

**State of Connecticut  
Department of Children and Families**

**NOTIFICATION TO PARENT(S)/GUARDIAN  
CHANGE IN VISITATION SCHEDULE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child(ren)

Dear \_\_\_\_\_:

The Department of Children and Families is notifying you that the visitation schedule for your child(ren) will be/has been changed starting on \_\_\_\_\_.

Since this is a change in the Treatment Plan, you have the right to request a Treatment Plan Hearing with the Department by writing to the Commissioner of the Department of Children and Families, 505 Hudson Street, Hartford, Connecticut, 06106.

<b>New Visitation Schedule</b>		
<b>Day of the Week</b>	<b>From:</b>	<b>To:</b>
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Other Changes: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Social Worker