

# Family Time Schedule

This stand-alone form may be updated at any time. This form supports a shared understanding of the frequency, scheduling details, and any restrictions for family time. When family time occurs, the case management provider will log the details of those connections separately. See DCF PPM 3237 Family Time and Sibling Connections for more information.

## Child Information

Name:

FACTS Case #:

## Updates

Date this form was completed or updated:

Which schedule was updated and why?:

## Family Time

*(See PPM3237 Family Time and Siblings Connections)*

*Use one section when parents have family time together. If arrangements differ, record each parent separately.*

Parent Name:

Name of second parent when Family Time occurs together:

Parent Name:

Effective Date of this Family Time Schedule: \_\_\_\_\_

Restrictions:  Supervised       Unsupervised       Other(specify below)

Arrangements: (transport, location, time, duration, other restrictions)

If Family Time is not occurring weekly or is not occurring in-person, explain why:

# Family Time Schedule

If Family Time requires supervision, describe the risk to the child if they were allowed unsupervised time with their family:

Provide the case plan task(s) associated with addressing this risk so visits may progress to requiring less supervision:

## Family Time

*(See PPM3237 Family Time and Siblings Connections)*

Parent Name:

Effective Date of this Family Time Schedule: \_\_\_\_\_

Restrictions:  Supervised       Unsupervised       Other(specify below)

Arrangements: (transport, location, time, duration, other restrictions)

If Family Time is not occurring weekly or is not occurring in-person, explain why:

If Family Time requires supervision, describe the risk to the child if they were allowed unsupervised time with their family:

Provide the case plan task(s) associated with addressing this risk so visits may move to unsupervised:

# Family Time Schedule

## Sibling Connections

*(See PPM 3237 Family Time and Siblings Connections)*

### Sibling Connections

Not Applicable

Siblings Placed Together

Effective Date of this Sibling Connection Schedule: \_\_\_\_\_

Number of connections occurring each month: \_\_\_\_\_

Who will participate in the child-sibling contact:

\_\_\_\_\_

Arrangements: (transport, location, time, duration, other restrictions)

If interactions are not occurring two times per month or are not in-person explain why:

This form shall be provided to all affected parties, DCF Foster Care Liaison, and GAL after every update.

