

# **GUARDIANS OF HOPE**

## **Contractual Guidelines for Supervised Visits**

### **Of Registered Sex Offenders**

As members of the Worldwide Supervised Visitation Network, we are required to follow these additional guidelines when supervising a visit between a parent/guardian who is a registered sex offender and their child(ren). These are in conjunction with the regular guidelines in our contract and these additional guidelines must be strictly adhered to or your visit will be terminated and possibly all future visits be suspended.

\_\_\_\_\_ 1. I will not whisper to the child(ren) and I agree to speak loud enough for the supervisor to clearly hear all of the conversation.

\_\_\_\_\_ 2. I agree not to discuss sexual matters with the child(ren). There is to be no use of offensive words or words that can be construed as sexual.

\_\_\_\_\_ 3. I agree that under no circumstances will I have contact with the child(ren)'s genitals, breast or buttocks; nor will the child(ren) have any contact with my genitals, breast or buttocks.

\_\_\_\_\_ 4. I may not pick up or carry my child(ren) unless it is an infant that cannot walk and my hands will not go in between the legs of the child.

\_\_\_\_\_ 5. I agree that I will not have child(ren) sit on my lap, unless it is an infant and the child will only come in contact with the area between my knee and my upper thigh.

\_\_\_\_\_ 6. I will not put my head in my child(ren)'s lap(s) or allow them to put their head(s) in my lap.

\_\_\_\_\_ 7. I will not escort nor ask to escort my child(ren) to the bathroom but will encourage the child (ren) to go with the visitation monitor.

\_\_\_\_\_ 8. I understand that there is absolutely no tickling or horseplay allowed with my child(ren) during the visit.

\_\_\_\_\_ 9. I must respect the child(ren)'s boundaries and not touch the child(ren) without his/her permission.

\_\_\_\_\_ 10. I agree I will not lick the child(ren) or permit the child(ren) to lick me.

\_\_\_\_\_ 11. I will not place foreign objects or my fingers in the mouth of the child(ren). I will not allow the child (ren) to put their fingers on any foreign object in my mouth.

\_\_\_\_\_ 12. I will not use any toy or object to act out or try to represent any sexual act. I agree that I will not make any obscene or sexual gestures during the visit.

\_\_\_\_\_ 13. I understand that the visit will be terminated if I in appear to be sexually aroused in any manner, i.e. accelerated breathing, a penile erection or physical signs of an orgasm.

**This contract will not be accepted if you have redacted or altered any of the wording contained herein.**

I have read and understand these guidelines. I agree to follow these guidelines as written and in conjunction with the regular Non-Residential Parent Guidelines. I realize that if I do not adhere to all of these guidelines, my visit and possibly future visits will be terminated. The incident will be reported to the attorneys, therapists, possibly Child Protective Services and in some cases to local law enforcement.

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Signature of Parent/Guardian

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Date

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Printed Name of Parent/Guardian

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Signature of Supervisor or Executive Director

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Date

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**This contract will not be accepted if you have redacted or altered any of the wording contained herein.**

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