Note: This is a stand-alone document that may be changed between case planning conferences. Each visit shall be documented on a visit log. See Section 3237 of the DCF PPM regarding visitations.								
Child's Name:	Date:			FACTS Case #				
Worker-Parent Contact: 1x per month			Not	Applicable				
1. Effective Date:	ctive Date:			# Visits per month:				
Participants:								
Arrangements: (transport, location, time,	duratior	n, oth	er restriction	IS)				
2. Effective Date:		#\	# Visits per month:					
Participants:								
Arrangements: (transport, location, time, duration, other restrictions)								

Worker-Child Contact: Mandatory 1x per month					
1. Effective Date:	# Visits per month:				
Participants:					
Arrangements: (transport, location, time, duration, other restrictions)					

Worker-Sibling Contact: Mandatory 1x per month					
1. Effective Date:	# Visits per month:				
Participants:					
Arrangements: (transport, location, time, duration, other restrictions)					

Child-Sibling Visitation: Mandatory 2x							
monthly		Not applicable		Siblings Placed Together			
1. Effective Date:	# Visits per month:						
Participants:							
Arrangements: (transport, location, time, duration, other restrictions)							
If interactions are not occurring (therapeutic, court order) or are not in-person (i.e. by phone, mail electronic) explain why:							
CC: All affected parties							

