

# Privilege and Certification System Provider User Guide Human Trafficking

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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
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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 providers 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.

### Overview

The Privilege and Certification System (PCS) includes a variety of screens that serve different purposes, primarily categorized into common screens and unique screens. Common screens are universally accessible and provide essential functions that are fundamental to the application's operations. These screens include:

- 1) Sign-In
- 2) Terms of Notice
- 3) Home Screen
- 4) Application Screens
  - a) Documents Required
  - b) Applicant General Information
  - c) Provider General
  - d) Provider Administrative Address
  - e) Provider Contact
  - f) Provider Parent Organization, if applicable
  - g) Sites
  - h) Attachments
  - i) Sign and Submit

Unique screens are tailored for specific tasks and functionalities, which include:

- 1) Human Trafficking Safe House (HTSH)
  - a) Provider Governing Body
  - b) Finances and Fees
  - c) Program Partnership Information
- 2) Management of Privileged Staff

1 Accessing PCS

OF CHILDREN AND FAMILIE	۲ s	Services 🗸 Resou	rce Library News and Events $\sim$	About 🗸 Contact Us
	Learn About Medicaid Rede	termination		
Privilege and C	ertification 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

Connecting to 🗔 Sign in with your account to access Privilege and Certifi System (PCS)	cation
APP LAUNCHER	
App Launcher	
Sign in with Okta FastPass	
OR	
Username Email Address	
Password	
••••••	
Keep me signed in	
Sign in	
Forgot password?	
Unlock account?	
Help	
Password Rest Guide	

#### 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 the 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

Y DCF 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 the notice to proceed or disagree to be redirected back to the DCF Web Site (see **Figure 1**).

#### 1.3 Home Screen

Home Manage	✓ Sign Off					
(Select One)		✓ Create		🖾 Show	All	
10 v entr	ries per page					
Action	Reference ID	Type	Status Change Date	DCF Contact	Status 🕴	Certificate Expires
۹	2024-8P-00312	Initial Application for Batterers' Intervention Program	12/17/2024	Archana Murthy	Approved	12/17/2025
۹	2024-DV-00273	Initial Application for Domestic Violence Center	11/05/2024	Unassigned	Provider In-Progress	No Existing Certificate
Q Ø	2024-HT-00345	Initial Application for Human Trafficking Safehouse	12/27/2024	Archana Murthy	Approved	12/27/2026
Q Ø	2024 HT 00346	Initial Application for Human Trafficking Safehouse	12/27/2024	Archana Murthy	Approved	12/27/2026
Q B	2024 HT 00347	Initial Application for Human Trafficking Safehouse	12/27/2024	Archana Murthy	Approved	12/27/2026

#### 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 and renew applications for human trafficking homes, as well as updates or changes to name changes and 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

Home Manage - Sign Off	
(Select One)	✓ Create
(Select One)	
Change in Certificate Holder or Agency Name Amendment for Adult Human Trafficking Safehouse	
Change of Address Application for Adult Human Trafficking Safehouse	
Change of Ownership Application for Batterers' Intervention Program	
Initial Application for Batterers' Intervention Program	ator
Initial Application for Domestic Violence Center	iter
Initial Application for Human Trafficking Safehouse	
Modify Service Locations Application for Batterers' Intervention Program	
Modify Service Locations Application for Domestic Violence Center	
Renewal Application for Adult Human Trafficking Safehouse	
Renewal Application for Batterers' Intervention Program	

**Figure 5: Provider Application Process: Initiate Application Process** To initiate the provider application process, select "Initial Application for Human Trafficking Safehouse" from the dropdown menu and proceed by clicking the "Create" button.

This same step should be followed to renew or change the certification.

### 2.2 Documents Required

Print	Initial Applic	ation for Human Trafficking Safehouse		
Documents Required	The following document attachment should inclu	ts are required with your application. Please submit one or more attachm de a table of contents and dividers for each section.	nents following the specified format and order as outlined below. Multiple	items submitted within one
Applicant	You may download docu	ment templates from this page. Attachments may be uploaded via the	Attachments tab within the application prior to submission.	
Applicant General Information	Thank you for your atter returned to you for corr	ntion to detail. We appreciate your adherence to these guidelines and lo ection.	ok forward to reviewing your complete application package. Incomplete a	pplications will unfortunately be
Provider				
Provider General	item Order 🔺	Document Name	Description	Download Template
Administrative Address	1	Application for Certification for Adult Safe House	Application for Certification for Adult Safe House	
Contact	2	Civil Rights Certificate	Civil Rights Certificate	
Provider Governing Body	3	Adult Safe House Health Inspection Checklist	Adult Safe House Health Inspection Checklist	
Application Details	4	Incident Reporting	Incident Reporting	
Human Trafficking Safehouse General Info	5	Abuse and Neglect Reporting	Abuse and Neglect Reporting	
Sites				
Finances and Fees	Next Cancel			
Program Partnership Information				
Attachments				
Sign and Submit				

#### Figure 6: Provider Application Process: Documents Required

The screen features a table detailing the required documents to support the application and allows for documentation gathering prior to completing the application. It includes columns for Item Order, Document Name, Description of the documents, and Download Template. The link in the Download

Template column, if present, will allow the user to download a template of the required DCF form for completion and reuploading.

The documents required for submission may be different for each application.

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 Human Trafficking Safehouse
Documents Required	Please review and save the Applicant General Information to create an application before completing any other tab.
	First Name *
Applicant	
Applicant General Information	Last Name *
Provider	-
Provider General	Email *
Contact	
Provider Governing Body	Position *
Application Datails	
Human Trafficking Safehouse General Info	Phone *
Sites	
Finances and Fees	County*
Program Partnership Information	Charlotte ~
Attachments	
Sign and Submit	Previous Next Save

#### Figure 7: Provider Application Process: Applicant General Information

Click the "Save" button to save your application. The pre-populated information is sourced from your user 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.

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES		Create a New Application?
DCF Privilege and Certificatio	n System (Acceptance)	You are about to save your application data and create a new application.
Home Manage - Sign Off		You will be able to return to this application later and continue
		working on your saved data.
Print	Initial Application for Human Trafficking Sa	Continue?
Documents Required	Please review and save the Applicant General Information to cro	
	First Name *	Exit Without Saving Continue to Save
Applicant		
Applicant General Information	_	
	Last Name *	
Provider	-	
Provider General	Email *	
Administrative Address		
Contact		
Provider Governing Body	Position *	
Application Details		
Human Trafficking Safehouse General Info	Phone *	
Sites		
Finances and Fees	County *	
Program Partnership Information	Charlotte	
Attachments		
Sign and Submit	Previous Next 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 click 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 Information

The adult safe house basic information is required as part of the application process. As a provider, the adult safe house must provide basic information to support the certification of the location.

### 2.4.1 Provider General

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES		
OCF Privilege and Certifica	ation System (Acceptance)	
	the of second the optimice of	
Home Manage * Sign Ott		
Print	Initial Application for Human Trafficking Safehouse	
Documents Required	Type of Organization *	
Applicant		~
Applicant General Information	Social Security Number *	
Provider Provider General		
	Name of Organization as Registered with Secretary of State *	
Administrative Address		
Provider Courseine Body	Doing Business As-As Registered with Secretary of State	
Provider Overhing body		
	Other Names (if applicable)	
Application Details		
Sites	Florida Business Registration *	
Finances and Fees		
Program Partnership Information		
Attachments	ls a non-profit organization? *	
Sinn and Submit	-	~
	Is a subsidiary of another organization? *	
	•	~
	Has the Organization been granted tax-exempt status by the IRS? *	
		~
	If yes, under what section is the federal code? Example: 501(C) *	
	Previous Next Save	

#### 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 provider's user registration or application for certification.

### 2.4.2 Administrative Address

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES				Servio
OCF Privilege and Certificati	on System (Acceptance)			
Home Manage - Sign Off				
Print	Initial Application for Human Traf	ficking Safehouse		
Documents Required		Administrative Office Physical Address		
Applicant Applicant General Information	Address Line 1 * ⑦			
Provider Provider General	Address Line 2 (Optional) ⑦			
Administrative Address	City •	State *	Zip Code *	
Contact	-	-		
Provider Governing Body	Is Administrative address same as mailing address *			
Provider Parent Organization				
Application Details Human Trafficking Safehouse General Info	- 	Administrative Office Mailing Address		
Sites	Address Line 1			
Finances and Fees				
Program Partnership Information	Address Line 2 (Optional)			
Attachments				
Sign and Submit	City *	State *	Zip Code *	
		· ·		
	Previous Next Save			

#### Figure 10: Provider Application Process: Administrative Address

The provider's administrative address that oversees the adult safe house is essential for official correspondence and legal requirements.

Note: Unsaved changes require clicking "Save" button.

### 2.4.3 Contact

Documents Required	Initial App	lication for Humar	n Trafficking Safeho	ouse
Applicant		_		
Applicant General Information	New Contact Metho	d		
Provider				
Provider General	Contact Type	Contact Info	Contact Description	Actions
Administrative Address	Hotline	755-656-4231 x20222	hot line	Ø 🖻
Contact	Main Line	222-222-2222 x22222	Main Number	A
Provider Governing Body				¢ u
Provider Parent Organization	Showing 1 to 2 of 2 en	tries		
Application Details	Destricted			
Human Trafficking Safehouse General Info	Previous			
Sites				
Finances and Fees				
Program Partnership Information				
Attachments				
Sign and Submit				

#### Figure 11: Provider Application Process: Contact

On the Contact tab, users can see the "New Contact Method" button and a data grid that displays existing contact information. This grid includes details such as the type of contact (e.g., Main line, Email), the specific contact information, a description of the contact method, and available actions (modify, view, delete).

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.

Add New Contact	×
Contact Type * ⑦	
Description * ?	
Contact Info * ⑦	<i>b</i>
Save New Con	tact Cancel

#### Figure 12: Provider Application Process: Add Provider Contact

Upon selecting the "New Contact Method" button, choose the preferred contact type such as Main line, Hotline, Email address, Fax Number, or Website. Enter the relevant details for the chosen contact method, including a description in the free text field. All the fields are mandatory. The new or updated contact information will appear in the data grid, where it can be further modified, viewed, or deleted.

Note: Each provider must enter the contact information for the owner, primary contact for the adult safe house if different than the owner, administrative number, and the hotline/warm line number, if applicable.

### 2.4.4 Provider Parent Organization

FLORIDA DEPARTMENT		5
DCE Drivilage and Cortificat	ion System (Assentance)	_
Der Filvliege and certificat	ion system (Acceptance)	
Home Manage * Sign Off		
Print	Initial Application for Human Trafficking Safehouse	
Documents Required	Name of the Parent Organization * ①	
Applicant		
Applicant General Information	Contact Person's Name * 💮	
Provider		
Provider General	Position Title *	
Administrative Address	-	
Contact	Phone Number	
Provider Governing Body		
Provider Parent Organization	Email*	
Application Details		
Human Trafficking Safehouse General Info	Address 1*0	
Sites		
Finances and Fees		
Program Partnership Information	Address 2	
Attachments		
Sign and Submit	City*	
	—	
	State *	
	• ·	
	Ζφ*	
	Previous Next Sare	

#### 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 to an organization" on the Provider General screen. The system automatically populates fields with relevant parent organization information, including name, contact person's name, position title, phone number, email, address line 1, city, state, and zip code from previously approved applications, if present. Users can edit the pre-populated information to update inaccurate or outdated details and correct errors.

#### Note: Unsaved changes require clicking the "Save" button.

### 2.4.5. Provider Governing Body

Print	Initial Application for Human Trafficking Safehouse									
Documents Required	Add New N	Nember 🛛 😨								
Applicant		1	1	1		l		I		
Applicant General Information	Action	First Name ≬	Last Name ≬	Employer 🕴	City 🔶	Phone 🔶	Email 🔶	Term of Membership 🕴	Role 🔶	Term of Role ≬
Provider	Ø Î	Mia	Test	test	Tallahassee	465-454-5645 x64564	iyer2000test@gmail.com	10	Past President/Chair	3
Provider General	Showina 1 to	1 of 1 entry								
Administrative Address		,								
Contact	Previous	Next								
Provider Governing Body										
Application Details										
Human Trafficking Safehouse General Info										
Sites										
Finances and Fees										
Program Partnership Information										
Attachments										
Sign and Submit										

#### Figure 14: Provider: Provider Governing Body

The Governing Body page mirrors the functionality of the Provider Contact page, displaying a list of existing governing bodies associated with the provider. Users can add new governing bodies by selecting the "Add New Member" option. Information is presented in a table/grid format.

Edit Governing Body
First Name *
Smith
Last Name *
Alan
Employer *
test
City *
Tallahassee
Phone *
863-963-2587
Email *
smith@gmail.com
Term of Membership *
3
Role *
Assessor 🗸
Term Of Role *
3
Save Cancel

#### Figure 15: Provider: Provider Governing Body - Edit

The name, phone number, term of membership, role, and term of role are required fields for the governing body of adult safe houses. The provider may select to enter "NA" for employer and city fields.

### 2.5 Application Details

The application details section captures specific information related to the adult safe house, such as population being served, bed capacity, type of program at the site, and collaborative partnerships.

### 2.5.1 Human Trafficking Safe House General Info

Print	Initial Application for Human Trafficking Safebouse
Documents Required	Name of the Agency Owner * (?)
bocumenta nequirea	Test Agency Owner
Applicant	
Applicant General Information	Is the Agency a member of the Florida Human Trafficking Task Force or coalition? ⑦
	Yes
Provider	Name of the Task Force or coalition *
Provider General	Test Tack Force
Administrative Address	hair toker toke
Contact	Is the applicant accredited by a certifying organization? $\textcircled{0}$
Provider Governing Body	Yes
Application Details	Name of Accrediting Organization? *
Human Trafficking Safehouse General Info	Test Accreditor
Sites	Accreditation Expiration Date *
Finances and Fees	01/02/2026
Program Partnership Information	
Attachments	Are you currently contracted with the Department of Children and Families * 🕐
Sign and Submit	Yes
	Number of Beds * ⑦
	50
	Which population will the program serve? * ⑦
	C Female
	Female with Child
	Male     Male     Male
	Nae wur chiu
	Have you ever served as a board member, executive director, or other officer of an agency that failed to secure a certificate or license or where the certificate or license was revo
	No
	Channes have been made on this name. Click Save to retain these channes. If you click Previous. Next, or navinate away from this screen without saving these channes will be lost
	Previous Next Save

#### Figure 16: Application Details: Human Trafficking Safe House General Info.

This section captures general information about the adult safe house. Each field must be completed. When the user selects "yes," to the following questions, additional fields are required to be completed.

- Is the agency a member of the Florida Human Trafficking Task Force or Coalition?
- Is the applicant accredited by a certifying organization?
- Have you ever served as a board member, executive director, or other officer of an agency that failed to secure a certificate or license or where the certificate or license was revoked?

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

2.5.2 Sites

OF CHILDREN AND FAMILIES									
F Privilege and Certifica	tion System	(Acceptance	e)						
Manage * Sign Off									
Print									
	Initial Ap	plication for	Human Traffic	cing Safehou	se				
Documents Required	New Site 💿								
oplicant									
Applicant General Information	Action	A Name	+ Address	÷ City	County	÷ Zi	p 🕂 Phone	Site Type	- +
ovider				No	data available in table				
rovider General	Showing 0 to 0	of 0 entries							
dministrative Address		and children							
ontact	Previous	Next							
rovider Governing Body									
rovider Parent Organization									
plication Details									
uman Trafficking Safehouse General Info									
tes									
nances and Fees									
ogram Partnership Information									

### Figure 17: Application Details: Human Trafficking Safe House Program Sites

The Site tab displays a list of existing sites associated with the provider. Users can add new sites by selecting the "New Site" option.

Site Name * ?				
Site Type * 🕐				
(Select One)				~
Site Schedule 🕐				
Address Line 1 *	Physical (Street	t) Address	5	
Address Line 2 (Optio	nal)			
Address Line 2 (Optio	nal) County *		Zip *	
Address Line 2 (Optio City *	County * (Select One)	~	Zip *	
Address Line 2 (Optio City * Phone *	<b>County *</b> (Select One)	~	Zip *	
Address Line 2 (Optio City * Phone *	County * (Select One)	~	Zip *	
Address Line 2 (Optio City * Phone *	County * (Select One)	~	Zip *	
Address Line 2 (Optio City * Phone *	County * (Select One)	~	Zip *	

#### Figure 18: Application Details: Site Details

The site information is essential for inspections and oversight by the Department. The site location may be different from the administrative location based on the adult safe house organization's structure. The name, site type (emergency, residential, traditional), and physical address must be completed. The physical address entered must align with the exact location where the residents will reside. The information is presented in a table/grid format.

### 2.5.3 Finances and Fees

Print	Initial Application for Human Trafficking Safehouse	
Documents Required	For initial Application Only: Does your program have sufficient funding for operation for at least six months? * $\odot$	
Applicant Applicant General Information	No Are fees for services charaed/Note: Provide a conv of fee schedule) *	~
Provider Provider General Administrative Address	No	v
Contact Provider Governing Body	Previous Next Save	
Application Details Human Trafficking Safehouse General Info Sites Finances and Frees		
Program Partnership Information Attachments Sign and Submit		

#### Figure 19: Application Details: Finances and Fees.

The Finances and Fees tab captures the program's financial ability to operate. Supporting documentation must be uploaded in the attachments section.

Note: Unsaved changes require clicking "Save" button to prevent loss of data entry.

#### 2.5.4 Program Partnership

Print	Initial Application	for Human Trafficking S	afehouse	
Documents Required	List any community agencies, loca	l law enforcement, Non-government organiza	tion (NGO), and government agencies you are collabora	ating with to support the mission and delivery of services.
Applicant	New Program Partnership			
Applicant General Information				
Provider	Action	Name of the Agency	Type of Relationship	Other (If Any)
Provider General			No data available in table	
Administrative Address	Showing 0 to 0 of 0 entries			
Contact Provider Governing Body	Previous			
Application Details	1			
Human Trafficking Safehouse General Info	-			
Sites				
Finances and Fees				
Program Partnership Information				
Attachments				
Sign and Submit				

#### Figure 20: Application Details: Program Partnership

The Program Partnership collects and displays detailed information about partnerships with agencies or community partners such as the human trafficking task force or coalition in a table/grid format. This includes agreements, contracts, subcontracts, and other relevant arrangements. Users can list new partnerships by selecting the "New Program Partnership" option.

New Program Partners	hip			×
Agency Name				
Agreement Type				
(Select One) Agreement Contract Other	Î			
Other (Specify)				
test-other				
			Save New Partner	Cancel

#### Figure 21: Application Details: Program Partnership

Adding partnerships requires the name of the agency and identifying the type of agreement.

### 2.5.5 Attachments

Print	Initial Application for Human Trafficking Safehouse									
Documents Required	Please upload all required and any optional attachments from this page. Listed documents should be uploaded at corresponding listing.									
Applicant Applicant General Information	If you have one document attachment that meets multiple requirements, please follow specific policy for your program as found in the application user guide.									
Provider Provider Provider General Administration & difference	Upload Unlisted Document									
Contact	Item Order 🔺	Document Name	Description	Required	Uploaded?	Upload Date ≬	Action ⑦			
Provider Governing Body	1	Application for Certification for Adult Safe House	Application for Certification for Adult Safe House	Yes	No		Ţ			
Application Details Human Trafficking Safehouse General Info	2	Civil Rights Certificate	Civil Rights Certificate	Yes	No		Ţ			
Sites Finances and Fees	3	Adult Safe House Health Inspection Checklist	Adult Safe House Health Inspection Checklist	Yes	No		Ţ			
Program Partnership Information	4	Incident Reporting	Incident Reporting	Yes	No		Ţ			
Attachments Sign and Submit	5 Abuse and Neglect Reporting Abuse and Neglect Reporting Yes No									
	Previous Next									

#### Figure 22: Application Details: Attachments

The Provider Attachments tab simplifies the submission and verification of required documents for the Program. The "Upload Unlisted Document" button allows users to submit additional document(s) that may be beneficial to the Department when reviewing the submitted request.

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

### 2.5.6 Sign and Submit

Print	Initial Applicat	ion for Human Trafficking Safehouse					
Documents Required	I attest that the named program in this application meets all standards for certification as required by Florida Statutes, By submission of this application and upon approval by the Department of Children and Families, I agree to abide by all rules, statutes, standards, policies and procedures that apply to the operation of an authorized facility. I understand that any omissions, misstanements, or misrepresentations are grounds for rejection of certification. Understand that certification is non-transferable.						
Applicant General Information	I understand that knowingly making a false statement on this application constitutes a second-degree misdemeanor as provided in Florida Statutes. By signing this application, I swear and correct						
Provider							
Provider General	Previous Submit						
Administrative Address							
Contact	Validated	A Description					
Provider Governing Body	~	Applicant General Information					
Application Details	~	Provider General					
Human Trafficking Safehouse General Info	~	Provider Administrative Addresses					
Sites	~	Provider Contact					
Finances and Fees	~	Provider Governing Body					
Program Partnership Information	~	Human Trafficking Safehouse General Info					
Attachments Sign and Submit	~	Sites					
	~	Finance and Fees					
	~	Program Partnership Information					
	~	Attachments Required					
	Showing 1 to 10 of 10 entri	ies					

#### Figure 23: Application Details: Sign and Submit

Once all required information is validated, users should read the attestation statement on the Sign and Submit tab and can check 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.

#### 2.6 Print Application

D	CF Privilege and Certification System (Acceptance)
Hor	ne Manage - Sign Off
	Print Close
	Applicant General Information
	First Name
	archana
	Last Name
	murthy
	Email
	archana.murthy@myfifamilies.com
	Position
	Business Analyst
	Phone
	185-056-7248
	County
	Leon

#### Figure 24: Application Details: Print

Users have the option to print the application at any time. Upon clicking the print button from within the application menu, users may view the entire application and choose to print it, or they may simply view the application and close the window by clicking 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 the application. Unless indicated otherwise, these tabs are read only and display for the provider information entered by Department staff.

#### 3.1 Sites Inspection

Print	Initial Application for Human Trafficking Safehouse		
Documents Required	Name of Center: Emerald Coast Safehouses		
Applicant			
Applicant General Information	Description	Response	Comments
Provider	Outdoor Accomodations		
Provider General	The outdoor and recreational areas were observed to be clean, well-kept, and free of hazards.		
Administrative Address	The outdoor areas are free from trash, litter, and debris.		
Contact	The outdoor areas are drained.		
Provider Governing Body	The building has outside ventilation by means of windows, louvers, air conditioners, or mechanical ventilation in all rooms being used by the residents		
Application Details Human Trafficking Safebouse General Info	Vehicles		
Sites	Vehicles used to transport residents are well maintained and in operatable.		
Finances and Fees	The number of seats and and restraining devies align with the capacity of the adult safe house.		
Program Partnership Information	If serving children:		
Sites Inspection	Swimming pools, spas, or near open water hazardshave lifesaving equipment are available and accessible in case of an emergency.		
Attachments Sign and Submit	If the agency has equipment that is hazardous, safety regulations were implemented and observed that prohibits resident's children from using the equipment such as signage and lending to secure the area.		
Correspondence	If a play area is made available for children, the area is free of debris and broken or dangerous materials.		
Discussion	If a play area is made available for children and the play area is in view of the public, privacy fencing is required.		
DCF Only Assignment	If a play area is made available for children, the play area is fenced in to prevent access by children to all water hazards within or adjacent to outdoor play areas, such as pools, ditches, retention, and fishponds.		
Approval	If a play area is made available for children, fencing, including gates, are continuous and do not have gaps that would allow children to exit the outdoor play area.		
	If a play area is made available for children, the base of the fence must remain at ground level and be free from erosion or build-up to prevent inside or outside access by children or animals.		
	Interior Accomodations		

#### Figure 25: Application Detail: Sites Inspection

The "Sites Inspection Tab" is initially visible only to DCF staff and includes the results of the inspections for assessment of safety and suitability of facilities. After the initial DCF evaluation, providers can view the information in a read-only format.

#### 3.2 Discussion

Print	Current User
	Archana Murthy (archana.murthy@myfifamilies.com)
Documents Required	
N 11 4	
Applicant General Information	
Applicant ocherar mormatori	
Provider	
Provider General	Send Clear
Administrative Address	
Contact	Archana Murthy (archana.murthy@myflfamilies.com) commented on Tuesday, June 25, 2024 at 1:53 PM test
Provider Governing Body	
Provider Parent Organization	Archana Murthy (archana.murthy@myflfamilies.com) commented on Tuesday, June 25, 2024 at 1:53 PM
	' test
Application Details	Archana Murthy (archana murthy@milliamiliar.com) commented on Tuerday June 25, 2024 at 1:52 DM
Human Trafficking Safehouse General Info	test
Sites	Archana Murthy (archana.murthy@myfifamilies.com) commented on Thursday. June 13, 2024 at 1:57 PM
Finances and Fees	test
Program Partnership Information	
Attachments	Previous Next
Sign and Submit	
Discussion	

#### Figure 26: Discussion

The Discussion Tab 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

Print	Initial Application for Human Trafficking Safehouse
Documents Required	Assign Primary
Applicant	Archana Murthy
Applicant General Information	Assign Backup
Dreuider	Travis McLane
Provider General	
Administrative Address	Previous Next
Contact	
Provider Governing Body	
Application Datella	
Human Trafficking Safehouse General Info	
Sites	
Finances and Fees	
Program Partnership Information	
Sites Inspection	
Attachments	
Sign and Submit	
Correspondence	
Discussion	
Assignment	
Approval	

#### Figure 27: DCF Only: Assignment

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

### 3.4 Approval

Print	Initial Application for Human Trafficking Safehouse
Documents Required	Action
Applicant	Approved
Applicant General Information	Previous
Provider	
Provider General	
Administrative Address	
Contact	
Provider Governing Body	
Application Details	
Human Trafficking Safehouse General Info	
Sites	
Finances and Fees	
Program Partnership Information	
Sites Inspection	
Attachments	
Sign and Submit	
Correspondence	
Discussion	
DCF Only	
Assignment	
Approval	

#### Figure 28: DCF Only: Approval

The Approval tab displays the current status of the application through the certification process.

4 Manage Privileged Staff

<b>?</b>	FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES								
DCF	DCF Privilege and Certification System (DEV)								
Home	Home Manage - Sign Off								
(Sel	(Se Certification Create								
	Privileged Staff								
10	Closures								
	Action	Reference	e ID 🔶	Туре					
	Q 2025-BP-02249		)2249	Initial Application for Batterers' Intervention Program					
	Q 2025-HT-02246		02246	Initial Application for Human Trafficking Safehouse					
Showi	ing 1 to 9 of	9 entries							

Figure 29: Access Privileged Staff functionality

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

### 4.1 Approved Staff

FLC OF	ORI CHI	I <mark>DA I</mark> ILDRE	DEPAI In and	KTME FAMI	NT LIES				Services * Resource Libra	ry Newsan	d Events ▼ About ▼ Co	ontact Us
DCF Priv	vile	ege	and	Cer	tification System (	DEV)						
Home Manage	• s	sign Off										
Staff Reque:	ests	Арр	roved St	aff								
10 v entr	tries p	per pag	je								Search:	
	Act	tion			Staff Unique ID 🔶	First Name 💧	Last Name 🛛 💧	Туре 🔶	Status Change Date	Status ≬	Termination Date 🕴	Is Active 💧
Q D	)	<b>1</b> -	1	#	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 🗋	1	±.	٤	2	2024-HP-00028	Lucky	Charms	Human Trafficking Privileged Person	Thursday, December 19, 2024 at 9:38 AM	Approved		Yes

### Figure 30: 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, the user may utilize the available actions to view the demographics of the privileged staff person, print the privilege staff certificate, or 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

FLORIDA OF CHILD	A DEPARTMENT REN AND FAMILIES			Services -	Resource Library News and Even	ts ∗ About ∗ Contact Us
DCF Privileg	e and Certification System (DI	EV)				
Home Manage + Sign	Dff					
Staff Requests A	pproved Staff					
New Staff Request						
Show Completed						
10 🗸 entries per p	nage					Search:
Action	Staff Unique ID	First Name 🔶	Last Name 🔶	Туре	Status Change Date	Status 🕴
Ø	2024-DP-00032			Privileged Staff Name Change	Thursday, December 19, 2024 at 8:58 AM	Provider In-Progress
Ø	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
Z	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 31: Privileged Staff: Staff Requests

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

### 4.3 New Privilege Staff Request

Staff Requests Approved Staff						
sefore 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 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 Cancel Request Add New Privileged Staff	Middle Name					
should have been returned, consider trying an alternate search method as well.	Last Name *					
	Smith					
(Select One) v	Date of Birth *					
(Select One)	01/01/1978					
Initial Application for Domestic Violence Privilege Person						
Initial Application for Human Trafficking Privilege Person	Search Cancel Request					

#### Figure 32: Privileged Staff: Search and Create Application

To add a new privilege staff through the submission of an application, a search of the individual must be completed first. There are two different search options available:

- Search using the staff name and date of birth: To create an application for Privilege for a new staff person who does not have existing privilege, or for who you do not have their Privilege Staff ID, enter their name and date of birth to perform a search. Once it is confirmed the staff person is not known to the system, an "Initial Application for Human Trafficking Privilege Person" may be created by choosing the desired value from the dropdown menu and selecting "Add New Privileged Staff."
- Search using the Staff ID of an individual who already established privilege in the PCS. To create an application for Privilege for a staff person who has existing privilege with a different provider or program, you may search for that person using their Privilege Staff ID, if you know it, or find them by their name and date of birth. Once it is confirmed the staff person is known to the system, and is the

person you are requesting privilege for, you may choose the desired application type from the dropdown menu and select "Add New Privileged Staff." Should the individual be known to the system, the options for type of application you may submit will vary accordingly.

#### 4.3.1 Documents Required

Return to Privileged Staff Listing	Provider Docume	nts Required.				
Documents Required	The following docu and order as outlin section.	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.				
Requestor General	You may download prior to submission	You may download document templates from this page. Attachments may be uploaded via the Attachments tab within the application prior to submission.				
Privileged Staff Member	Thank you for your complete application	attention to detail. We appreciate your adherence to thes on package. Incomplete applications will unfortunately be	e guidelines and look forward returned to you for correction.	to reviewing your		
General-HTSH		Desument Name	Description			
	Item Order 🔺	Document Name		Download Template		
Attachments	Item Order A	Notarized Affidavit	Privilege Documents	Download Template		
Attachments Sign and Submit	Item Order ▲ 1 2	Notarized Affidavit Agenda for Core Competency Training	Privilege Documents Privilege Documents	Download Template		
Attachments Sign and Submit	Item Order A 1 2 3	Notarized Affidavit Agenda for Core Competency Training Core Competency Training Sign-in Sheets	Privilege Documents       Privilege Documents       Privilege Documents	Download Template		

#### Figure 33: 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 program and 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-HTSH	Position *
Attachments	Senior Advisor
Sign and Submit	Phone *
	County *
	Leon
	Previous Next

## Figure 34: Privilege Application Process: Requestor General Information

The Requestor General Tab displays essential information about the logged in user. Information shown on this tab may not be changed.

### 4.3.3 General-HTSH

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES	
DCF Privilege and Certification System (DEV	)
Home Manage - Sign Off	-
Staff Requests Approved Staff	
Return to Privileged Staff Listing	Provider Name
	Florida Panther Rescue LLC
Documents Required	Privileged Unique ID
Requestor	
General	lagal First Nama *
Privileged Staff Member	Pam
General-HTSH	Lenal Middle Name
Attachments	
Sign and Submit	lenal Last Name *
Sign and Submit	Allen
	Aliases
	Date of Birth *
	01/01/1970
	State Attorney Approval Date *
	01/01/2025
	Date of Hire *
	01/01/2025
	Position *
	Test
	Previous Next Save Cancel

#### Figure 35: Privileged Staff Member: General-HTSH

The General-HTSH tab collects required demographics about the staff person for which the provider is requesting privilege. It also requires the date that State Attorney Approved the individual to receive privilege, hire date, and position held at the safe house.

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

### 4.3.4 Attachments

taff Requests							
Return to Privileged Staff Listing	Provider Ap	plication Documents Req	juired.				
Documents Required		listed Document					
equestor							
General	ltem ⊾ Order	Document Name	Description	Required	Upload Status	Upload Date	Action
General-HTSH	1	Notarized Affidavit	Privilege Documents	Yes	No		Ĵ
Attachments	2	Agenda for Core Competency Training	Privilege Documents	Yes	No		Ĺ
Sign and Submit	3	Core Competency Training Sign-in Sheets	Privilege Documents	Yes	No		ſ
	4	Job Description Affidavit(s) to Register for Privilege	Privilege Documents	Yes	No		Ţ

## Figure 36: Privilege Application Process: Attachments

The Attachments tab simplifies the submission and verification of required documents for Privilege. The "Upload Unlisted Document" button allows users to submit additional document(s) that may be beneficial to the Department when reviewing the submitted request. 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.

# 4.3.5 Sign and Submit

Staff Requests		
Return to Privileged Staff Listing Documents Required	I attes submi statute missta year a	t that the named program in this application meets all standards for certification as required by Florida Statutes. By ssion of this application and upon approval by the Department of Children and Families, I agree to abide by all rule es, standards, policies and procedures that apply to the operation of a {type} facility. I understand that any omission tements, or misrepresentations are grounds for rejection of certification. I understand that certification is for one nd is non-transferable.
Requestor General Privileged Staff Member	l unde provid applica	rstand that knowingly making a false statement on this application constitutes a second-degree misdemeanor as led in Florida Statutes. By signing this application, I swear and affirm that all the information given within this ation is true and correct.
General-HTSH	Previous	ubmit
Attachments		
	Validated 4	Description
Sign and Submit	~	Documents Required
	~	Privileged Staff Member - General
	Showing 1 to 2 of	2 entries

### Figure 37: Privilege Application Process: Sign and Submit

Once all required information is validated, users should read the attestation statement on the Sign and Submit tab. This action makes the "Submit" button appear. Users can then click the "Submit" button to complete and submit the application.

### 4.4 Name Change

From the Approved Staff tab, a user may initiate a name change request. 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.

Ø DCF Privilege and Certification	ion System Home Manage ▼ Sign Off				
taff Requests					
Return to Privileged Staff Listing	Provider Name				
	TestOrg				
Documents Required	Privileged Unique ID				
equestor	2024-DP-00002				
General	Legal First Name				
rivileged Staff Member	Jtest				
Name Change	Legal Middle Name				
Attachments	t				
	Legal Last Name				
Sign and Submit	Ktest				
	Aliases				
	Date of Birth				
	2024-06-03				
	Lindata Lagal Nama				
	Legar First Name				
	Lagal Middle Name 2				
	Level Level News * (2)				
	Legar Last Name - O				
	Singn				
	Previous Next Save				

#### Figure 38: Privileged Staff Member: Name Change

The user will enter the updated legal name, save the record, and continue to upload any attachments and submit the request.

### 4.5 Change in Position

From the Approved Staff tab, a user may initiate a change in position. After reviewing the Requestor General page, the user will be directed to the Privileged Staff Member Position Change page where the staff member's current approved information will be pre-populated.

taff Requests						
Return to Privileged Staff Listing	Provider Name					
Desuments Desuited	TestOrg					
Documents Required	Privileged Unique ID					
equestor Conorol	2024-DP-00002					
General	Legal First Name					
rivileged Staff Member	Jtest					
Ealt Position	Legal Middle Name					
Attachments	t					
Sign and Submit	Legal Last Name					
	Ktest					
	Aliases					
	r					
	Date of Birth					
	2024-06-03					
	Test Score *					
	89					
	Date 30 Hours of Training Completed *					
	06/04/2024					
	Exempt from Statute					
	Date of Hire					
	2024-06-05					
	Position *					
	manager					

#### Figure 39: Privileged Staff Member: Edit Position

The Edit Position Application allows providers to update the position their privilege staff hold in their organization.

### 4.6 Privileged Staff Termination

From the Approved Staff tab, a user may enter a termination date. 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.

ards - Over 🔉 People First - Login 🔅	<sup>DC</sup> fldcfsafehousecertification-acc.azurewebsites.net says		Q.DCFInquiries.Su	🕒 Welcome - Realize
	R You have successfully terminated the privileged staff.			
Documents Required	Pri	ок		
Requestor	2024 01 00001	_		
General	Legal First Name			
Privileged Staff Member	Roger			
Privileged Staff Termination	Legal Middle Name			
Attachments				
Cine and Submit	Legal Last Name			
Sign and Submit	Daltrey			
	Aliases			
	Date of Birth			
	1990-10-10			
	Test Score			
	76			
	Date 30 Hours of Training Completed *			
	2024-05-26			
	Exempt from v Statute			
	Date of Hire			
	2024-06-03			
	Date Of Termination * 🕐			
	06/27/2024			E
	Cancel Save			

#### Figure 40: Privileged Staff Member: Privileged Staff Termination

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 for any program, the Department will process a closure request. The provider user will have the capability to view that a closure has taken place.

¥	FLORIDA DEPARTMENT OF CHILDREN AND FAMILLES							
DCF	Privil	ege and Certification	n Syste	em (DEV)				
Home	Manage •	Sign Off						
(Sel	Certificati	on		✓ Create				
	Privileged	i Staff						
10	Closures							
	Action	Reference ID	+	Type	Status O			
	Q 2025-BP-02249			Initial Application for Batterers' Intervention Program				
	Q 2025-HT-02246			Initial Application for Human Trafficking Safehouse				
Showi	ng 1 to 9 ol	19 entries						

#### Figure 41: Manage- Closures

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

OCF Privilege and Certification System (Acceptance)				
Home Manage - Sign Off				
Return to Listing	Request Description			
	Closure Request for Human Trafficking Safehouses			
Request	Provider			
Documents				
Assignment				
Approval	Site			
Discussion	(Select One)			
	Closure Reason			
	Non-Renewal			
	Closure Description			
	Provider Requested On			
	Closure Effective Date			
	Next			

#### Figure 42: Closure Requests

To submit a closure request, the site, reason for closure, and detailed information as to why the site is closing should be added for review by the Department.