



Comfort Call Agreement

Our Ventura County Quality Parenting Initiative supports the belief that children deserve co-caregivers who strive to co-parent with, and actively demonstrate, their support to birth parents successful reunification. All partners and stakeholders in our child welfare system possess unique value in our community and acknowledge their roles and responsibilities in reducing trauma and its effects on the children we serve. The 'Comfort Call' increases successful outcomes for Ventura County families who are going through initial separation when children are removed from their family system.

Per Welfare and Institution Code 308(a), the 'county welfare department shall make a diligent and reasonable effort to ensure regular telephone contact between the parents and a child of any age, prior to the detention hearing, unless that contact would be detrimental to the child. The initial telephone contact shall take place as soon as practicable, but no later than five hours after the child is taken into custody'.

The intention behind the 'Comfort Call' is it enhances this legal requirement and provides an opportunity for the caregiver and the parent to connect to address the immediate needs of the child. This includes a phone conversation that allows the parent to provide information such as allergies, medical treatment/medications, doctor's information, school/daycare information, daily routines and schedules, etc. This call also provides an opportunity for the parent and the child to connect after initial separation in order to minimize trauma and increase communication regarding the needs of the child.

Below is the contact information for all parties to be contacted. Please connect with your social worker if you have questions or concerns regarding the initial comfort call. Feel free to add others contact information if needed, i.e. grandparents, doctors, etc.

Please provide first names and contact numbers for parents and caregivers below.

Mother: _____ Telephone Number: _____

Father: _____ Telephone Number: _____

Caregiver(s): _____ Telephone Number: _____

By signing this document, I agree to make comfort calls at the time of placement and acknowledge the contact information noted above is correct.

Caregiver Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____

We want to thank you for your support in caring for the children in our community - We appreciate all of the hard work you do every day!

Name of Child(ren): _____