

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMAILED : \_\_\_\_\_@\_\_\_\_\_

USPS ADDRESS: \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dear Parent.

Thank you for contacting Manatee Parenting Time Supervised Visitation & Exchange Program.

Our staff cares greatly about the needs of children whose families are going through custody litigation and transitioning to a new family environment. Our goal is to provide a physically and emotionally safe environment where children can have meaningful contact with a parent. We are trained to observe the interactions between the child and parent in an objective and neutral fashion. We are trained in providing a positive environment that is both safe and stress free for the child. When appropriate we will facilitate the visitation by offering suggestions or setting limits on behavior. What we cannot do is offer opinions about custody or the need for supervision as our limited knowledge of and restricted contact with any of the participants is not in any measure sufficient to form such opinions with any degree of reliability whatsoever.

Behaviors and statements of both parents' are observed before, during and after visits or exchanges and may be documented if deemed counterproductive, threatening or dangerous.

We can also provide support for families during this period of transition by assisting with their functional understanding of their child's parenting needs at various ages and stages during this stressful time and modeling the appropriate parenting skills in 'real time'. Not all supervised visitation & exchange programs provide parent coaching, nor are they required to do so, but Manatee Parenting Time does provide this coaching because it is folded into our program model. This 'supported' visitation is separate from a higher intensity Parent Education Program offered. Not all staff members are certified to facilitate the Parent Education Program and availability may vary.

This packet contains the information you will need of the policies and procedures of supervised visitation & exchange services. It also includes paperwork about your situation that the program needs to have.

Please note that an Intake & Orientation will be required prior to the provision of any services. Each parent will have an Intake & orientation individually and separately. This will allow each parent to express their concerns and goals of the visitation services. The Intake also allows the staff to engage in risk assessment to be confident that the resources of the program are sufficient to meet the needs of the family. Scheduling will take place after both parents' have completed their Intake. Visits are always dependent upon staff availability, but every attempt is made to follow the Court Order, child's schedule and parents' schedule(s).

Manatee Parenting Time is a low-risk program, designed for improving parenting skills so the quality of the parents' relationship with their child may be improved. We are less designed for high-risk families such as individuals with issues of violence, untreated addictions, etc. These cases will be reviewed and possibly referred to another program. Cases of violence, whether criminal or domestic, in which a weapon was brandished or used WILL be declined.

Best Regards,

Manatee Parenting Time

# INTAKE CHECKLIST | MPT

CASE NAME : \_\_\_\_\_ (Case Name is the Child's legal last name)

## MANATEE PARENTING TIME

### Participant Intake Checklist

All of the following should be brought with you to your Intake.

- . Copy of driver's license or Government Photo ID
- . Copy of Order or signed agreement requiring supervised visitation
- . Copy of any Protective, Restraining, or No Contact Orders
- . DCF Case Plan (Dependency Court) that includes visitation
- . Special: Cognitive / Medical / Medication / Needs (if applicable)

The Intake fee is \$75.00 per parent.

Please bring your child with you if you are the residential (custodial) parent, along with a responsible individual to watch the child while you complete your Intake. If that isn't possible, then you will need to schedule an additional time to bring your child for his/her Orientation. You will not be charged an additional Intake fee.

During your Intake, policies and procedures will be discussed with you and you will be provided a copy of those policies and procedures.

If you require special assistance, please notify the staff in advance of your Intake.

If English is not your first language, you may bring someone to interpret for you during the Intake, however, during actual visitation, English is the only language allowed. Only interpreters chosen by the staff are allowed. We can provide services in Spanish but availability is limited.

Date of Scheduled Intake: \_\_\_\_\_

List questions or concerns you'd like to address during your Intake:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**VIDEO AND/OR AUDIO RECORDING EQUIPMENT MAY BE  
IN OPERATION AT ANY TIME.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MANATEE PARENTING TIME  
Supervised Visitation & Exchange Services

FAMILY INFORMATION

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Are you the Custodial Parent: Yes No

How many children are involved: \_\_\_\_\_ Ages: \_\_\_\_\_

Your Name: \_\_\_\_\_ Alias/Maiden: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Ph.: \_\_\_\_\_ Alternate Ph.: \_\_\_\_\_

**PLEASE NOTE, WHEN POSSIBLE TEXT MESSAGING WILL BE UTILIZED TO COMMUNICATE**

Email Address: \_\_\_\_\_

Date of Marriage/Union: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

Date Divorce Filed: \_\_\_\_\_ Date Divorced: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph.: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you have any medical problems: Yes No

If yes, please describe: \_\_\_\_\_

Car Make & Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

What is your understanding of the reason(s) for supervised visitation or exchanges?

---

---

---

---

Is there a history of overuse/abuse of alcohol? \_\_\_\_\_ Yourself \_\_\_\_\_ Other Parent \_\_\_\_\_ Both

Prescription drugs? \_\_\_\_\_ Yourself \_\_\_\_\_ Other Parent \_\_\_\_\_ Both \_\_\_\_\_

Illegal drugs? \_\_\_\_\_ Yourself \_\_\_\_\_ Other Parent \_\_\_\_\_ Both \_\_\_\_\_

Any Treatment History? \_\_\_\_\_ Yes If Yes, When? \_\_\_\_\_

How long since last use? \_\_\_\_\_

Can you provide copies of clean drug tests? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there a history of domestic violence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who was the perpetrator? \_\_\_\_\_ You \_\_\_\_\_ Other Parent

Were charges filed? \_\_\_\_\_ Yes \_\_\_\_\_ No Disposition: \_\_\_\_\_

Date(s) of charges filed, dismissed, sentence completed or probation/parole completed:

---

If still on parole/probation, name and phone # of officer: \_\_\_\_\_

Have you been ordered to receive an evaluation for anger management? \_\_\_\_\_ Yes

If yes, when and name of program: \_\_\_\_\_

Have you been formally charged with domestic violence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any current charges pending? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there a history of stalking? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many traffic infractions have you been cited for in the last 5 years? \_\_\_\_\_

Have you ever lost your driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No How long? \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

---

(Optional) Do you own firearms? \_\_\_\_\_ Yes \_\_\_\_\_ No (Optional) Carry Permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Case No.: \_\_\_\_\_ County: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney's Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Is there a protective order / restraining order currently in place? ☐ Yes ☐ No

**IF YES, A COPY MUST BE PROVIDED PRIOR TO THE COMMENCEMENT OF ANY SERVICES.**

When does the order expire? \_\_\_\_\_

Is there an expired order? ☐ Yes ☐ No When did it expire? \_\_\_\_\_

### SERVICE INFORMATION

What services are you in need of? ☐ Supervised Visitation ☐ Supervised Exchange  
☐ Parent Education ☐ Reunification Visitation

How often will you need this service? \_\_\_\_\_ Number of hours/week? \_\_\_\_\_ Hours/month  
\_\_\_\_\_ Number of days/week? \_\_\_\_\_ Number of weeks?

How were you referred? ☐ Court order ☐ Mediated agreement  
☐ Other agreement

**A COPY OF ALL COURT ORDERS OR AGREEMENTS THAT DESCRIBE THE SCOPE  
AND OR LIMITATIONS OF THE SERVICES TO BE PROVIDED MUST BE PROVIDED  
PRIOR TO THE START OF SERVICES.**

**THERE WILL BE NO EXCEPTIONS**

**IT IS THE RESPONSIBILITY OF THE PARTY RECEIVING SERVICES TO ENSURE THE  
PROGRAM HAS ALL SUCH NECESSARY INFORMATION**

Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

**CHILD INFORMATION**

Child 1 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Toilet Trained? \_\_\_\_\_ Yes \_\_\_\_\_ No Diaper/Pull-up size? \_\_\_\_\_

PLEASE NOTE THAT THE VISITING PARTY WILL BE RESPONSIBLE FOR THE DIAPERING AND TOILETING NEEDS OF THE CHILD(REN) DURING VISITATION UNLESS OTHERWISE SPECIFIED IN THE COURT ORDER OR AGREEMENT, OR IN THE CASE OF SEXUAL ABUSE.

Does your child(ren) have any physical challenges, developmental delays, mental health issues, dietary restrictions, allergies, or any other special health care needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What calms your child when upset? \_\_\_\_\_

\_\_\_\_\_

What has your child(ren) been told about why he/she is coming to supervised visitation/exchange? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Favorite foods, snacks, drinks, toys, activities of your child(ren)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information you'd like to add about your child(ren)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are the visiting party and do not know the above information, it is strongly suggested you ask your attorney to request this information from the custodial parent so you may be better prepared for the visits.

Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Leslie Howell- IDEA Consulting, LLC  
d/b/a

## Manatee Parenting Time Supervised Visitation & Exchange Services

### CLIENT FINANCIAL AGREEMENT

Unless otherwise specified in the Court Order or agreement, the visiting parent is responsible for all visitation and/or exchange fees. Each parent will be responsible for the fee for their own Intake & Orientation session. Report fees and testimony fees are the responsibility of the parent requesting such and must be paid in advance.

I, \_\_\_\_\_ agree to pay for the expense of a Professional Supervised Visitation or Monitored Exchange Service, as specified in the Court Order or agreement and as outlined in the visitation program providers fee schedule.

#### Fee Schedule for Supervised Visitation

\$75.00 Intake & Orientation (Per parent, one time, non-refundable, even if services are declined). Each parent pays for their Intake unless stipulated otherwise by parties or Court.  
\$40.00 per hour supervised visitation on site  
\$50.00 per hour supervised visitation off-site (Plus \$10 for travel greater than 5 miles)  
\$35.00 per hour for report writing

#### Fee Schedule for Supervised Exchange

\$50.00 Intake & Orientation (one- time, non-refundable even if services are declined)  
\$20.00 per supervised exchange on site  
\$30.00 per supervised exchange off-site (includes a travel fee of \$10.00; program reserves the right to limit distance traveled)

#### Other Fees

Cancellation Fee: \$40 (less than 24 hours notice); No-Show: \$40.00  
Staff admission to activities, such as museums, parks, etc. during the visitation is the responsibility of the visiting parent. Staff MUST pay for their meals.

\$75.00 per 90 minutes for holiday services (add \$25.00 for travel if distance greater than 10 miles). \$200.00 non-refundable testimony fee for each 1/2 day court appearance or \$400.00 for each full day whether testimony is given or not.

The staff observers are neutral observers in a structured and controlled environment. As such our role does not include making recommendations about whether the visitation should or

Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date Rec'd.: \_\_\_\_\_

should not be supervised. We are not mental health professionals. Any reports or testimony provided will not contain opinions of future visitations, or placement of the child. Only behaviors witnessed or statements heard directly can be testified to, but conclusions as a result of such behaviors or statements will not be drawn regarding placement, custody or supervision. If a client still wishes to ask program staff to testify, a subpoena is required but does not need to be served. Manatee Parenting Time will accept a subpoena via email or USPS, and acknowledgment will be provided. The fee must be paid in advance and will not be refunded unless: subpoena is dismissed; staff is notified 10 hours in advance. Expenses incurred, if any, in preparation for Court appearance will be deducted from the refund.

The fee for services that are terminated or ended early due to non-compliance with the Court Order or the program's policies and procedures is not refundable and is considered forfeited by the paying parent without regard to which party engaged in non-compliance. Our staff are not trained to mediate or decide financial reimbursement.

Payments are payable at the conclusion of a visit or Intake. Arrangements may be made for invoicing.

Acceptable methods of payment: cash, cashier's check, money order, Visa & MC credit/debit cards. Personal checks require prior approval.

Custodial Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Custodial Parent Signature: \_\_\_\_\_

Non Custodial Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Non Custodial Parent Signature: \_\_\_\_\_

Staff Member Conducting Intake: Leslie Howell Date: \_\_\_\_\_

Staff Signature: Leslie Howell

Manatee Parenting Time  
5190 26th St. W., Unit A  
Bradenton, FL 34207

Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: LH

Date Rec'd: \_\_\_\_\_



Toll Free (888) 698-4914 Fax (941) 798-2029 or (941) 795-4090  
Leslie Howell – IDEA Consulting, LLC  
d/b/a

**MANATEE PARENTING TIME**  
**Supervised Visitation & Exchange Services**

**RELEASE OF LIABILITY**

By signing this form I agree to hold harmless and release Leslie Howell-IDEA Consulting, LLC (d/b/a Manatee Parenting Time), and all individual staff members, both paid and volunteers, from any and all loss, damage, liability, injuries, medical conditions, and costs or expenses as may arise, or may be caused in any way by participation in visitation or exchange services. I understand that the staff will make every effort to provide for the safety of my child(ren), but cannot guarantee an outcome. I further understand that I assume all responsibility for any loss, damage, liability, injuries or medical complications from participations in supervised visitation services or exchange services in which my family or I participate. I have read and understand the above conditions for participation in the visitation or exchange service.

Leslie Howell, et al. severally and jointly, is fully indemnified from any legal action.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

Staff Member Conducting Intake: \_\_\_\_\_ Leslie Howell

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manatee Parenting Time  
Leslie@manateeparentingtime.net  
5190 26th St. W., Unit A  
Bradenton, FL 34207

Ph.: (941) 201-9352 Fax (941) 798-2029 or (941) 795-4090

Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Leslie Howell-IDEA Consulting, LLC d/b/a  
MANATEE PARENTING TIME  
Supervised Visitation & Exchange Services

## RELEASE OF INFORMATION

We value all of our clients' privacy and take steps to ensure your records are maintained in a secure environment. We require your written consent to release your information. If you choose at a later date to rescind this authorization, you will need to provide that request in writing.

PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Fax: \_\_\_\_\_

I AUTHORIZE Leslie Howell-IDEA Consulting, LLC (d/b/a Manatee Parenting Time) or assigned staff member to release written reports and/or to share information verbally and/or share information electronically including by fax or by email regarding supervised visitation services, parent coaching services, and/or supervised exchange services and/or to receive information via electronic means including fax or email and/or verbally shared information for purposes of determining a clients' continued engagement in court ordered services such as anger management classes, AA, NA, therapy, drug testing, or any other service whether court ordered or voluntarily engaged in for risk management and/or assessment needs of the program.

Attorney: \_\_\_\_\_ Ph.: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Mental Health Professional: \_\_\_\_\_ Ph.: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Parenting/Anger Management Instructor: \_\_\_\_\_ Ph.: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph.: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

DCF Case Manager: \_\_\_\_\_ Ph.: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

I understand that once the requested information is disclosed pursuant to this Authorization, that Leslie Howell will no longer have control over the information and there is a potential that it may be re-disclosed by the recipient and will no longer be protected by the privacy rules. I hereby release Leslie Howell –IDEA Consulting, LLC D/B/A Manatee Parenting Time, from any liability due to the release of information.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Name: Leslie Howell Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Leslie Howell – IDEA Consulting, LLC  
d/b/a  
MANATEE PARENTING TIME  
Supervised Visitation & Exchange Service

**VISITATION PLAN AND AGREEMENT**

(To be completed and signed once a consistent schedule is determined.)

Visiting Parent Name: \_\_\_\_\_

Custodial Parent Name: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_ Age: \_\_\_\_\_; \_\_\_\_\_ Age: \_\_\_\_\_;

\_\_\_\_\_ Age: \_\_\_\_\_; \_\_\_\_\_ Age: \_\_\_\_\_

Visitation Supervisor/Facilitator/Coach Name: \_\_\_\_\_

Visitation Supervisor/Facilitator/Coach Cell Ph.: \_\_\_\_\_

**Visit Frequency:**

\_\_\_\_\_ 1 x p/week \_\_\_\_\_ 1x p/ month \_\_\_\_\_ Other: \_\_\_\_\_

**Visit Length:**

\_\_\_\_\_ 1 hour \_\_\_\_\_ 2 hours \_\_\_\_\_ hours p/week \_\_\_\_\_ hours p / month

Other: \_\_\_\_\_

**Visit Time:**

\_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm

**Visit Location:**

\_\_\_\_\_ Visits at the Manatee Parenting Time facility

\_\_\_\_\_ Visits in the community

(not all cases will be eligible for off-site visits, but all visits will begin at the facility and if/when approved, visits may move off-site )

**Arrival Time of Residential/Custodial Parent:** \_\_\_\_\_ (Early is not an option and park in designated area)

**Arrival Time of Visiting Parent:** \_\_\_\_\_, which shall be 15 minutes prior to schedule start of visit.

**Transportation:** The custodial parent or designee is responsible for transportation of the child to and from visitations.

**Cancellation or Late Arrival Procedure:** Either party needing to arrive late or cancel a visit is to notify your Visitation Facilitator/Supervisor/Coach as early as possible.

**Visitation Purposes/Goals:** To ensure your child has a safe environment with meaningful opportunities to interact with their visiting parent so the child and parent may continue, develop, strengthen or repair their relationship.

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Facilitator/Coach Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Leslie Howell – IDEA Consulting, LLC  
d/b/a  
MANATEE PARENTING TIME  
Supervised Visitation & Exchange Service  
Leslie@manateeparentingtime.net

## POLICIES

### Gift Giving Policy

Gifts are generally not allowed. Unless otherwise stated in the Court Order or party agreement, gifts given or purchased during supervised visitations are to be approved by the facilitator/supervisor for age/stage appropriateness. Parents are discouraged from providing gifts at each visit. Gifts will be documented. Gifts brought to the visitation become the property of the child. If not age appropriate the gift will be returned to the visiting parent at the end of the visit.

Cell phones, computers and tablets may not be given as gifts as the staff cannot verify the contents, programs, games or messages which may already have been downloaded.

Exceptions will only be allowed with the written permission of the custodial parent. Violations will be documented and submitted to the Court as a critical incident of non-compliance.

Gifts brought to the visit are to be in the unopened original retail packaging for inspection. Any gift wrapping must be done at the facility after inspection has taken place. If the gift requires batteries, only the supervisor will open the packaging and insert the batteries. If batteries are forgotten, the gift will not be given to the child until the next visit when batteries are brought by the visiting parent. If a gift is brought without the original packaging, it will be refused and confiscated until the child has left the premises.

### Confidentiality

We maintain strict confidentiality and do not release information regarding your case without proper authorization.

You are requested to maintain confidentiality regarding any families or children you may see when on the premises of the visitation facility.

### Mandatory Reporting

It shall be the policy of Manatee Parenting Time to strictly comply with Florida Statutes 39.201 which states:

Parent Initials:

Date:

Staff Initials:   LH  

Date Rec'd:

(1)(a) Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2)(b).

(2)(b) Any person who knows, or who has reasonable cause to suspect, that a child is abused by an adult other than a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(c) Any person who knows, or has reasonable cause to suspect, that a child is the victim of childhood sexual abuse or the victim of a known or suspected juvenile sexual offender, as defined in this chapter, shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

(d) Reporters in the following occupation categories are required to provide their names to the hotline staff:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;
2. Health or mental health professional other than one listed in subparagraph 1.;
3. Practitioner who relies solely on spiritual means for healing;
4. School teacher or other school official or personnel;
5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;
6. Law enforcement officer; or
7. Judge.

All staff, whether paid or volunteers are required to report suspected child abuse, neglect or maltreatment to law enforcement Child Protective Services authorities, the Courts and the Department of Children and Families. There are no exceptions...this is the **LAW**.

### **Cancellation / No Show**

If a visit is canceled by either party, the party canceling is responsible for payment of the cancellation fee, or as directed by the Court. A 'no-show' party is responsible for 1st hour of visit fee, or as otherwise directed by the Court. If the fee is not paid, no further visits will be scheduled until such payment is received. Two (2) cancellations within a four (4) week period may result in a temporary suspension of two (2) weeks. Two (2) consecutive cancellations may result in a termination of services or, a requirement of fees to be paid one (1) month in advance.

Parent Initials:

Date:

Staff Initials: LA

Date Rec'd:

### **Late Arrival**

If the supervisor is late, due to scheduling constraints and services with other families, the visitation will be extended and will end after the prescribed time.

If either parent is late more than ten (10) minutes without notification to the supervisor, the visit is considered canceled by the late party. This time will not be made up and a No-Show fee is imposed. Two (2) late arrivals without notice of ten (10) minutes within a four (4) week period may result in a suspension of services. It may also be an indication that the scheduling may need to be adjusted, unless the parents' habitual tardiness is due to irresponsibility.

### **Inclement Weather**

Program closures will follow the Manatee County School system closures. Visits scheduled for off-site may be re-directed back to the facility so long as it does not interfere with visits scheduled to be held at the facility. Visits canceled due to weather will be rescheduled as soon as possible and any advanced fees paid will be carried forward and not forfeited.

### **End of Service**

If services are no longer required by Court order, mediation or other agreement, please notify the staff. Do not rely on the Court, your attorney or the other parent to do so.

### **Record Keeping**

We will keep a record (hardcopy or electronic) for each case that includes but may not be limited to the following:

- Both parents' intake packets ( when an Injunction for Protection or No Contact order is in place, the parents' information is kept in separate files)
- A written report to include:
  - ✓ date, time, location, duration and attending visitors;
  - ✓ summary of activities during visit
  - ✓ actions taken by supervisor, if any, to include interruptions, interventions, terminations and reasons for such actions
  - ✓ account of critical incidents such as physical / verbal altercations / threats / violations of protective or court visitation orders;
  - ✓ any non-compliance with the terms, policies and conditions of the visitation program
  - ✓ any incidence or disclosure of abuse or neglect as required by Florida Mandatory Reporter Law
  - ✓ specific goal set by visiting parent to improve quality of interaction
  - ✓ improvement or decline in parenting skills as observed and contrasted ONLY with prior observations of same individual (only significant declines are noted, not 'off' days)
  - ✓ Information exchanged between the parents, e.g., report card, new doctor, accident, extra-curricular activities, etc.

Parent Initials:  

Date:  

Staff Initials: LA

Date Rec'd:

- ✓ lack of safety child restraints in transporting vehicle
- ✓ inappropriate or counter-productive behavior/statements of either parent that undermines the process of supervised visitation for the child
- ✓ significant positive behavior/statements by either party that suggests improved co-parenting (when applicable, such as reunification visitation)

Some reports will be more basic in documentation, while others will be more extensive, depending on multiple factors that may be unique to each family, such as location of visit, length of visit, comfort levels of participants, etc.

At the request of the Court, or at the discretion of the supervisor, the visit(s) may be recorded at any given time.

All reports of parent/child contact will contain, at a minimum:

- ✓ Case/Client identifier;
- ✓ Person transporting child to visit;
- ✓ Person supervising/monitoring visit/exchange;
- ✓ Authorized observers (trainees, Guardians ad Litem);
- ✓ Date, time and length of visit;
- ✓ Location of visit; punctuality of parties;
- ✓ Participants in the visit (siblings, extended family members, pets);
- ✓ Description of critical incidents, if any, and if so action taken;
- ✓ Account of ending a visit early & why; temporary suspension of visit & why/how long, along with the reasons for such action(s).

### **Medication Administration**

It is preferred that visits not be scheduled during a time of medication administration, but if such is unavoidable, then the visiting parent will be responsible for the administration of medication. The medication must be in the original container with dosing instructions clearly legible. The staff should be informed during the Intake of such medications, such as Epi-Pen (for allergies) or Inhalers (for asthma). These items are to be transported back and forth with the child at each visit as Manatee Parenting Time cannot be responsible for storage of medications. The custodial parent is responsible for instructions to the supervisor for monitoring proper administration by the visiting parent.

### **Transportation**

Manatee Parenting Time does not transport children or parents.

### **Warrants/ Arrests**

It is the policy of Manatee Parenting Time to suspend all visits upon learning of a warrant issued. Many of our children have witnessed much conflict that includes law enforcement and the sight of a marked car or a uniformed officer can be very upsetting to them. It can be equally or more upsetting to children to witness a parent being handcuffed and taken into custody, even if it's not their parent. Verifiable resolution of any such warrants must be provided to staff before scheduling of visits will be resumed.

Parent Initials:  

Date:  

Staff Initials:   LH  

Date Rec'd:

### **Illness**

If you are ill or your child is ill, please cancel the visit as there are clients with compromised immune systems for whom a simple cold could potentially pose a serious or life-threatening situation. For the same reasons, if the supervisor is ill the visit will be canceled, but made-up.

### **Food**

Due to COVID 19, the only food allowed must come from the child's home. Please do not bring ANYTHING with red food dye. Caffeine or highly sugared food or drink items are not allowed without advance permission.

### **Toileting/Diapering**

Diapering and toileting is the responsibility of the visiting parent unless otherwise ordered by the Court or in cases of known sexual abuse or active investigation by law enforcement regarding allegations of sexual abuse. In such cases, the supervisor will be responsible for such but the visiting parent is responsible for providing diapers, wipes, etc., nonetheless.

### **Insurance**

IDEA Consulting, LLC (d/b/a Manatee Parenting Time) maintains professional and general liability insurance coverage designed specifically for the operation of supervised visitation.

### **Critical Incidents**

A 'critical incident' as used by Manatee Parenting Time Visitation & Exchange is defined as:

- any statement/behavior/action on the part of an adult that serves to endanger the child emotionally or child and/or staff physically, whether by design or accidental;
- any repeat of a negative behavior/statement that a parent has been previously warned not to repeat if such statement/ behavior serves to threaten the child, staff or other parent;
- any threat of violence by body language (posturing) or statement, optical depiction that places any child, parent or staff member in potential danger;
- any incidence of judgment so poor in nature as to endanger the physical or emotional well-being and safety of any participant, bystander or staff member.
- any action/statement/behavior that substantially diminishes the quality or potential for quality interaction between the parent and child, as perceived by the supervisor;
- any incident which necessitates the termination of the remainder of the visit by the supervisor due to a perceived danger to a participant;
- any incident which, in the opinion of the supervisor would require that a scheduled visit not commence, due to a perceived danger to a participant;
- any outstanding warrant the program becomes aware of. (refer to policy on Warrants/ Arrests)

### **Termination of Services**

Services will be terminated as a result of any threat made to any participant, including staff members, repeated violations of policy or procedure. If services are to be terminated, each

Parent Initials:

Date:

Staff Initials: LA

Date Rec'd:



parent will receive written notice of the termination, along with the reasons and any conditions that may make the case eligible for re-entry, if such conditions are met. This written notice will also be sent to the Courts and/or the referring source. Any supporting documentation such as text messages or emails will be maintained in the program's case file with the termination letter.

### **Decline of Services**

Manatee Parenting Time is a low-risk facility and our services are designed to handle a lower level of inappropriate behavior risk and security needs. Additionally, cases involving certain issues such as sexual abuse require additional training and additional structure and procedures and may be declined if resources are felt inadequate. As a result these cases are generally declined due to the exorbitant fees that would need to be charged to provide the additional security, even though the program director possesses the additional training to accept such cases it isn't always cost effective for the participant. These cases may be accepted on a case by case basis. It is the policy of Manatee Parenting Time to decline cases that place an undue burden on the program's resources or whose needs are greater than the resources or training available to accommodate those visits.

### **First Aid**

Manatee Parenting Time has a first aid kit and a CPR kit at the facility. It is the responsibility of the visiting parent to provide first aid for minor injuries such as scrapes and cuts. If the visiting parent seems unwilling or unable to provide such, the supervisor will intervene and provide basic first aid, e.g. cleansing, band aid, ice, etc., and if deemed appropriate, contact 911.

### **Internal Case Review**

All active cases are reviewed monthly to ensure information is accurate and complete.

### **Cell Phones**

Cell phone use during visits may be allowed on a case by case basis for purposes of taking photographs of the child and parent if there is no prohibition contained in the Court Order or objection from the custodial parent. In such cases, the supervisor will handle the phone and take the photographs, or the supervisor's phone will be used and the photos forwarded. **This does not apply in cases of sexual abuse, known or suspected, or when there is a Protection/No Contact/Restraining Order. In these cases cells phones MUST be left in the visiting parents' vehicle or turned over to the supervisor to be secured for the duration of time the child is on the premises of the visit.**

### **Photographs**

Photographs may be taken at the discretion of the supervisor if there is no restriction by Court Order or there is agreement between the parents'. In such cases, the supervisor will operate the camera or cell phone camera.

Photographs may be taken by the staff of the following as deemed appropriate/necessary: a participant's vehicle; a participant (visiting parent); or the visiting child (for purposes of identification only). When services are terminated or no longer needed, any photographs of

Parent Initials:

Date:

Staff Initials:   LH  

Date Rec'd:

children are removed from the file and destroyed even though the records are maintained for several years. Photographing staff members is strictly prohibited.

### **Vehicle Inspections**

Staff reserves the right to inspect a visiting parents' vehicle if there is reason to believe there may be drugs, alcohol or weapons that the parent may attempt to smuggle into the visit facility or location.

### **Keys**

Visiting parents' may be asked to surrender their vehicle keys to the supervisor for the duration of the time the child is on the premises for the visit.

### **Child Safety Restraints**

The custodial parent or their designated transporting party must utilize appropriate child car safety restraints. The facilitator will observe for this when escorting the child to and from the transporter's vehicle. Children will not be released to a party not having proper safety restraints even if they are the custodial parent.

### **Intoxication**

If any staff member suspects either parent to be under the influence of any drug, whether illicit, or prescription, to a point of intoxication, or alcohol, that staff member may cancel the visits at that time and ask the parent to submit to a Breathalyzer. The parent is not required to submit and a Breathalyzer is not required for the Supervisor to cancel the visit. The parent may be asked to provide a professional lab negative drug test prior to resuming visitation.

If a staff member suspects a transporting parent to be impaired due to alcohol or drugs, whether prescription or illicit, the child will not be released to that parent. The staff member will offer to call Uber, a cab, or someone else the parent designates and the child will remain with the staff member until the cab, Uber or other sober individual arrives.

If testing is included in the visitation Order, a refusal will be considered as a positive test that will terminate the current visit and may affect future visitations. All test results are documented and maintained as confidential. The Breathalyzer results as used by Manatee Parenting Time, are informational only for purposes of supervised visitation.

### **Recording Visits**

Parents may not record visits. The visitation facility does have video and audio recording equipment which may be operating at any time deemed necessary or appropriate by the staff or when requested by the Court. **Participants agree to be recorded.** \_\_\_\_\_ (Initials).

### **WEAPONS**

**THERE WILL BE NO WEAPONS ON THE PREMISES OR ANY LOCATION AT WHICH A VISIT TAKES PLACE. NO EXCEPTIONS. A CARRY PERMIT IS NOT AN EXCEPTION. A LAW ENFORCEMENT OFFICER MAY NOT KEEP THEIR WEAPON ON THEIR PERSON UNLESS THEIR PRESENCE AT THE VISIT IS FOR THE PURPOSE OF SECURITY. "Weapons" includes anything that could be used to cause injury or threat of injury to any participant or staff member.**

Parent Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials:   LH  

Date Rec'd: \_\_\_\_\_

**ALL PARTIES ARE EXPECTED TO ADHERE TO THE POLICIES STATED ABOVE,  
PLEASE FAMILIARIZE YOURSELF WITH THEM.**

**Manatee Parenting Time reserves the right to waive any policy and/or modify  
any procedure in an effort to provide more individualized service to families,  
unless doing so interferes with the safety of any or all participants.**

How long do you expect to use supervised visitation / exchange?

---

---

---

Write down any questions...

1. 

---
2. 

---
3. 

---
4. 

---
5. 

---

Parent Initials:

Date:

Staff Initials:   LH  

Date Rec'd:

Additional participants in a visitation require the approval of the supervisor, custodial parent and the program director, unless there is a Court Order that prohibits or allows the visiting parent to bring additional participants. Unless the Court states otherwise, the supervisor reserves the authority to limit the number of additional participants. In general, additional participants are discouraged as the supervisor must document behavior and language between people other than the primary focus: the child and the visiting parent. However, sometimes it is appropriate.

*Manatee Parenting Time reserves the right to waive, modify or add a policy or procedure as deemed appropriate. The following are the primary reasons, but not all of the possible reasons:*

- *Safety of any participant, staff or bystander;*
- *Quality of the parent-child contact;*
- *Specific request(s) of participants (if deemed appropriate);*
- *Special needs of a participant;*
- *Compliance of one or both parents.*

Parent Initials:           

Date:           

Staff Initials:   LH  

Date Rec'd:

**KEEP THIS FORM FOR USE IF YOUR INFORMATION CHANGES.**

## Manatee Parenting Time Supervised Visitation Policy & Information Update

Child(ren)'s Last Name: \_\_\_\_\_ # of children in visitation: \_\_\_\_\_

Residential Parent Name: \_\_\_\_\_

Judge | Magistrate: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ **There have been no changes to my home address, contact information or attorney.**

\_\_\_\_\_ **There have been changes to my home address, contact information or attorney.**

- My new address is: \_\_\_\_\_.
- My new email address is: \_\_\_\_\_.
- My new phone number is: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.
- My new email address is: \_\_\_\_\_@\_\_\_\_\_.
- My new attorney's name & phone is: \_\_\_\_\_.

Phone No.: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or email

\_\_\_\_\_@\_\_\_\_\_.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE READ THE ATTACHED PAGES FOR POLICY UPDATES. ALL UPDATES ARE  
EFFECTIVE IMMEDIATELY UPON NOTIFICATION OR THE DATE PUBLISHED.**

Case Name: \_\_\_\_\_

Case No.: \_\_\_\_\_

**Policy Regarding Access to Records and Documentation Collected  
and/or Maintained by Manatee Parenting Time.**

*Records and documentation generated, collected, or maintained by Manatee Parenting Time containing information specific to the 'other' parent are accessible only in the following manner:*

*SUBPOENA...issued by either parties' attorney. Subpoena's do not need to be served by a process server. They can be emailed to: [leslie@manateeparentingtime.net](mailto:leslie@manateeparentingtime.net). An acknowledgment email will be provided. A subpoena may also be faxed to: 941-798-2029 (please provide an email address or phone number for acknowledgment).*

*A parent may request to review their own file through written request from their attorney. Any information regarding the 'other' parent will be removed from the file prior to review.*

*Depending on the size of the file there may be a cost of duplication or gathering that applies. This cost, if any will be assessed to the party issuing the subpoena or the party requesting a copy of their own file.*

**THIS UPDATE SUPERCEDES, REPLACES, MODIFIES OR NULLIFIES ANY AND ALL PREVIOUS POLICIES OF THIS AGENCY REGARDING ACCESSING OF RECORDS.**

*LH*

## Miscellaneous Policy Information

- Except for card giving occasions, such as Father's Day, Mother's Day, Birthday's, etc., children will not be allowed to pass or provide written communication to the visiting parent. Any such cards, whether handmade or store bought, must be approved by the staff and may be photocopied for documentation prior to presentation to the visiting parent.
- Staff reserves the right to develop additional policies specific to a family's needs, provided those policies are directly related to the safety of any or all participants, including staff; directly related to the comfort/trust level of the child(ren); participants are provided written notice.
- Manatee Parenting Time will no longer allow gift giving before, during or after visits as a matter of policy. Exceptions may be considered on a case by case basis for standard gift giving occasions such as graduations, birthdays, etc., and the request is made no less than one week in advance.
- Off-site visits will no longer be held at Chuck E. Cheese's for more than one visiting child (*children inevitably want to go in different directions and the distractions are just too great.*).
- NO CHOCOLATE.
- The supervisor may waive any policy that does not:
  - directly reduce the safety of any participants;
  - contradict any provision of a court order;
  - provide direct benefit only to one parent or another.

*Thank you for your cooperation. The staff of Manatee Parenting Time*

SIGN HERE

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date