



SOS Child Visitation &
Exchange Center

INTAKE FORMS FOR SUPERVISED VISITS & MONITORED EXCHANGES

**THE FORMS IN THIS PACKET ARE
INTENDED TO PROVIDE EXAMPLES THAT
ALIGN WITH OUR PROGRAM'S MODEL,
GRANT REQUIREMENTS, BEST PRACTICES,
CORE VALUES, MISSION & VISION
STATEMENTS. THESE FORMS MAY NOT BE
SUITABLE FOR ALL PROGRAMS/AGENCIES.**

SOS CHILD VISITATION & EXCHANGE CENTER
1420 C of E Drive, Ste. 6 Emporia, KS 66801
Phone: (620) 342-0076 Fax: (620) 343-3070

REFERRAL/INTAKE FORM

Date of Intake: _____ ☐ Supervised Visitation ☐ Monitored Exchanges

Prior Use of Center? ☐ Yes ☐ No ☐ Residential Parent ☐ Non-Residential Parent

Service Fees Assessed to: _____

Name of Program Participant: _____ Pronouns: _____

Other Names Used: _____

Relationship to Child(ren): _____ DOB: _____ Age: _____ Race: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail: _____ Text messaging ok: Yes No

Significant Other: _____

Emergency Contact Name & Phone: _____

Name of Persons in Household: May CVEC staff leave a message with them? ☐ Yes ☐ No

Child Information:

Name of Child/Children needing Service:

_____	DOB _____	Race _____	School _____	Pronouns _____
_____	DOB _____	Race _____	School _____	Pronouns _____
_____	DOB _____	Race _____	School _____	Pronouns _____
_____	DOB _____	Race _____	School _____	Pronouns _____
_____	DOB _____	Race _____	School _____	Pronouns _____

Child Care Provider Name: _____

Employed? ☐ Yes ☐ No ☐ Retired ☐ Full time ☐ Part time

Work Schedule/Hours Worked Per Week: _____

Employer: _____ Phone: _____

Can you receive calls at work? ☐ Yes ☐ No

Transportation: ☐ Own Vehicle ☐ Borrow ☐ Walk ☐ Other: _____

Tag #: _____ Make: _____ Model: _____ Color: _____ Year: _____

Marital History with Birth Parent: ☐ Married ☐ Separated ☐ Divorced ☐ Never Married
Length of Relationship: _____ Approx. Date of Divorce/Separation: _____

Current Custody Arrangement/Parenting Plan: _____

Preferred Visitation/Exchange Times: _____

Reason for Services:

Non-Residential parent's last contact/parenting time with child(ren):

Other Persons Involved:

Attorney Name & Contact Information: _____

GAL/Mediator/Other: _____

Past/Current Support Agencies Involved (Name & Contact Information):

Is there a no contact order/restraining order in place? If so, please indicate:

☐ No Contact Order ☐ PFS ☐ PFA ☐ Restraining Order ☐ Past ☐ Current

Date Filed: _____ ☐ Police report made _____

Legal/Criminal History or Current Action by Either Party: ☐ None

☐ Past: _____

☐ Pending: _____

P.O./Parole/Bond Officer Name: _____ Location: _____

History/Concern by either party of substance use or abuse by either party:

Child Information

Health Information:

Name:

Diagnosis:

Medication:

Reason for Taking:

Does the Child(ren) have any behavioral problems?

Does the child(ren) have any special needs/accommodations?

Does the child(ren) have any dietary restrictions/food allergies?

What is the child's understanding of services? _____

Is there a history of abuse/violence toward the child(ren)? (If yes, please specify):

Did the child(ren) hear/witness parental conflict/violence? _____

Child's Interests/Activities: _____

Additional information/Concerns:

Staff Notes:

Staff Signature Completing Intake: _____ Date: _____



What are benefits of using the CVEC?

For the Residential Parent:

You can feel comfortable allowing your child/children to have contact with their other parent while using CVEC services and gain valuable time to yourself. You do not have to communicate or have contact with the other parent should you be in conflict with or feel intimidated by.

For the Non-Residential Parent:

Non-residential parents will have the opportunity to have regular, uninterrupted contact with their child/children. Trained and professional CVEC supervisors are always present during visits to observe and document interactions which protects parents from future allegations or safety concerns. All CVEC staff are neutral and objective.

SOS CVEC is part of a larger nonprofit organization, SOS Inc, serving Chase, Coffey, Lyon, Morris and Osage county. SOS' vision statement: "We envision a community in which every person lives without fear of interpersonal violence."

**SOS Child Visitation
& Exchange Center**

1420 C of E Drive, Suite 6, Emporia, KS 66801

CVEC Director - Tara Schnakenberg
620.342.0076
soskansas.com/cvec

A United Way of the Flint Hills Agency



SOS Child Visitation & Exchange Center
620.342.0076

What is the Child Visitation & Exchange Center?

The SOS Child Visitation & Exchange Center (CVEC) offers a comfortable, home-like setting for families who are in need of supervised visitation and monitored exchange services. Evening and weekend visits with children are provided. Trained security personnel are on site to ensure safety of all parties during visits and exchanges.



Who can use the CVEC?

- Self-Referrals for safety or to avoid conflict between parents
- Other family members can be referred and participate in CVEC services with children
- Referrals from attorneys, law enforcement, probation, parole, court-ordered, community agencies, healthcare providers, or past clients
- Families who are reintegrating or establishing a new parent-child relationship

What is the cost?

As a nonprofit agency, CVEC services are provided at a small fee:

Intake \$40

(Residing within service area)

Intake \$50

(Residing outside service area)

Visitation \$20

(Per One-Hour Visit)

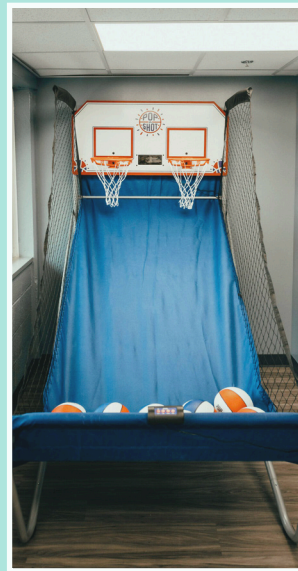
Exchange \$5

(Per client / Per exchange)

Objective service summary reports can be provided upon request for an additional fee.

Cash payments only.

Parent fees only cover a portion of the cost to provide services for all the families who use the CVEC. The CVEC is also partially funded by state and federal grants, the United Way of the Flint Hills and donations from private foundations and individuals.



SOS service area includes Chase, Coffey, Lyon, Morris, and Osage counties.



What is a Monitored Exchange?

A monitored exchange involves the transfer of a child from one parent to another without physical or verbal contact between the adults. The exchange takes place in a neutral and child-friendly atmosphere. CVEC Supervisors and security ensure the safety and well-being of all involved.

What is a Supervised Visit?

A supervised visit allows a child to have positive interactions with a non-custodial parent in a neutral, family-friendly environment. A CVEC Supervisor observes the visit between the adult and child. Security is provided. Visits are one hour in length. Games, books, toys and other activities are available during services. Virtual supervised visits are also available.

What's in it for the children?

Children get to have a relationship with both of their parents. Children aren't exposed to conflict between parents.



"I feel safe during my visits and I look forward to spending time with my mom every week."

- Child using CVEC supervised visits

How do you schedule a visit or exchange?

Call SOS CVEC: 620.342.0076

Each parent will have separate intake appointments. Once completed, visits or exchanges may be scheduled.

Notice:

The SOS Child Exchange and Visitation Center, along with the Office of the Attorney General, is interested in improving services available to victims in Kansas. If you have any suggestions or complaints about the services provided to you and wish to share them with the Office of the Attorney General, please call 1-800-828-9745, or complete the survey forms available at https://ag.ks.gov/docs/default-source/forms/victim-services-complaint-form.pdf?sfvrsn=630be54d_6



Tara Schnakenberg

Director

Child Visitation & Exchange Center



www.soskansas.com

620-342-0076


24-7 Helpline 800-825-1295

tschnakenberg@soskansas.com

SOS Inc.
P.O. Box 1191
Emporia, KS 66801



Administration: 620-343-8799
Fax: 620-343-9460
www.soskansas.com



Notice of Prohibited Discrimination

It is the policy of this organization that all individuals have the right to participate in employment, programs and activities operated by this organization regardless of race, color, national origin, sex, religion, disability, and age. As a condition of state and/or federal grant funding, this organization agrees to operate in compliance with all statutes and regulations that prohibit discrimination.

Es la póliza de esta organización que todos los individuos tienen el derecho de participar en programas de empleo y actividades administradas por esta organización independientemente de su raza, color, origen nacional, sexo, religión, discapacidad y edad. Como condición del apoyo de becas estatales y federales esta organización se compromete en cumplir y ejercer todas las leyes y reglamentos y otras regulaciones implementando lo mismo.

This organization also complies with the Department of Justice (DOJ) regulations on the Equal Treatment for Faith-Based Organizations, which prohibit discrimination for or against an organization on the basis of religion, religious belief or religious character in the administration or distribution of Federal funds, while allowing a religious organization that participates in federally funded programs to retain its independence and continue to carry out its mission, provided that direct federal funds do not support any inherently religious activities.

Additionally, this organization will not provide any funding from this award (either directly or indirectly, whether by way of a contract, subaward, or other means) either to: 1) the Association of Community Organizations for Reform Now (ACORN); or 2) an ACORN subsidiary.

If you believe that this organization has discriminated against you, an employee, a client, a customer or a program participant, please notify the organization's complaint coordinator or send a written complaint to:

Kansas Governor's Grants Program
900 SW Jackson St.
Landon State Office Building, Room 304 North
Topeka, KS 66612
Telephone: 785-291-3205
FAX: 785-291-3204

Or

Office of Justice Programs
Office for Civil Rights
810 7th St. NW
Washington, DC 20531
Telephone: 202-307-0690
FAX: 202-616-9865
TTY: 202-307-2027



K-ESLR101 (2-14)

Crisis Services
800-825-1295 • 620-342-1870

CASA of the Flint Hills
620-343-2744

Child Visitation Center
620-342-0076

Child Advocacy Center
620-343-8742

Intake Checklist

Listed are the items to be included in an intake folder. Please check them off when completed.

- _____ Notice for Attorney General's Office
- _____ Notice of Prohibited Discrimination
- _____ SOS-CVEC pamphlet/Director's business card
- _____ Written Agreement for Participation
- _____ Informed consent
- _____ Referral/Intake Form
- _____ Release or Obtain Information (disclaimer)
- _____ Authorization to Release or Obtain Information
- _____ Fee Agreement
- _____ Consent to Photograph
- _____ Salary Documentation

Additional Materials:

- _____ If your Kids Could Make the Rules of Divorce
- _____ Bill of Rights for Children Whose Parents Are Separated

CVEC use only:

- _____ Security File

**SOS Child Visitation/Exchange Center
Fee Agreement
(EFFECTIVE APRIL 1, 2025)**

The SOS Child Visitation/Exchange Center (CVEC) is dedicated to providing a safe, neutral, supervised environment, in which families and children can visit and exchange at an affordable cost. Fees for services will be applied in all cases, whether voluntary or court ordered, unless otherwise specified.

The intake fee must be paid prior to receiving services. Visitation/Exchange services can be suspended if fees have not been paid after two visits or exchanges. Services will be reinstated once all fees have been paid in full.

SOS-CVEC SERVICE FEES

Intake Application Fee: Lyon, Chase, Coffey, Morris or Osage County Residents: **\$40.00**
Clients outside Lyon, Chase, Coffey, Morris or Osage County: **\$50.00**

Supervised Visit Fee*: The visitation fee is split equally between both parties unless otherwise ordered by the Court or formal agreement made. Visitation fees are applied for in-person, virtual and phone visitation. Payment is due at time of service. **\$20.00/hr**

****A sliding fee scale is offered for all clients who qualify. Information and application will be offered to all clients during the intake and upon request.***

Monitored Exchanged Fee: Each client pays the exchange fee unless otherwise ordered by the court or formal agreement made. **\$5.00/parent, per exchange**

Cancellation Service Fee: Clients cancelling services with less than 24-hour notice. **\$20.00 for visits, \$10.00 for exchanges**

Summary Report Fees:

Overview Summary Report: Includes dates of scheduled services, cancellations/no-shows/punctuality, violations of CVEC guidelines by either party and incidents

\$25 for the initial request and \$5/page

Detailed Summary Report: Includes dates of scheduled services, summary of the visit/exchange, cancellations/no-shows/punctuality, violations of CVEC guidelines by either party and incidents

\$50 for the initial request and \$5/page

CVEC reports based on non-compliance, suspension or termination of services will be provided at no fee.

The individual requesting the report will be charged the summary report fee unless otherwise indicated through a Court Order. The initial request fee will be required to be paid in full prior to the CVEC Director beginning the report and the remaining fees are required to be paid prior to the report being submitted.

Subpoena/Witness Fee: **\$50 flat rate; Mileage reimbursement fee of \$.50/mile if subpoenaed for Court outside of Lyon County.**

Your intake, visitation and/or exchange CVEC service fees are listed below:

Application Intake Fee \$ _____

Supervised Visit Fee \$ _____

Monitored Exchange Fee \$ _____

☐ **N/A- Due to the Court Order or formal agreement made, the other party is responsible for payment for all CVEC service fees.**

I, _____, agree to pay the above amount for each service request provided by the SOS Child Visitation/Exchange Center. I understand that failure to pay may be cause for suspension or termination of services.

Program Participant

Date

SOS CVEC Staff

Date



SOS Child Visitation & Exchange Center Sliding Fee Scale

Intake Fee: No sliding fee scale is used for the intake unless otherwise approved/discussed with the director.

Supervised Visits: Unless otherwise ordered, visitation fees are split evenly by both parties. If one party is ordered to pay both fees, they will pay the full price based on the sliding fee rate that they qualify for.

Fee For Visit	\$4 (A)	\$6 (B)	\$8 (C)	FULL PRICE \$10 (D)
Poverty Level	<100%	100%-133%	133-175%	>175%
Family Size				
1	<15,650	\$15,650-\$20,815	20,815-27,388	>27,388
2	<21,150	\$21,150-\$28,130	28,130-37,012	>37,013
3	<26,650	\$26,650-\$35,445	35,445-46,368	>46,637
4	<32,150	\$32,150-\$42,760	42,760-56,262	>56,262
5	<37,650	\$37,650-\$50,075	50,075-65,888	>65,888
6	<43,150	\$43,150-\$57,390	57,390-75,513	>75,513
7	<48,650	\$48,650-\$64,705	64,705-85,137	>85,137
8	<54,150	\$54,150-\$72,020	72,020-94,763	>94,763

*Numbers based on federal poverty levels for 2025 aspe.hhs.gov

Monitored Exchanges: No sliding fee scale is used unless otherwise approved/discussed with the director.



SOS Child Visitation & Exchange Center

Client Application for Reduced Service Fees

The SOS-CVEC received a one-time funding gift from the United Healthcare Community Plan to assist families in need of visitation/exchange services by reducing the fees for clients for whom full payment of fees would be a hardship. Every request will be determined on a case-by-case basis and is not meant to cover the services fees for the long term. If approved, **the new service fee will begin on the date the application was submitted. All service fee balances that are still owed prior to being approved must still be paid in full.**

*Late cancellation/no-show fee policy will still apply to everyone and will not be waived unless an exception has been made. Due to the CVEC having a limited amount of funding available, each request will be valid for up to but not more than 90 days. Proof of documentation will be required for monthly income and any other extraordinary expenses.

Name: _____ Date: _____

Number of members in your household: _____ CVEC fees you are currently responsible for: _____

Are you employed: ☐ Yes
☐ No

If yes, please indicate your hourly pay rate (and number of hours worked per week) or salary (annual gross income).

Hourly pay rate: _____
Hours worked per week: _____
Or
Salary: _____

Please provide any supplemental income information (i.e. SSI, Disability, Child Support, Unemployment, etc.):

If you have any other extraordinary expenses (garnishments, non-payments of child support, etc. please list them here.

To the best of my knowledge this information is true and correct.

Signature: _____ Date: _____

For CVEC use only:

Determination: _____

Signature: _____ Date: _____

Release or Obtain Information:

- The center may only receive or share information with other agencies with who you are or have had contact with only if a release is on file.
- The center will respect the clients' right to privacy and not solicit private information unless it is essential to provide services.
- Information from client files shall or may be used without a signed release as stated above.
- The following parties are not subject to the release of information agreements when the above mentioned information is necessary to report:
 - Court
 - Law enforcement;
 - Child protective services;
 - Court services officer;
 - Probation or parole office

I have read and understand the terms of an authorization to release or obtain information. I understand that I must sign a release of information for each agency or individual I authorized the SOS Child Exchange and Visitation Center to release information to, exchange information with or obtain information from.

I understand that I have a right to cancel any release of information, at anytime by notifying the center's director in writing.

I understand that the SOS Child Exchange and Visitation Center does not need a release of information to release or obtain information from the court, law enforcement or child protective services if necessary to provide safe services for myself and my children.

Client Signature

Date

Staff Signature

Date

Authorization to Release or Obtain Information

I, _____, give my consent to the SOS Child Visitation/Exchange Center to release and exchange information as outlined below with _____.
(name of agency or individual)

Information to Be Released or Obtained:

- ☐ Compliance or Non-compliance with Written Agreement for Participation
- ☐ Summary of Services
- ☐ Other (please describe) _____

Purpose for Release of Information:

- ☐ Safety and Well-being of participants
 - ☐ Assist in the assessment of ongoing safety considerations for supervised visitation or exchange services
 - ☐ Other (please describe) _____
-

Method of Releasing/Exchanging Information:

- ☐ Verbal
- ☐ Written
- ☐ Other

Date this Consent Expires:

____/____/____ (no more than 90 days from the date of this release). I understand that I will need to sign a new release form if services continue for more than 90 days from this date. I understand that I may cancel and/or make changes to this release at any time. If I want to cancel and/or make changes, I must inform the program coordinator or staff in writing and/or sign the cancellation section below.

Agreement:

I have read and understand the terms of this release of information.

Client Signature

Date

Staff Signature

Date

Cancellation of Consent:

I revoke any release of information consent given prior to this date.

Client Signature

Date

Staff Signature

Date

SOS Child Visitation/Exchange Center
1420 C of E Drive
Emporia, KS 66801
Phone: (620) 342-0076
Fax: (620) 343-3070

Consent to Photograph

I, _____, hereby authorize the staff of the SOS Child Exchange and Visitation Center to obtain for identification purposes, my photograph as well as my children, as named below:

_____	_____
_____	_____
_____	_____

Other use of access to this photo will not be given without my additional written consent, except in the case of emergency or abduction. I understand all photos become the property of the SOS Child Exchange and Visitation Center and will be updated as needed.

Client Signature

Date

Staff Signature

Date

To All Clients

A requirement for our grant funding requires us to provide yearly salary information. No names are submitted on the documentation reports. Please check the appropriate line.

Less than \$10,000 _____

\$10,000 - \$19,000 _____

\$20,000 - \$29,000 _____

\$30,000 - \$39,000 _____

\$40,000 & above _____

Informed Consent:

This written agreement for participation has been reviewed and discussed with me by staff. I have been informed that I have a choice to participate in services. I understand that if I choose not to participate in services, staff will treat me with respect. I understand center staff is required to notify the referring party in the event I choose to not participate in services.

My signature below signifies my understanding of this agreement, my commitment to use services as per this agreement, and my cooperation with the center and staff. I understand that any violation of this agreement may result in suspension or termination of services.

Client Signature

Date

Staff Signature

Date _____

My signature below signifies my understanding of this agreement and my desire to not participate in services. I choose not to participate for the following reason:

--

Client Signature

Date _____

Staff Signature

Date _____



The Bill of Rights

For Children Whose Parents Are Separated

1. Your child has the right not to have to choose between one of the parents.
2. Your child has the right not to know the details involving their parents' legal battles.
3. Your child has the right not to hear about "how many bad qualities" one or the other parent may have.
4. Your child has the right to privacy to be able to speak freely when on the phone with one of their parents.
5. Your child has the right not to be questioned every time they come back from spending time with the other parent.
6. Your child has the right not to be utilized as a messenger between both parents.
7. Your child has the right not to be asked to lie to the other parent.
8. Your child has the right to never be blamed in any way for their parent's divorce or separation.
9. Your child has the right not to be used as a confidant for the parents' problems.
10. Your child has the right to express their feelings no matter what they are.
11. Your child has the right not to express their feelings if they do not wish to do so.
12. Your child has the right not to be asked or expected to perform, or have responsibilities beyond the range of their developmental stage.
13. Your child has the right to be protected from the war between their parents.
14. Your child has the right not to feel guilty for loving both parents.
15. Your child has the right to love both parents.

Adapted from "Declaración de Derechos Para niños cuyos padres están separados– Violencia y Asalto Sexual– línea de ayuda– Virginia

IF YOUR KIDS COULD MAKE THE RULES OF DIVORCE



By Kara Bishop

As a reader of the Child-Centered Divorce ezine I know you're quite familiar with some of the most basic mistakes parents must avoid during and after divorce. I'm sharing them in a great article from Guest Author Kara Bishop who is the Curator for www.postcardsfromsplitville.com, a website I highly recommend. Here are her insights:

In week six of Children of Divorce and Changing Families' 8-week program, we do an exercise where we ask each child in the 10-12 year old group to create a set of rules that they wish their parents would follow to ease post divorce stresses.

The rules they write privately are then shared with the class, the goal of which is to create a list to present to the parent's group. Rules that start out specific to each child merge with other similar requests. The kids tweak the wording for these and other parallel rules until "stop saying mom is stupid" and "don't tell me my dad abandoned us" gets written down on a large strip of paper as the all encompassing: "Don't say bad things about my other parent".

The top ten rules listed below were the most commonly wished for, compiled from the many times I've conducted this exercise (3 times a year for the last 5 years).

1. DON'T SAY BAD THINGS ABOUT MY OTHER PARENT

This rule comes up every time we've done the exercise and almost always in the top five. It also seeps into many other exercises, from one where kids express their feelings artistically on postcards (see example below) to one where kids role play an advice-giving radio talk show. They really want to know how to stop the "bad-mouthing," especially those kids who have actually asked their parents to stop only to be told "you need to know what kind of person your ____ is" or, "it's not bad-mouthing if it's true." The kids want you to know that they "don't care if it's true;" they just "want it to stop" because "hearing bad things about someone I love hurts my heart".

The above rule is so pervasive that even after isolating it, it haunts our next rule:

2. KEEP US OUT OF ADULT STUFF

Bad mouthing the parent doesn't have to be an outright proclamation. It can be the subtle or not so subtle release of information beyond the child's years of comprehension and/or need to know. There is no educational or emotional value in telling a child, "there will be no ____ because your other parent is behind on child support," or "your ____ left us because they're boinking a co-worker".

3. DON'T MAKE ME FEEL BAD FOR LOVING THE OTHER PARENT

At 11, Aaron (the inspiration for my work in this area), was the only child of three still willing to endure his mothers wrath in order to continue seeing his dad. He braved being called "stupid just like your dad," constant questioning — "why do you want to be with the person who broke up our family?" — and having his bags packed by the front door after being told, "if you like him so much, just go live with him."

By 14 he had given in, but only after the entire other side of the family sat him down and told him he was being a "traitor to his real family" for continuing to see his dad against his mom's wishes and that he had to choose "us or him."

What I really want parents to understand is that while they may think their actions are only punishing their ex, they are also (and often even more so) punishing their child.

I'm pretty sure every parent reading this can imagine how sad and deprived their child would be without their special love. Can being deprived of the other parents' love be any less sad? With that knowledge, would you still do something that makes your child any degree of sad, just to punish your ex?

4. LEARN TO GET ALONG FOR BIG EVENTS

Kids want and deserve to have both parents at their game/play/graduation. You don't have to stand next to each other, but don't "hide the date" from the other parent.

5. DON'T MAKE ME CHOOSE SIDES

They want you to know this is "the worst thing you could ever make a kid to do."

6. NO FIGHTING IN FRONT OF US

As a prelude to one of our coping exercises, the kids have to pick a common situation that makes them so uncomfortable that they have to “get out of there.” Seeing or hearing their parents fight is the one that comes up the most.

7. DON'T MAKE ME A MESSENGER OR PUT ME IN THE MIDDLE

Even sending simple messages through your child is a burden. It's not their job to remember to pass the message along, get the message right, get an answer and then deliver the response back to you. They want you to “find a way to communicate.”

8. DON'T SHARE OR TAKE YOUR ANGER OUT ON ME

This one probably has the most variety in how it's written: “Don't share your anger with me,” “shelter me from your anger,” “don't take your anger at them out on me.” But my favorite is “let me still be a happy kid.”

9. DON'T ASK ME TO SPY

Our November group had a girl who was actually given a notebook to write her observations in. It's heartbreaking to understand that her sharing of this deed was really more of a confession. She knew it was wrong, but wanted to be an obedient daughter.

10. GIVE ME ONE-ON-ONE TIME WITH BOTH PARENTS

This rule and “give me equal time with both parents” would actually be higher on the list if we didn't separate them from their kin. But because there are powers (courts) that may keep this rule from becoming a reality, we often suggest that the kids try to steer away from the “equal” wording. That works about half the time. But not at all when we have one of those rare kids who gets to stay in their home while their parents rotate in and out. Then the request becomes downright insistent: “we stay home, you switch houses every week!”

Rosalind Sedacca, Founder of the Child-Centered Divorce Network, is the author of *How Do I Tell the Kids ... about the Divorce? A Create-a-StorybookTM Guide to Preparing Your Children – with Love!* To learn more about the ebook, visit <http://www.howdoitellthekids.com>. For free articles, her free ezine, coaching services and other valuable resources for parents, visit: www.childcentereddivorce.com.

Child Orientation Intake Form

SOS CVEC

Name you would like to be called: _____

Gender: _____ Age: _____

What activities would you like to do during visits?

What activities do you NOT want to do during visits?

What are some of your favorite things (examples: snacks, food, toys, movies)?

Is there anything you would like to talk about during the visits?

Is there anything you DO NOT want to talk about during the visit?

Are you afraid of the visiting parent? Yes No

When was the last time you had contact with the visiting parent?

Are you okay with the visiting parent taking photos with or of you during the visit? Yes No

Do you have any questions about how the visitation center works?

***This form is intended for children ages 8 & up to help them feel comfortable with coming to the visitation center for visitations. We will use this form to accommodate the children's wishes to the best of our ability for the situation.



Observation Log

SOS Child Visitation & Exchange Center



Date: [Click or tap to enter a date.](#) Time: [Click or tap here to enter text.](#) Type of visit: [Choose an item.](#)

☐ Check this box if the visit was canceled.

Visit canceled by: [Click or tap here to enter text.](#)

Reason for cancellation: [Click or tap here to enter text.](#)

Time of cancellation: [Click or tap here to enter text.](#)

NR: [Click or tap here to enter text.](#)

R: [Click or tap here to enter text.](#)

Arrival (NR): [Click or tap here to enter text.](#)

Arrival (R): [Click or tap here to enter text.](#)

Departure (NR): [Click or tap here to enter text.](#)

Departure (R): [Click or tap here to enter text.](#)

Service fees paid: ☐ Yes ☐ No ☐ N/A \$

Service Fees Paid: ☐ Yes ☐ No ☐ N/A \$

Comments:

Comments:

Children: [Click or tap here to enter text.](#)

Guests: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Gifts/Food brought to the visit: [Click or tap here to enter text.](#)

Please list ALL Items that were sent home with the child(ren): [Click or tap here to enter text.](#)

Per CEVC policy no gifts/items can go home with child unless there is a note in the file with what SPECIFIC ITEMS were pre-approved to go home.

Parent/Child appropriate conversation per guidelines: ☐ Yes ☐ No

Parent/Child appropriate interaction per guidelines: ☐ Yes ☐ No

All CVEC guidelines followed: ☐ Yes ☐ No

Comments: [Click or tap here to enter text.](#)

Interventions required: ☐ Yes ☐ No

If yes, please explain: [Click or tap here to enter text.](#)

Supervisor contacted: ☐ Director ☐ Security ☐ DCF ☐ EPD ☐ Other

Comments: [Click or tap here to enter text.](#)

Requests made by NR: [Click or tap here to enter text.](#)

Requests made by R: [Click or tap here to enter text.](#)

Observation Summary: [Click or tap here to enter text.](#)

Signature:

Date: [Click or tap to enter a date.](#)



Exchange Log

SOS Child Visitation & Exchange Center



Month: Click or tap here to enter text.

Child(ren): Click or tap here to enter text.

R: Click or tap here to enter text.

NR: Click or tap here to enter text.

Date: Click or tap to enter a date.	Time scheduled: Click or tap here to enter text.
Arrival (NR): Click or tap here to enter text.	Arrival (R): Click or tap here to enter text.
Departure (NR): Click or tap here to enter text.	Departure (R): Click or tap here to enter text.
Supervisor: Click or tap here to enter text.	Service fees: RP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$ NR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$
Parent picking up the children: Click or tap here to enter text.	
Alternate Transport(s): Click or tap here to enter text.	
All CVEC guidelines followed: <input type="checkbox"/> Yes <input type="checkbox"/> No, If no, please explain:	
Additional Comments:Click or tap here to enter text.	
Signature:Click or tap here to enter text.	Date: Click or tap to enter a date.

Date: Click or tap to enter a date.	Time scheduled: Click or tap here to enter text.
Arrival (NR): Click or tap here to enter text.	Arrival (R): Click or tap here to enter text.
Departure (NR): Click or tap here to enter text.	Departure (R): Click or tap here to enter text.
Supervisor: Click or tap here to enter text.	Service fees: RP: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$ NR: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$
Parent picking up the children: Click or tap here to enter text.	
Alternate Transport(s): Click or tap here to enter text.	
All CVEC guidelines followed: <input type="checkbox"/> Yes <input type="checkbox"/> No, If no, please explain:	
Additional Comments:Click or tap here to enter text.	
Signature:Click or tap here to enter text.	Date: Click or tap to enter a date.



Monitored Visitation Log

SOS Child Visitation & Exchange Center



Date: [Click or tap to enter a date.](#)

Time: [Click or tap here to enter text.](#)

☐ Check this box if the visit was canceled.

Visit canceled by: [Click or tap here to enter text.](#)

Reason for cancellation: [Click or tap here to enter text.](#)

Time of cancellation: [Click or tap here to enter text.](#)

NR: Click or tap here to enter text.	R: Click or tap here to enter text.
Arrival (NR): Click or tap here to enter text.	Arrival (R): Click or tap here to enter text.
Departure (NR): Click or tap here to enter text.	Departure (R): Click or tap here to enter text.
Service fees paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$	Service Fees Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A \$
Comments:	Comments:

Children: [Click or tap here to enter text.](#)

Guests: [Click or tap here to enter text.](#)

Supervisor: [Click or tap here to enter text.](#)

Gifts/Food brought to the visit: [Click or tap here to enter text.](#)

Please list ALL Items that were sent home with the child(ren): [Click or tap here to enter text.](#)

Per CEVC policy no gifts/items can go home with child unless there is a note in the file with what SPECIFIC ITEMS were pre-approved to go home.

Parent/Child appropriate conversation during monitoring: ☐ Yes ☐ No

Parent/Child appropriate interaction during monitoring: ☐ Yes ☐ No

All CVEC guidelines followed during monitoring: ☐ Yes ☐ No

Comments: [Click or tap here to enter text.](#)

Interventions required during monitored visit: ☐ Yes ☐ No

If yes, please explain: [Click or tap here to enter text.](#)

Supervisor contacted: ☐ Director ☐ Security ☐ DCF ☐ EPD ☐ Other

Comments: [Click or tap here to enter text.](#)

Requests made by NR: [Click or tap here to enter text.](#)

Requests made by R: [Click or tap here to enter text.](#)

See Back for Monitored Visit Summary.

Monitored Visit Summary:

Supervisors- please monitor the visit at least every 15 Minutes and document the time that you checked on the visit and what you observed.

Time entered Visitation room:	Observation:	Time exited Visitation room:
	Click or tap here to enter text.	

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.



Incident Report Form
SOS Child Visitation & Exchange Center



Today's Date: _____

Name of CVEC Staff Completing Report: _____

Position/Title: _____

Date of Incident: _____

Name of Individual(s) Involved in the Incident: _____

Brief Description of the Incident:

Did an injury occur? Brief description of the injury:

Location of the Incident:

If there was an incident with a minor child, please list what guardian(s) were notified of the incident and when:

Staff Signature

Date

Supervisor Signature

Date

***Staff- Please make a copy of the incident report and offer a copy to both parties and the CVEC Director is notified of the incident within 24 hours or 1 business day.**