbox"/> Negligence	
<input type="checkbox"/> Dependency	<input type="checkbox"/> Physical or sexual abuse		
<input type="checkbox"/> Other :			
6a- When was the last contact between the visiting parent and the child?: _____ <div style="text-align: right;">(day month year)</div>			
6b- Does the child have any reservations about seeing their parent (s) again? _____			
6c- - Is there an order banning contact between parents? _____ In the event that there is no banning contact order, would you prefer to avoid all contact?? <div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>			
6d- Custody arrangements: _____			
7. Terms and conditions			
7a- Can the parent be accompanied by a visitor during the visits?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Last name	First name	Relation to the child	
*			
*			
*			
7b- Are supervised outings permitted?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
7c- Mandate's duration: _____ <div style="text-align: center;">(Maximum of 6 months)</div>			
8. Cost			
The expenses will be paid by :	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Visiting Parent	<input type="checkbox"/> Both
The expenses in case of cancellation by children will be paid by:	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Visiting Parent	<input type="checkbox"/> Both

9. Signatures

*

Attorney for the custodial parent

Day Month Year

*

Custodial Parent

Day Month Year

*

Attorney for the visiting parent

Day Month Year

*

Visiting Parent

Day Month Year

I _____ certify that I have read the AFMRO standards guide.

Initials

I _____ certify that I have read the AFMRO standards guide

Initials

Reserved for AFMRO

Approved by : _____

Date : _____



Information Disclosure and Release Consent Form

I _____ (custodial parent / visiting parent / legal guardian)

I _____ (custodial parent / visiting parent / legal guardian)

Hereby authorize the AFMRO to disclose information pertaining to our supervised access rights file, either verbally or in written form, to the following parties :

- Custodial Parent's Lawyer:
- Visiting Parent's Lawyer :
- My Child(ren)'s Lawyer :
- CISSS Case Worker :
- Father of my Child(ren) :
- Mother of my Child(ren) :
- Other :
- This consent form remains valid in the event of a file reassignment to a different case worker

- Any person wishing to obtain information concerning my file will have to make a formal consent demand;
- According to the organization's rules and policies (see « absence or cancellation procedures»), case workers will be noticed, when supervised visits are cancelled; hence the aforementioned consent rule does not apply here;
- According to the organization's policies and to ensure we provide you with the best possible service, please note that all AFMRO staff members have access to your file. This policy aims to improve our ability to meet your needs. We guarantee our personnel respect privacy and adhere to professional secrecy.

.....
.....
.....
.....
Child(ren)'s first and last name(s)	Date of Birth

.....
Parent / Legal Guardian	Day/Month/Year

.....
Parent / Legal Guardian	Day/Month/Year

The present consent comes into effect on the date of signature and is valid for a 90-day period unless modified per your demand in written form.

Health card (one for each child)

CHILD'S GENERAL INFORMATION	
Last name : _____	First name : _____

Date of birth: _____
Day Month Year

Health insurance number _____ Expiry date: _____

TUTEUR CUSTODIAL PARENT'S OR LEGAL GUARDIAN'S INFORMATION

Last name : _____ First name : _____

Relation to the child : Father Mother Other (specify) : _____

Address : _____ App. : _____

City : _____ Province : _____ Postal code : _____

Home phone #: _____ Work phone #: _____

Cellphone #: _____ Email : _____

PEOPLE TO CONTACT IN CASE OF EMERGENCY

Parent's or guardian's full name :

1) _____ cell : _____ res. : _____ work. : _____

2) _____ cell : _____ res. : _____ work. : _____

d'urgence Contact information of two people, other than parents, to call in case of emergency:

:

1) _____ cell : _____ res. : _____ work. : _____

Relation to the family : parent friend neighbour

2) _____ cell : _____ res. : _____ work. : _____

Relation to the family : parent friend neighbour

MEDICAL HISTORY

Does your child suffer from a chronic or recurrent health issues

Yes No

Has your child been vaccinated against tetanus?

Yes No

Asthma : Yes No

Epilepsy : Yes No

Diabetes : Yes No

If so, please indicate the year: _____

Special health condition (specify) : _____

Other (specify) : _____

ALLERGIES

Food allergies: Yes No Allergy à la penicillin Yes No

Allergies to insect bites: Yes No Allergy to iodine Yes No

Allergies to animals Yes No Allergy to other medication Yes No

Food allergies, which ones : <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
Other allergies, specify: <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
<p>Does your child carry a dose of epinephrine (EpiPen, Ana-Kit) to control his/her allergies?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, who is authorized to store and administer this medicine?</p> <p><input type="checkbox"/> The child <input type="checkbox"/> The visiting parent <input type="checkbox"/> AFMRO personnel</p> <p style="text-align: right;">Dosage : _____</p>
AUTHORIZATION
<p>1) Custodial parent or legal guardian authorization</p> <p>By signing this document, I authorize AFMRO's staff to administer EpiPen to my child, if needed. If the staff and/or the visiting parent feel the situation requires immediate medical assistance, I give the authorization for my child to be transported to the nearest hospital at my expense.</p> <p>I accept <input type="checkbox"/> I refuse <input type="checkbox"/> the conditions stated above</p> <p><u>In case of refusal, the AFMRO shall not be liable for any issues concerning the child's health</u></p>
<p>2) I agree <input type="checkbox"/> I refuse <input type="checkbox"/> to sharing this information with the visiting parent.</p>
<p>3) I agree <input type="checkbox"/> I refuse <input type="checkbox"/> for the visiting parent to administer medication to my child (ren).</p>
<p>Last name and first name of the custodial parent or legal guardian: _____ Date : _____</p> <p>Signature of the custodial parent or legal guardian: _____ Date : _____</p> <p>_____</p>

Personal information will be collected, used, stored and destroyed in accordance with the requirements of the Act respecting access to documents held by public bodies and the protection of personal information (R.S.Q., c. A-2.1).



In red is the defined 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 defined in a way that allows the observer to get help quickly, if needed. During time outside, the observer remains near the parent and child, and is always with them.