

Supplemental Visiting Parent Agreement

I, _____, understand that my goal is to facilitate the best interests of my child(ren). With that in mind, I agree to abide by the following:

1. The Monitor shall remain in the room at **ALL** times.
2. Any physical contact between me and my children will be **BRIEF** and **ONLY** if initiated by the child. I understand that tickling, tickling, lap-sitting, rough-housing, prolonged hugging and/or kissing, hand holding, hair combing and changing diapers or clothes is **specifically prohibited**. Any physical contact which appears inappropriate or sexualized will be stopped by staff immediately, even if the child does not appear distressed. Parent and child(ren) are prohibited from sitting side by side or on the couch together.
3. The following additional behaviors **are also prohibited: whispering, passing notes, hand signals or body signals, photographing the child, audiotaping or videotaping the child and exchanging gifts, money or cards.**
4. Parent will **NOT** bring any items into the visits, including: **toys, games, books, written material, food, additional clothing, photographs, drinks, music, tapes (audio or video), dolls, pets, jewelry and or household items.**
5. **NO Objects - furniture, office equipment, toys, etc. - will block the view of the visitation monitor, at any time. NO EXCEPTIONS.**
6. Children **MUST** use the restrooms on their own, or, if a child is not old enough to use the bathroom on his/her own, he/she should be accompanied by staff. Parents may **NOT** accompany their child(ren) to the restroom.
7. Babies who wear diapers or training pants will be changed by staff.
8. The visiting parent is **NOT** allowed to discuss with the child(ren) the alleged or confirmed abuse, and are not allowed to scold, mock or tease the child; question the child; or discuss the alleged abuse with **anyone** in the child's presence (this includes staff).
9. I understand that violating this agreement will lead to the termination of visitation services at The Whistle Stop.
10. I have received a copy of this agreement.

Signature of Visiting Parent

Witness _____

Date _____

