



State of South Carolina

Department of Social Services

Child Welfare Policies and Procedures: Chapter 5 Foster Care

Subject:	510.3 Family Visitation
Authority:	<u>S.C. Code Ann 63-7-1660, S.C. Code Ann 63-7-1680, S.C. Code Ann 63-7-2310; Group Home Licensing Regulation 114-590</u>
Standards:	<u>South Carolina Practice Model: Guiding Principles and Standards (GPS)</u>
Application:	Foster Care Case Managers and Supervisors; Adoption Specialists and Adoption Supervisors
Purpose Statement:	
To set forth policy and procedures for visitation between a child or youth in foster care and the child or youth's biological parent(s), non-custodial parent(s), guardian(s), sibling(s), family members, and other significant person(s). The frequency and duration of either type of visitation will respect the individualized needs of the child, youth, and family. Decisions regarding the level of visitation supervision will be based on the safety and well-being of the child or youth or as directed by the court. Frequent and consistent visitation is a fundamental right of the children, youth, and families served by South Carolina Department of Social Services (SCDSS) when the child or youth is in out-of-home care.	
Policy Statement:	
Visitation between a child or youth and the child or youth's biological parent(s), non-custodial parent(s) or guardian(s) occurs no less than two (2) times per month and more frequently when appropriate and possible, unless a court order indicates an alternative plan of visitation or prohibits visitation from occurring. Visitation between a child or youth and the child's or youth's sibling(s) when separated occurs no less than one (1) time per month and more frequently when appropriate or possible unless a court order indicates an alternative plan of visitation or prohibits visitation from occurring. In effort to preserve connections, the case manager makes monthly concerted efforts to facilitate visitation between a child or youth and the child's youth's relatives, and other identified significant persons to the child or youth and family, unless a court order indicates an alternative plan of visitation or prohibits visitation from occurring.	
Definitions:	
Caregiver: The person a child, youth or young adult in the care, custody, or guardianship of SCDSS is placed with for emergency, temporary or long-term care. This person is responsible for the child's daily care in the placement setting (i.e., kinship caregiver, fictive-kin caregiver, foster parent, group care provider, etc.). Case Manager: Child Welfare certified staff with a classification of Caseworker I or above.	

Child or Youth: a person under the age of eighteen in the care, custody, or guardianship of SCDSS.

Child and Family Team (CFT): A group of family members, fictive kin, friends, professionals, and other invested stakeholders who join together to support a family, provide protection, and develop a Family Permanency Plan for the child to achieve safety, permanency and well-being. The team includes the child when developmentally appropriate. Other members of the team are chosen by the family.

Child and Family Team Meeting (CFTM): A family-centered, culturally-responsive, goal-oriented, problem solving process that brings together the Child and Family Team to make decisions about the safety, permanency, and well-being of their children in the development of an individualized Family Permanency Plan.

Clinical Judgment: A clinical decision issued by a Licensed Practitioner of the Healing Arts (LPHA) within the scope of their practice under SC State Law and that is not an employee of the SCDSS. The LPHA's name, professional title, signature, and date must be listed on the document to confirm the clinical decision. Approved LPHAs are designated by Medicaid.

Family Permanency Plan (Formerly Case Plan/Service Plan/Treatment Plan/Placement Plan): The sole plan developed collaboratively with the family to describe the reasons for SCDSS involvement, and the actions and services required to change behaviors and reduce safety concerns and risks, and promote the safety, permanency, and well-being of the child and family.

Guardian: An adult, other than a parent, from whose placement and care the child was removed and with whom SCDSS is working toward reunification.

Interstate Compact on the Placement of Children (ICPC): a contract among all 50 U.S. states, the District of Columbia and the Virgin Islands providing protection and support services for children moved between U.S. states when the court has jurisdiction over the child.

Licensed Practitioner of the Healing Arts (LPHA): health practitioner enrolled in the South Carolina Medicaid Program and licensed in South Carolina to diagnose and treat individuals with a physical or mental disability or functional limitations and operating within the scope of practice defined in South Carolina law. This includes:

1. Licensed Physician,
2. Licensed Psychiatrist,
3. Licensed Psychologist,
4. Licensed Psycho-Educational Specialist,
5. Licensed Advance Practice Registered Nurse,
6. Licensed Independent Social Worker – Clinical Practice,
7. Licensed Physician Assistant,

8. Licensed Professional Counselor,
9. Licensed Marriage and Family Therapist

Non-Custodial Parent: The parent who does not have custody of the child. This includes a parent who is not the primary custodian of the child when there is a joint or shared parental relationship.

Parent: Mother or father, whether biological or adoptive, from whom the child was removed and with whom the agency is working toward reunification.

Placement Setting: The physical residence of a child, youth, or young adult in the care, custody, or guardianship of SCDSS. This includes a licensed foster or kinship home, therapeutic foster home, unlicensed relative placement, group home, congregate care facility, psychiatric residential treatment facility, and juvenile detention center.

Siblings: Children who have one or more parents in common biologically, through adoption, or through the marriage of their parents, and with whom the child lived before the child's foster care placement.

Visitation: An intentional face-to-face interaction intended to reduce trauma, increase bonding and attachment between those participating in the interaction, strengthen the family and move the family toward permanency. Visitation occurs between a child and the child's:

1. parents, non-custodial parents, guardians
2. siblings
3. relatives and fictive kin
4. other significant persons

Visitation Plan: A plan detailing the duration and frequency of interaction between a child and the child's parents, guardians, separated siblings, other family members, and other significant person in the child's life. This plan is developed with the Child and Family Team.

Procedures:

A. Visitation Planning	1. Planning for visitation by SCDSS starts before the visitation is scheduled and continues during and after the visitation occurs. Planning for visitation is a collaborative effort of the Child and Family Team. The Visitation Plan will be family centered, trauma informed, individualized, strength based, and culturally responsive. (Refer to GPS Case Manager Practice Profile- Visitation (Child and Parent; Sibling), CFTM Policy and Family Permanency Plan Policy)
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	2. Safety and risk factors related to the reason for SCDSS involvement are not determinative of whether visitation occurs, but influence the level of visitation supervision, location of the visit, and the level of support the child, parent(s) and sibling(s) will need before, during, and after the visit. 3. The Visitation Plan is initiated at the CFTM. The Visitation Plan is completed within thirty (30) days of the child entering foster care but continues to be evaluated by the CFT throughout the life of the case. 4. The Visitation Plan is created in the CAPSS Visitation Tab. The Visitation Plan details the type of visitation, visitation frequency, the duration of the visit, and the level of supervision. A copy of the Visitation Plan is provided to the child (as developmentally appropriate), parent(s), non-custodial parent(s), guardian(s), and caregiver(s). 5. In addition to visitation, other communications such as text messages, phone calls, emails, social media messages, and/or video calls are to occur between a child or youth in foster care and the child's or youth's biological parent(s), non-custodial parent(s), guardian(s), sibling(s), family members, or other significant person(s) unless prohibited by court order. These communications will be encouraged with consideration to age, development and available technology and incorporated into the Visitation Plan. The communications must consider the level of supervision determined as part of the Visitation Plan. 6. Visitation planning is driven by the child/youth and family and supported by the CFT. The CFT regularly reviews the Visitation Plan to assess progress toward visitation goals and evaluate the current level of supervision. The Visitation Plan is reviewed by the Child and Family Team at every CFTM.
B. Visitation Supervision	1. There are four levels of visitation supervision: therapeutic, supervised, monitored, and unsupervised. a. The highest level of supervision is the therapeutic level of visitation which is facilitated by a Licensed Practitioner of the Healing Arts (LPHA) and is used when there are existing attachment, relational or transition concerns between a parent and child(ren)

	and/or sibling(s). Therapeutic visitation may be court ordered, recommended by a Licensed Practitioner of the Healing Arts (LPHA) working with the child, parent, guardian, or sibling; or recommended by SCDSS. b. The supervised level of visitation supervision is facilitated by a case manager and is used when safety concerns warrant the necessary assessment of parental capacity and/or sibling interaction by SCDSS during the visitation. c. The monitored level of visitation supervision is recommended when there are current risks and it is necessary for the case manager or an adult approved by SCDSS to conduct intermittent observational assessment of parental capacity and/or sibling interaction. d. Unsupervised visitation is the least restrictive level of visitation supervision. The parent(s), non-custodial parent(s) or guardian(s) may have visitation alone with the child when there are reduced safety and risk factors and increased parental protective capacity. 2. When visitation requires supervision (i.e., therapeutic, supervised, monitored), objective measurable goals are identified by the CFT as part of the Family Permanency Plan to determine what the family is to accomplish in order to reduce visitation safety threats, build protective capacities, and move to the next least restrictive level of visitation supervision.
C. Visitation Documentation	1. The case manager documents and verifies the occurrence of a visit no matter the level of supervision. Documentation must include the following: a. Participants, date, location, and duration of the visit; b. Preparation for the visit; c. Account of what happened during the visit; d. Activities during the visit and who participated; e. Interactions between participants (level of affection); f. Assessment of safety and risk; g. Extent to which parent(s) exercised their role (setting limits, engaging the child or youth, understanding the child or youth's needs); h. Any coaching or intervention that took place; i. How the parent(s) and child separated at the end of the visit; j. What happened after the visit – both the parent(s) and child's reactions;

	k. A description of the debriefing held with the child and/or parent(s); l. An assessment of progress and barriers; m. Plans for follow-up. n. For therapeutic visitation, the case manager also references and uploads all available therapeutic notes of the visitation from the LPHA into the case record. 2. When the case manager is not directly supervising a visit, the case manager verifies that the visit occurred as scheduled and obtains information from all parties and/or documentation of the visit sufficient to assess parent progress toward goals and to take needed actions to promote safe and quality visits. 3. The case manager reviews visitation documentation entered by a caregiver into the CAIP and/or Kaleidicare access portals to confirm that all necessary information is entered. The case manager collects and documents missing, required information along with actions the case manager took related to visit preparation, debriefing and follow-up. 4. The case manager initiates and completes the Visitation Plan in the CAPSS visitation tab within thirty (30) days of the child entering foster care and continues to update and complete the Visitation Plan throughout the life of the case. The case manager documents the visitation occurrence or non-occurrence (i.e., no-show or cancellation) as a planned visit in the Visitation Tab. 5. The case manager documents the occurrence of any visit outside of the established Visitation Plan as an “unplanned” visit.
D. Supervisor Case Consultation	1. The Supervisor provides support and guidance to the case manager to promote consistent and frequent monthly visitation between a child in foster care and the child’s parents, non-custodial parents, guardians, separated siblings, relatives or other significant persons. 2. Through review of management reports the supervisor monitors the occurrence and frequency of visitation between the child, and the child’s parent(s), guardian(s),

	separated siblings, family members, or other significant person(s). 3. The supervisor evaluates the quality of visitation documentation through periodic case reviews and provides feedback during monthly case consultations. 4. The supervisor provides practice guidance, modeling, and coaching to the case manager to increase the occurrence, frequency, and quality of visitation and improve the quality of visitation documentation. 5. The supervisor provides guidance to the case manager about any recommended changes to visitation by an LPHA or concerns related to therapeutic visitation such as: a. LPHA cannot accommodate the required two (2) visits per month between a child and parent or the required one (1) visit per month between a child and the child's sibling. b. Family needs more than the required two (2) visits per month and there are options for facilitating more than the required two (2) visits per month. c. LPHA recommends no visits outside of therapeutic visitation and cannot accommodate the required two (2) visits per month between a child and parent or the required one (1) visit per month between a child and the child's sibling.
Forms:	DSS Form 30263 – Caregiver/Provider Documentation of Visitation
Resources:	Quality Visitation Guide GPS Case Manager Practice Profile GPS Team Leader Visitation Practice Profile Family Permanency Plan Policy
Related Management Reports:	Visitation Tab Reports (In Production); CAPSS Batch Reports: Foster Care Management Report-SF 170-R01, Foster Care Attention Report- SF 180- R01, Foster Care Measures- SF250-R01