

Privilege and Certification System Provider User Guide Domestic Violence Centers

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Mission: to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

Revision History

Author	Date	Ver.	Notes
A. Murthy	June 28, 2024	1.0	Initial draft with complete narrative
A. Murthy	Feb 27, 2025	1.1	Modified the initial draft and included the enhancement

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User Guide: Introduction

This guide is designed to help registered provider users navigate and utilize the various screens and functionalities available within the Department of Children and Families (DCF) Privilege and Certification System (PCS). PCS is used to request and record certification for Human Trafficking Safe Houses, Domestic Violence Centers, Batterers' Intervention Programs, and associated Privileged Staff.

1 Accessing PCS

OF CHILDREN AND FAMIL	IES	Services 🗸	Resource Library	News and Events \checkmark	About ~	Contact Us
	Learn About Medica	id Redetermination				
Privilege and (Certification System					

Figure 1: Provider Sign-In – Existing User – DCF Web Site

Existing users with an account can sign in by clicking "Login Now" from the DCF Web Site to access their profile.

1.1 Sign-In

	App Launcher
ø	Sign in with Okta FastPass
	OR
mail Addre	ess
assword	

Figure 2: Provider Sign-In – Existing User – App Launcher

Users will be presented with a login screen where they will enter their Username and Password to sign in to PCS. Through this screen, existing users will also be able reset a forgotten password or unlock their account following excessive failed login attempts.

1.2 Terms of Notice

Privilege and Certification System
NOTICE
You are accessing a State of Florida information system. Further use of the system indicates your consent to monitoring, recording, and auditing. Unauthorized use of the system is prohibited and is subject to criminal and civil penalties.
By clicking the 'Acknowledge' button, you are accepting these usage conditions and are consenting to monitoring and recording.
Do you agree to the terms of this notice?
Acknowledge Disagree

Figure 3: Provider Sign-In – Terms of Notice

Users must either acknowledge the terms of notice to proceed or disagree and be redirected to the DCF Web Site (see Figure 1).

1.3 Home Screen

	FLORIDA DEPARTM OF CHILDREN AND FAM	AENT AILIES	Services ▼ Resource Library News and Events ▼ About ▼ Contact Us			
DCF P	Privilege and Co	ertification System				
Home Ma	nage 👻 Sign Off					
(Select (One)	∽ Create		🖾 S	how All	
10 🗸	entries per page					
Action	Reference ID	Туре	Status Change Date	DCF Contact	Status	Certificate Expires
Q A	2025-BP-00001	Initial Application for Batterers' Intervention Program	02/20/2025	Joy Blocker	Approved	2/20/2026
Q L	2025-BR-00002	Renewal Application for Batterers' Intervention Program	02/20/2025	Joy Blocker	Approved	
Showing	1 to 2 of 2 entries					« < 1 > »

Figure 4: Home Screen

The Home Screen displays key information for managing tasks and applications.

Menu items on the Home Screen include:

- Home: Directs users back to the home page.
- **Manage**: Access to additional menu options to support registration of privileged staff, certification, or view information regarding certificate closures.
- Sign Off: Securely logs users out of the system.

Other components on the Home Screen include:

- **Create**: Allows users to initiate various applications, including initial applications for domestic violence centers, as well as updates or changes to service locations.
- Show All: Checkbox to include display of completed applications in the Data Grid.
- **Data Grid**: Shows application details such as reference ID, type of application, status change date, DCF contact, status, and expiration details of certificates, and an option to view the application, print the application, or print the resulting certificate.

2 Provider Application Process

2.1 Initiate Application Process



Figure 5: Provider Application Process- Initiate Application Process

To initiate the provider application process, select the appropriate request type from the dropdown menu and proceed by clicking the "Create" button.

2.2 Documents Required

Print Documents Required	Initial / Please revi application	Application for Domestic iew and save the Applicant General I n before completing any other tab.	Violence Cent	er e an	
Applicant Applicant General Information	The following documents are required with your application. Please submit one or more attachments following the specified format and order as outlined below. Multiple items submitted within one attachment should include a table of contents and dividers for each section.				
Provider	You may dow Attachments	nload document templates from this page. Att tab within the application prior to submission.	achments may be upload	ed via the	
Provider General	Thank you for your attention to detail. We appreciate your adherence to these guidelines and look forward to reviewing your complete application package. Incomplete applications will unfortunately be returned to you for correction				
Administrative Address					
Contact					
Provider Governing Body	ltem ▲ Order	Document Name	Description	Download Template	
Application Details	1	Executive Summary	Business Plan Component		
Domestic Violence General Info	2	Community Partner Letters of Support	Community Support		
Sites	3	Law Enforcement Endorsements	Community Support		
Staff	4	Income Statement	Financial Plan		
Attachments	5	Local Match	Financial Plan		
Sign and Submit	6	Independent Financial Audit	Financial Plan		

Figure 6: Provider Application Process- Documents Required

The screen features a table detailing the required documents to support the application. It includes columns for Item Order, Document Name, Description, and Download Template. The link in the Download Template column, if present, will allow the user to download a template of the required form for completion. The documents required for submission are different for each application type. Not all application types will require documents to be uploaded.

Note: This is NOT where required documents are uploaded. The actual document upload process will occur in a later step. Click the "Next" button to proceed to the Applicant General Information tab.

2.3 Applicant General Information

Print	Initial Application for Domestic Violence Center
Documents Required	Please review and save the Applicant General Information to create an application before completing any other tab.
Applicant	First Name *
Applicant General	
	Last Name *
Provider	
Provider General	Email *
Administrative Address	
Contact	
Provider Governing	Position *
Body	Executive Director
Application Details	Phone *
Domestic Violence General Info	
Sites	County *
Staff	×
Attachments	
Sign and Submit	Previous Next Save

Figure 7: Provider Application Process- Applicant General Information

Click the "Save" button to save the application. The pre-populated information is sourced from the user's registration and is displayed in a read-only format.

Note: It is important to save the application at this stage to commence the application. Data entered on any other tab will be lost if the application is not saved at this step.

Print	Initial Applic	Create a New Application?
Documents Required	application before	You are about to save your application data and create a new
Applicant	First Name *	application.
Applicant General Information		You will be able to return to this application later and continue working on your saved data.
	Last Name *	Continue?
Provider		
Provider General		
Administrative Address	Email *	Exit Without Saving Continue to Save
Contact	C	
Provider Governing	Position *	
Body	Executive Director	
Application Details	Phone *	_
Domestic Violence	Filone	
General Info		
Sites	County *	
Staff		
Attachments		
Sign and Submit	Previous	Save

Figure 8: Provider Application Process- Applicant General Information – Create a New Application

User may either click the "Continue to Save" button to create a new entry or the "Exit Without Saving" button which will not save the application data. When "Exit Without Saving" is clicked, data cannot be added to the subsequent tabs, the page will not redirect, and users can continue to view the current application.

2.4 Provider General

Print	Initial Application for Domestic Violence Center
Documents Required	Type of Organization *
	Corporation ×
Applicant	Federal Employer ID *
Provider	
Provider General	Name of Organization as Registered with Secretary of State *
Administrative Address	XYZ, Inc.
Contact	Doing Business As-As Registered with Secretary of State
Provider Governing Body	
Application Details	Other Namer (if applicable)
Domestic Violence General Info	
Sites	
Staff	Florida Business Registration *
Attachments	
Sign and Submit	Is a non-profit organization? *
	Yes
	Is a subsidiary of another organization? *
	No
	Has the Organization been granted tax-exempt status by the IRS? *
	Yes
	If yes, under what section is the federal code? Example: 501(C) *
	501c3
\rightarrow	Changes have been made on this page. Click Save to retain these changes. If you click Previous, Next, or navigate away from this screen without saving, these changes will be lost.

Figure 9: Provider Application Process- Provider General

The Provider General tab is designed to efficiently collect essential information during the provider application process. Information on this screen will pre-populate based on the most recently approved data from the user's registration or application for certification.

Click "Save" to retain any information that may have changed, then "Next" to move forward to the next screen.

2.5 Administrative Address

Print	Initial Application for Dom	nestic Violence Center					
Documents Required	Administrative Office Physical Address						
	Address Line 1 * ?	Address Line 1 * ③					
Applicant	123 Street						
Applicant General Information	Address Line 2 (Optional) ⑦						
Provider							
Provider General							
Administrative Address	City *	State *	Zip Code *				
Contact	Tallahassee	Florida	32309				
Provider Governing Body	Is Administrative address same as mailing a	ddress *					
Application Details							
Domestic Violence General Info	A	dministrative Office Mailing Addre	255				
Sites	Address Line 1 *						
Staff	123 Street						
Attachments	Address Line 2 (Ontional)						
Sign and Submit							
	City *	State *	Zip Code *				
	Tallahassee	Florida 🗸	32309				
	Changes have been made on this page. Click Sav	e to retain these changes. If you click Previous, Next	, or navigate away from this screen without saving,				
	these changes will be lost.						
	Previous Next Save						

Figure 10: Provider Application Process- Administrative Address

The provider's administrative address is essential for official correspondence and legal requirements. It requires the street address, city, state, and zip code to ensure correct mail delivery. Information on this screen will pre-populate based on the most recently approved data from the user's registration or application for certification.

Click "Save" to retain any information that may have changed, then "Next" to move forward to the next screen.

2.6 Contact

Documents Required	New (Contact	Method			
Applicant	Action		Contact Type	Contact Info	Contact Description	
Applicant General Information	Ø	Û	Main Line	111-222-3333	Program contact number	
Provider Drovider General	Ø	Ī	Email Address	me@me.com	Email	
Administrative Address	Ø	Ū	Website	http://www.myagency.com	Website	
Contact Provider Governing Body	Showing	g 1 to 3	of 3 entries Ado	New Contact		
Application Details Domestic Violence General Info Sites Staff Attachments Sign and Submit	Previo	us	Next Cont (Se Ma Hc Err Fa W	tact Type * ⑦ elect One) ~ ain Line nail Address x Number ebsite		
			Cont	tact Info * 🕐		

Figure 11: Provider Application Process- Contact

The Contact tab displays a data grid of existing agency contact information entered during the registration process.

Select the "New Contact Method" button to add a new contact to the grid. Select the Pencil icon in the grid to edit an existing contact. Select the Trash Can icon in the grid to delete an existing contact.

Figure 12: Provider Application Process- Add Provider Contact

Choose from various Contact Types and enter the relevant details for the chosen contact method, including a description in the free text field, and Save. The new or updated contact information will appear in the data grid, where it can be further modified, viewed, or deleted. All fields are mandatory.

Note: Each provider must have at least one contact record.

2.7 Provider Parent Organization

Print	Initial Application for Domestic Violence Center
Documents Required	Name of the Parent Organization * ⑦
Applicant	
Applicant General Information	Contact Person's Name * ③
Provider	
Provider General	Position Title *
Administrative Address	
Contact	Phone Number *
Provider Governing Body	
Provider Parent Organization	Email *
Application Details	
Domestic Violence General Info	Address 1 * ③
Sites	
Staff	Addrees 2
Attachments	Addiess 2
Sign and Submit	
	City *
	State *
	(Select One)
	Zip *
	Previous Next Save

Figure 13: Provider Application Process- Provider Parent Organization

The "Parent Organization" tab is visible only when the registered provider answered yes to "Is a subsidiary of another organization" on the Provider General screen during registration. Information on this screen will pre-populate based on the most recently approved data from the user's registration or application for certification. Users can edit the pre-populated information to update inaccurate or outdated details and correct errors.

Click "Save" to retain any information that may have changed, then "Next" to move forward to the next screen.

2.8 Provider Governing Body

Print	Initial	Applic	ation f	or Dome	estic Vio	lence	Center			
Documents Required	Add New	Member	?							
Applicant										
Applicant General Information	♦ Action	First Name	Last Name	Employer	City	Phone	Email	Term of 🔹 🔶 Membership	Role	Term of Role
rovider	Ø	Board	President	ABC	Tallahassee	222-555-	Prez@you.com	4 years	President/Chair	1 year
Provider General	Ĩ			Company		4444				
Administrative Address			×							
Contact	Showing 1 t	o 1 of 1 ent	try New	Governing E	Body					\times
Provider Governing Body										
application Details	Previous	Next	First	Name *						
Domestic Violence										
General Info			Last I	Name *						
Sites										
Staff										-
Attachments			Empl	oyer *						
Sign and Submit										_
			City	of Residence *						
			Phon	e *						
			Email							
							Role	*		
			Term	of Membership	•	/	(Se	lect One)		
							(Se	lect One)		
			Pole				Me	mber		
			(C-1	act Ona)			Pas	t President/Chair		
			(Sel	ect Onej			Pre	sident/Chair		
			Term	of Role *			Sec	cretary		
							lire Vic	asurer e-President Mice-(`hair	
			2				Vic	e meandenty vice-c	anun -	
									Save Cano	el

Figure 14: Provider Application Process- Provider Governing Body

The Provider Governing Body page mirrors the functionality of the Provider Contact page, displaying a list of governing body members associated with the provider.

Select the "Add New Member" button to add a new member to the grid. Select the Pencil icon in the grid to edit an existing member. Select the Trash Can icon in the grid to delete an existing member.

Figure 15: Provider Application Process- Provider Governing Body – New Governing Body

Enter the relevant details for the member and Save. The new or updated contact information will appear in the data grid, where it can be further modified, viewed, or deleted. All fields are mandatory.

2.9 Domestic Violence General Info

Print	Initial Application for Domestic Violence Center
Documents Required	Date Incorporated/Legally Established * 🕜
Annlicent	01/01/2015
Applicant General Information	Date Services Began * 🕐
Providen .	04/03/2015
Provider Provider General	Months of Operation as a Domestic Violence Center
Administrative Address	116
Contact	Date Shelter opened (24 hours a day, 7 days a week) * ⑦
Provider Governing Body	04/15/2016
Application Details	Months of Operation as a 24/7 Emergency Shelter
Domestic Violence General Info	103
Sites	Number of the law Dade 2
Staff	
Attachments	
Sign and Submit	Number of Outreach Locations * ⑦
	1
	Number of Domestic Violence Shelters * 🕜
	1
	Service Area(s) * ⑦ At least 1 service area must be selected.
	□ Holmes
	Z Jackson
	Lafayette
	Mission Statement * ⑦
	Our mission is to
	Changes have been made on this page. Click Save to retain these changes. If you click Previous, Next, or navigate away from this screen without saving, these changes will be lost.
	Previous Next Save

Figure 16: Application Details- Domestic Violence General Info

This section captures general information about the domestic violence center. All fields are mandatory. When the user enters the Date Services Began and Date Shelter opened, the Months of Operation are automatically calculated.

Click "Save," then "Next" to move forward to the next screen.

2.10 Sites

cuments Required	Initial Applicat	ion for Dome	stic Viole	nce Center			
plicant	Action A Name	Address City	County	Zip Phone	Site Type		
Applicant General nformation		No data	available in table				
ovider	Showing 0 to 0 of 0 entries	New Site					×
rovider General							
dministrative Address	Previous Next	Site Name * (2		Site	Type * ②	
Provider Governing Body					Jite	iype 🕓	
Provider Parent		Site Type * ⑦			(5	elect One)	
Organization		(Select One)			(S	elect One)	
pplication Details		Site Schedule	(2)		C	onfidential Emerge	ency Shelter
Domestic Violence General Info			0		0	utreach Location	
Sites					0	ther	
Staff				Physical (S	traat) Addrag		
Attachments		Address Line	1 *	Filysical (5	tieet) Addres	>>	
Sign and Submit			-				
		Address Line	2 (Optional)				
		City *		County *		Zip *	
				(Select One)	~		
		Phone *					
		Service Area(s)				
		Jackson					
		1					

Figure 17: Application Details- Sites

The Sites page mirrors the functionality of the Provider Contact page, displaying a list of sites associated with the provider.

Select the "New Site" button to add a new site to the grid. Select the Pencil icon in the grid to edit an existing site. Select the Trash Can icon in the grid to delete an existing site.

Figure 18: Application Details- Sites- New Site

Enter the relevant details for the site and Save. Service Area(s) are displayed for selection based on those entered and saved on the Domestic Violence General Info page. The new or updated information will appear in the data grid, where it can be further modified, viewed, or deleted.

2.11 Staff

Print	Initial Application f	for Domestic Violence	e Center			
Documents Required	New Program Staff					
Applicant	10 🗸 entries per page		Search:			
Applicant General Information	Action First Last Name Name	Professional Role License Number	Email 1 Address 1	Telephone		
Provider		There is no program staff available.				_
Provider General	Showing 0 to 0 of 0 entries	Add New Staff			×	< l
Administrative Address	Previous Next	Role * ⑦				
Contact		(Select One)			×	
Provider Governing Body						
Provider Parent Organization		First Name * ⑦		Role * ②		
organization						
Application Details		Last Name * 🕐		(Select One)		
Domestic Violence General Info				(Select One)		
Sites		Professional License Number ⑦		Accounting	Manager	
Staff				Administrate	or	
Attachments				Advocate Se	ervices Manager	
Sign and Submit		Email Address * (?)		Alternate En	nergency Coordinator	
		-		Emergency	Coordinator	
		Telephone Number * 🕐		Shelter Man	ager	T
		Site Location * ②				
		To select more than one Site Location	lick and drag your cur	sor or hold the [Ctrl] k	ev while selecting multiple values	
		site 1	and drug your cu	set of hold the [ctil] h		
					Save New Staff Cancel	

Figure 19: Application Details- Staff

The Staff page mirrors the functionality of the Provider Contact page, displaying a list of staff associated with the provider.

Select the "New Program Staff" button to add a new staff member to the grid. Select the Pencil icon in the grid to edit an existing staff member. Select the Trash Can icon in the grid to delete an existing staff member.

Figure 20: Application Details- Staff – Add New Staff

Enter the relevant details for the staff member and Save. Site Location(s) are displayed for selection based on those entered and saved on the Sites page. Each provider will have staff members assigned to them, regardless of the site. These positions may be assigned to one or more sites, but each site does not require staff to be listed. All roles must be entered/created. The new or updated information will appear in the data grid, where it can be further modified, viewed, or deleted.

2.12 Attachments

Print	Initial	Application	for Dom	estic Vio	lence Cer	nter	
Documents Required	Please uploa at correspon	ad all required and ar nding listing.	ny optional attachi	ments from this	page. Listed doc	uments should	l be uploaded
Applicant Applicant General Information	lf you have program as	one document attach found in the applicat	iment that meets i ion user guide.	multiple require	ments, please fol	low specific pc	licy for your
Provider	Additional s	supporting document	ation may be atta	ched by clicking) the Upload Unli	sted Documen	t button.
Provider General							
Administrative Address	Upload U	nlisted Document					
Contact							
Provider Governing Body	ltem ▲ Order	Document Name	Description	Required	Uploaded?	Upload Date	Action ⑦
Application Details	1	Executive	Business Plan	Yes	No		Ĺ
Domestic Violence		Summary	Component				
General Info	2	Community	Community	Yes	No		<u>ث</u>
Sites		Support	Support				
Staff Attachments	3	Law Enforcement	Community	Yes	No		Ţ
Sign and Submit	4	Income Statement	Financial Plan	Yes	No		Ţ
	5	Local Match	Financial Plan	Yes	No		Ţ
	6	Independent Financial Audit	Financial Plan	Yes	No		Ţ
Upload Do	ocument					×	
Choose File	e No file ch	nosen					
Comments:							
				Upload	This Document	Cancel	

Figure 21: Application Details- Attachments

The Provider Attachments tab simplifies the submission and verification of required documents. Users can upload unlisted documents, which will appear dynamically in a grid or table.

Note: All "required" documents must be uploaded to submit an application.

If the user has uploaded a single document that meets multiple requirements, they may upload a onepage/one-line statement indicating that the required content is included in another document, and reference that document name. This allows users to streamline their submissions by referencing other documents instead of duplicating content.

The "Upload Unlisted Document" button allows users to submit additional document(s) that may be beneficial to the Department when reviewing the submitted request.

2.13 Sign and Submit

Print	Initial Ap		
Documents Required	Request is not co		
Applicant Applicant General Information	Previous Validated	Description	
Provider Provider General	~	Applicant General Information	
Administrative Address	✓ ✓	Provider General Provider Administrative Addresses	
Provider Governing Body	~	Provider Contact	
Application Details	✓ ✓	Provider Governing Body Domestic Violence General Info	
General Info	~	Sites	
Staff	× ×	Staff Attachments Required	
Attachments Sign and Submit	Showing 1 to 9 o	of 9 entries	
 I attest that the n Department of C omissions, misster I understand that and affirm that a 	named program in th hildren and Families atements, or misrep t knowingly making II the information gi	nis application meets all standards for certification as required by Florida Statutes. By submission of this , I agree to abide by all rules, statutes, standards, policies and procedures that apply to the operation o resentations are grounds for rejection of certification. I understand that certification is non-transferable a false statement on this application constitutes a second-degree misdemeanor as provided in Florida ven within this application is true and correct.	application and upon approval by the f an authorized facility. I understand that any Statutes. By signing this application, I swear
	3		

Figure 22: Application Details- Sign and Submit

Validated information will appear with a green checkmark. Missing or incorrect information will appear with a red "X." Once all required information is validated, an attestation will appear. Users should read the attestation statement and select the confirmation checkbox to reflect agreement with the statement. This action makes the "Submit" button appear. Users can then click the "Submit" button to complete and submit the application.

2.14 Print Application

C	F Privilege and Certification System
m	e Manage 🔻 Sign Off
l	Print Close
	Applicant General Information
	First Name
	archana
	Last Name
	murthy
	Email
	archana.murthy@myflfamilies.com
	Position
	Business Analyst
	Phone
	185-056-7248
	County
	Leon

Figure 23: Application Details- Print

Users can print the application at any time by clicking the Print button in the application menu. This allows them to either view the entire application and print it or just view it and close the window by using the Close button.

3 Additional Tabs Visible After Application Submission

There are several additional tabs that may become visible to the provider after the Department processes its application. Unless indicated otherwise, these tabs are read only and displayed only for informational purposes.

3.1 Sites Inspection

Print	Initial Application for Domestic Viol	lence Center		
Return to Request List	Name of Center: Sita V			
DCF Only	Please respond to each question with "Yes", "No", or "N/A" and provide	e comments explaining e	each "No" or "N/A" response.	
Assignment	Description	Response	Comments	
Approval	Part 1: Health & Condition			
Applicant Applicant General Information	Is the shelter facility and any of its additional amenities in good repair (including walls, ceilings and floors) $\ref{eq:theta}$	Yes 🗸		4
Provider Provider General	Are bathrooms operable with evidence of regular maintenance? (both hot and cold water, drains work properly)	Yes 🗸		k
Administrative Address Contact	Are kitchens operable with evidence of regular maintenance? (both hot and cold water, drains work properly)	No 🗸	Test	4
Provider Governing Body	Are equipment, furniture, and laundry room appliances within the facility in good working condition and properly maintained?	No v	Test	4
Domestic Violence General Info Sites	Safety hazards: are toxic materials and cleaning supplies safely stored separately from food and inaccessible to children? (i.e. no cleaning products stored where children can reach them)	No 🗸	Test	4
Staff Sites Inspection	Is the shelter facility and any of its additional amenities clean and free from vermin infestation?	No 🗸	Test	<i>i</i> ,
Attachments Sign and Submit	Is a current (within the past 365 days) annual sanitation inspection report maintained in center records and available for review on-site?	No 🗸	Test	4
Correspondence Discussion	Is the facility (entrances, exits, doorways, bathrooms, activity areas including outdoor area) accessible to persons with mobility limitations?	Yes 🗸		
	Part 2: Safety			
	Is the elevator inspection current?	Yes 🗸		1.

Figure 24: Application Detail- Sites Inspection

The "Sites Inspection" page is initially visible only to Department of Children and Families (DCF) staff and includes inspections for both new and renewal applications, as well as new sites for service location modifications. Inspections assess the safety and suitability of facilities. After the initial DCF evaluation, providers can view the information in a read-only format.

3.2 Discussion

Current User
Archana Murthy (archana.murthy@myfifamilies.com)
Send Clear
Archana Murthy (archana.murthy@myflfamilies.com) commented on Tuesday, June 25, 2024 at 1:53 PM test
Archana Murthy (archana.murthy@myflfamilies.com) commented on Tuesday, June 25, 2024 at 1:53 PM test
Archana Murthy (archana.murthy@myflfamilies.com) commented on Tuesday, June 25, 2024 at 1:53 PM test
Archana Murthy (archana.murthy@myflfamilies.com) commented on Thursday, June 13, 2024 at 1:57 PM test
Previous Next

Figure 25: Discussion

The Discussion page enhances interaction between providers and DCF staff. It allows Department and provider staff to send messages to each other and archives all previous communications, displaying them in an organized manner.

3.3 Assignment

0		

Figure 26: DCF Only-Assignment

The Assignment page allows programs to view the Department staff assigned and responsible for reviewing the application and ensuring the program remains in compliance.

3.4 Approval

Action	
Approved	
Previous	

Figure 27: DCF Only- Approval

The Approval page displays the current status of the application, up to and including Approval.

4 Manage Privileged Staff

	FLORIDA D	EPARTMENT AND FAMILIES	Service	s▼ Resource Library	News and Events ▼ Ab	oout ▼ Contact Us
DCF	Privilege a	nd Certification System				
Home	Manage 👻 Sign Off					
(Sel	Certification	✓ Create		□ Show A	AII	
	Privileged Staff					
10	Closures					
Actio	n Reference ID	🔶 Туре	Status Change Date	DCF Contact State	us Certificate	Expires
Q	2025-DV-00007	Initial Application for Domestic Violence	Center 03/04/2025	Unassigned Prov Prog	vider In- No Existing gress	Certificate
Showir	ng 1 to 3 of 3 entries					« < 1 > »

Figure 28: Access Privileged Staff Functionality

To manage privileged staff, users may select the "Privileged Staff" option from the "Manage" menu.

4.1 Approved Staff

Hor	ne Ma	nage 👻	Sign Of	Ť									
	Staff Re	equests	Ар	proved S	taff								
1	0 ~	entries	s per pa	ge								Search:	
		A	Action		•	Staff Unique ID 🔶	First Name 💧	Last Name 💧	Туре 🔶	Status Change Date 🔶	Status 🔶	Termination Date 🔶	Is Active 💧
	Q	۵	*		*	2024-DP-00032, 2024-HP-00032	Mia	Paul test updated	Both HT and DV Privileged Person	Thursday, December 19, 2024 at 8:24 AM	Approved	2025-01-31	Yes
	Q	۵	. *		**	2024-HP-00028	Lucky	Charms	Human Trafficking Privileged Person	Thursday, December 19, 2024 at 9:38 AM	Approved		Yes
	Q	۵	*		*	2024-DP-00029, 2024-HP-00029	TwentyFive	TwentySix	Both HT and DV Privileged Person	Thursday, December 19, 2024 at 1:21 PM	Approved	2025-01-31	Yes

Figure 29: Privileged Staff- Approved Staff

The Approved Staff tab displays a list of individuals who have been registered and approved for privilege with the user's associated Provider and is the first tab displayed when managing Privileged Staff.

From this tab, a user may utilize the available actions to view the demographics of the privileged staff person, print the privilege staff certificate, report that a staff person no longer works with the provider, report that a staff person has returned to work with the provider, report a staff name change, or report a staff position change.

4.2 Staff Requests

Hom	ie Manage ▼ Sign Off						
	Staff Requests Appr	oved Staff					
	New Staff Request						
	Show Completed						
10) 🗸 entries per page	2					Search:
	Action	Staff Unique ID	First Name 🔶	Last Name 🗍	Туре	Status Change Date	Status 🔶
	Z	2024-DP-00032			Privileged Staff Name Change	Thursday, December 19, 2024 at 8:58 AM	Provider In-Progress
	Z	2024-HP-00028	Lucky	Charms	Initial Application of Privileged Staff for Domestic Violence Center	Friday, December 20, 2024 at 1:21 PM	Provider In-Progress
		2024-HP-00028	Lucky	Charms	Initial Application of Privileged Staff for Domestic Violence Center	Monday, January 27, 2025 at 5:55 AM	Provider In-Progress

Figure 30: Privileged Staff- Staff Requests

The Staff Requests tab shows a list of privilege applications along with their current statuses. To create a new privileged staff request, the user may select the "New Staff Request" option.

4.3 New Privilege Staff Request

Staff Requests	Approved Staff	
Before adding a ne	w Privileged Staff, check to see if that staff member is already in the system by entering the known Staff ID for the privileged staff member or entering the nam	e and date of birth for the privileged staff member.
First, search for an	Existing Privileged Staff using their Staff ID,	Or, search for an Existing Privileged Staff using their Name
Staff ID *		First Name *
		Neena
Search Cance	Request Add New Privileged Staff	Middle Name
The system cann should have bee	ot find any matches for this staff person. Please select a request type from the options below and then click 'Add New Staff'. If you feel a result n returned, consider trying an alternate search method as well.	Last Name *
		Smith
(Select One)	×	Date of Birth *
(Select One)		01/01/1978
Initial Application	for Domestic Violence Privilege Person for Human Trafficking Privilege Person	Search Cancel Request

Figure 31: Privileged Staff- Search for Staff and Create Application for New Record

To create a Privilege application for a new staff person, enter his/her Staff ID, if known, or name and date of birth to search for an existing record. If they are not found, the user can create an initial application for Human Trafficking or Domestic Violence privilege by selecting the appropriate option from the dropdown menu and clicking "Add New Privileged Staff." If the staff member is already in the system, the available application options will vary accordingly. (See below)

Staff Requests Approved Staff	
Before adding a new Privileged Staff, check to see if that staff member is already in the system by entering the known Staff ID for the privileged staff member or entering the name	ne and date of birth for the privileged staff member.
First, search for an Existing Privileged Staff using their Staff ID,	Or, search for an Existing Privileged Staff using their Name
Staff ID *	First Name *
2025-HP-00043	
Search Cancel Request Add New Privileged Staff	Middle Name
The system has leasted a matching staff. Tomy Tiger, birth data: 10/10/2001 Plazes select a request time from the entions below and then slick 'Add New Staff'	
The system has located a matching start: long liger, birth date: 10/10/2001, Please select a request type from the options below and then click. Add livew start .	Last Name *
(Select One)	Date of Birth *
(Select One)	mm/dd/www
Initial Application for Domestic Violence Privilege Person	init of fiff
Associate Privileged Staff with new Provider (HT)	Search Cancel Request

4.3.1 Documents Required

Staff Requests Approved Staff				
Return to Privileged Staff Listing	Provider Document	s Required.		
Documents Required	The following docum as outlined below. M	ents are required with your application. Please submit one or mc ultiple items submitted within one attachment should include a t	ore attachments following the able of contents and dividers	e specified format and order for each section.
Requestor	You may download d submission.	ocument templates from this page. Attachments may be uploade	ed via the Attachments tab w	ithin the application prior to
General Privileged Staff Member	Thank you for your a application package.	ttention to detail. We appreciate your adherence to these guideli Incomplete applications will unfortunately be returned to you for	nes and look forward to revie r correction.	ewing your complete
General-DV	Item Order 🔺	Document Name	Description 🔶	Download Template
Attachments	1	Notarized Affidavit	Privilege Documents	
	2	Core Competency Training Agenda	Privilege Documents	
Sign and Submit	3	Sign in Sheets for Training	Privilege Documents	
	4	Listing of Additional 6 Hours of DV Training	Privilege Documents	
	5	Job Description Affidavit(s) to Register for Privilege	Privilege Documents	
	Next Cancel			

Figure 32: Privilege Application Process- Documents Required

The screen features a table detailing the required documents to support the application. It includes columns for Item Order, Document Name, Description, and Download Template. The link in the Download Template column, if present, will allow the user to download a template of the required form for completion.

The documents required for submission are different for each application type. Not all application types will require documents to be uploaded.

Note: This is NOT where required documents are uploaded. The actual document upload process will occur in a later step. Click the "Next" button to proceed to the Requestor General Information tab.

4.3.2 Requestor General Information

Staff Requests Approved Staff	
Return to Privileged Staff Listing	First Name *
Documents Required	Last Name *
Requestor	
General	Email *
Privileged Staff Member	
General-DV	Position *
Attachments	Executive Director
Sine and Submit	Phone *
Sign and Submit	
	County *
	Orange
	Previous Next

Figure 33: Privilege Application Process- Requestor General Information

The pre-populated information is sourced from the user's registration and is displayed in a read-only format.

4.3.3 General-DV

Return to Privileged Staff Listing	Provider Name
	Red Mermaid Safehouse
Documents Required	Privileged Unique ID
Requestor	
General	J
Privileged Staff Member	Legal First Name *
General-DV	Michael
Attachmente	Legal Middle Name
Attachments	
Sign and Submit	Legal Last Name *
	Scott
	Aliases
	Date of Birth *
	01/01/2000
	Test Score *
	76
	Date 30 Hours of Training Completed *
	01/12/2023
	Exempt from public records *
	No
	If checked, be sure to attach the required documentation.
	Date of Hire *
	01/01/2024
	Position *
	Privilege Advocate
	Previous Next Save Cancel

Figure 34: Privileged Staff Member- General-DV

The General-DV tab collects required demographics and training details about the staff person for which the provider is requesting privilege.

Note: Click the "Save" button before continuing to avoid losing data entered on this screen.

4.3.4 Attachments

Staff Requests Approved Staff							
Return to Privileged Staff Listing	Provider Appli	cation Documents Require	ed.				
Documents Required	Please upload a	Il required and any optiona	I attachments from this page	. Listed docum	ents should be	e uploaded at co	prresponding listing.
Requestor	application user	r guide.	i meets multiple requirement	s, piease tonov	specific policy	, lor your progr	
Privileged Staff Member	Additional supp	oorting documentation may	be attached by clicking the l	Jpload Unliste	d Document bi	utton.	
General-DV							
Attachments	ltem ▲ Order	Document Name	Description	Required	Upload Status	Upload Date	Action
Sign and Submit	1		Notarized Affidavit	Yes	No		Ţ
	2		Core Competency Training Agenda	Yes	No		ſ
	3		Sign in Sheets for Training	Yes	No		Ţ
	4		Listing of Additional 6 Hours of DV Training	Yes	No		ſ
	5		Job Description Affidavit(s) to Register for Privilege	Yes	No		٢
	Previous	Next					

Figure 35: Privilege Application Process- Attachments

The Attachments tab simplifies the submission and verification of required documents for Privilege. Users can upload unlisted documents, which will appear dynamically in a grid or table.

Note: All required documents must be uploaded to submit an application.

If the user has uploaded a single document that meets multiple requirements, they may upload a one-page/one-line statement indicating that the required content is included in another document, and reference that document name. This allows users to streamline their submissions by referencing other documents instead of duplicating content.

The "Upload Unlisted Document" button allows users to submit additional document(s) that may be beneficial to the Department when reviewing the submitted request.

4.3.5 Sign and Submit

Return to Privileged Staff Listing	Previous	
Documents Required	Request is not comple	ete. Please complete the identified items.
Requestor		
General	Validated 🔺	Description
Privileged Staff Member	×	Privileged Staff Member - General
General-DV	×	Attachments Required
Attachments	Showing 1 to 2 of 2 e	ntries
Sign and Submit		
l attest that the named program in this applic Department of Children and Families, I agree omissions, misstatements, or misrepresentati	cation meets all standards for certifica to abide by all rules, statutes, standar ons are grounds for rejection of certifi	tion as required by Florida Statutes. By submission of this application and upon approv ds, policies and procedures that apply to the operation of an authorized facility. I unde cation. I understand that certification is non-transferable.

Figure 36: Privilege Application Process- Sign and Submit

Submi

Validated information will appear with a green checkmark. Missing or incorrect information will appear with a red "X." Once all required information is validated, an attestation will appear. Users should read the attestation statement and select the confirmation checkbox to reflect agreement with the statement. This action makes the "Submit" button appear. Users can then click the "Submit" button to complete and submit the application.

4.4 Staff Name Change



Figure 37: Privileged Staff Member- Staff Name Change

From the Approved Staff tab, a user may click on the 🔲 icon to initiate a name change request.

Privilege and Certification	System Home Manage - Sign Off
Staff Requests	
Return to Privileged Staff Listing	Provider Name
	TestOrg
Documents Required	Privileged Unique ID
Requestor	2024-DP-00002
General	Legal First Name
Privileged Staff Member	Jtest
Name change	Legal Middle Name
Attachments	t
Sign and Submit	Legal Last Name
	Ktest
	Aliases
	Date of Birth
	2024-06-03
	Update Legal Name
	Legal First Name * ?
	Amith
	Legal Middle Name 🕐
	Jerry
	Legal Last Name * 🕐
	Singh
	Previous Next Save

Figure 38: Privileged Staff Member- Update Legal Name

After reviewing the Requestor General page, the user will be directed to the Privileged Staff Member Name Change page where the staff member's current approved information will be pre-populated. The user will enter the updated legal name, save the record, and continue to upload any attachments and submit the request.

4.5 Staff Position Change



Figure 39: Privileged Staff Member- Staff Position Change

From the Approved Staff tab, a user may click on the 🤽 icon to initiate a position change request.

Staff Requests						
Return to Privileged Staff Listing	Provider Name					
	TestOrg					
Documents Required	Privileged Unique ID					
lequestor	2024-DP-00002					
General	l enal First Name					
rivileged Staff Member	Itest					
Edit Position	Edit Position					
	Legal Middle Name					
Attachments	t					
Sign and Submit	Legal Last Name					
5	Ktest					
	Aliases					
	r					
	Date of Birth					
	2024-06-03					
	Test Score *					
	89					
	Date 30 Hours of Training Completed *					
	06/04/2024	÷				
	Exempt from public records No ✓ Statute					
	Date of Hire					
	2024-06-05					
	Position *					
	manager					

Figure 40: Privileged Staff Member- Edit Position

After reviewing the Requestor General page, the user will be directed to the Privileged Staff Member Edit Position page where the staff member's current approved information will be pre-populated. The user will enter the updated position title, save the record, and continue to upload any attachments and submit the request.

4.6 Staff Termination



Figure 41: Privileged Staff Member- Staff Termination Request

From the Approved Staff tab, a user may click on the 上 icon to initiate a staff termination request.

Home Manage - Sign Off					
Staff Requests Approved Staff					
Return to Privileged Staff Listing	Provider Name				
Documents Required					
Requestor	Privileged Unique ID				
General	Loss Find Name				
Privileged Staff Member	Chelsea				
Privileged Staff Termination	Legal Middle Name				
Attachments					
	Legal Last Name				
Sign and Submit	Massey				
	Aliases				
	Date of Birth				
	Test Score				
	2025-03-05				
	Exempt from Statute				
	public records				
	Date of Hire				
	2025-03-05				
	Date Of Termination * ③				
	mm/uu/yyyy				
	Previous Next Save				

Figure 42: Privileged Staff Member- Privileged Staff Termination

After reviewing the Requestor General page, the user will be directed to the Privileged Staff Member Termination page where the staff member's current approved information will be pre-populated. The user will enter the termination date, save the record, and continue to upload any attachments and submit the request.

5 Provider Closure

When a provider's certification has expired, is relinquished, or otherwise not renewed, the Department will process a closure request. The provider will have the capability to view that a closure has taken place.

	FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES					
DCF	Privil	ege a	and Certification Syste	em		
Home	Manage 🔹	Sign Off				
(Sel	(Sel Certification Create					
	Privileged Staff					
10	10 Closures					
	Action	Referen	ice ID 🔶	Туре	Status Cl	
	Q 2025-BP-02249		-02249	Initial Application for Batterers' Intervention Program		
	Q 2025-HT-02246		r-02246	Initial Application for Human Trafficking Safehouse		
Showi	ing 1 to 9 of	9 entries				

Figure 43: Manage- Closures

To view closure requests, the user may select the "Closures" option from the "Manage" menu.

Home Manage * Sign Off								
Status								
(Select One)	✓ Search							
10 v entries per page								
Request ID 🔶	Application Type	Provider	Site	Status 🕴	Closure Reason			
2025-CB-02245	Closure Request for Batterers' Intervention Program	Florida Panther Rescue LLC		Approved	Other			
2025-CD-00530	Closure Request for Domestic Violence	Florida Panther Rescue LLC		Approved	Non-Renewal			
2025-CH-00535	Closure Request for Human Trafficking Safehouses	Florida Panther Rescue LLC	Everglades Safehouse	Approved	Non-Renewal			
2025-CH-00536	Closure Request for Human Trafficking Safehouses	Florida Panther Rescue LLC	Palm Trees Transitional Housing	Approved	Surrender			
2025-CH-02242	Closure Request for Human Trafficking Safehouses	Florida Panther Rescue LLC	Jack Site	Approved	Expired			

Figure 44: View Provider Closure Records

The Closures screen displays a list of closure requests that have been processed by the Department. The provider can view the data grid and may contact the Department to report any concerns.