

**State of Florida
Department of Children and Families**

**Domestic Violence Center
Certification Pamphlet**

Office of Domestic Violence Program
1317 Winewood Boulevard
Building 2, Suite 302
Tallahassee, Florida 32399
Phone: 850/921.2168
FAX: 850/413.0812

October 15, 2005

Domestic Violence Certification Pamphlet

Table of Contents

INTRODUCTION	1
PURPOSE	3
DEFINITIONS	3
CERTIFICATION STANDARDS	5
ADMINISTRATIVE COMPONENTS	5
<i>General Requirements</i>	5
PROGRAM COMPONENTS.....	9
<i>Service requirements</i>	9
<i>Other Services</i>	12
FACILITY COMPONENTS.....	13
<i>Health and Fire Inspection Standards</i>	13
<i>General Facility Requirements</i>	14
<i>Changing or Adding Additional Facilities</i>	15
FUNDING	16
REQUIREMENTS.....	17
PROCESS	17
ANNUAL MONITORING AND CERTIFICATION	19
CERTIFICATION REVIEW	19
ANNUAL MONITORING.....	20
COMPLETION OF CERTIFICATION	20

INTRODUCTION

The Department of Children and Families (department) operates the statewide Domestic Violence Program, which is responsible for providing supervision, direction, coordination, and administration of activities related to domestic violence prevention and intervention services. These activities include contracting with the Florida Coalition Against Domestic Violence (coalition) and local agencies to provide services to victims, managing the state certification and evaluation of domestic violence centers and batterer intervention programs, promoting the Governor's *Violence Free Florida* public awareness and education campaign, directing policy, and providing information and technical support to public and private agencies on domestic violence issues.

The 1978 Florida Legislature enacted the certification of domestic violence centers with the intent to provide a safe place where victims and their children may go and receive assistance. The minimum standards for certification were developed by the department in partnership with the coalition to ensure the health and safety of center participants. See section 39.903, Florida Statutes, and Chapter 65C-6, Florida Administrative Code.

Domestic violence centers are community-based agencies that provide services to the victims of domestic violence. Minimum services include temporary emergency shelter; information and referrals; safety planning, counseling and case management; a 24-hour emergency hotline; educational services for community awareness; assessment and appropriate referral of resident children; and training for law enforcement and other professionals.

Effective January 1, 2004, the coalition became responsible for approving or rejecting applications for funding and contracting with certified centers. In order to receive state funds, a center must obtain certification by the State of Florida; however, the issuance of certification will not obligate the coalition to provide state funding.

Every effort is made to minimize any adverse economic impact on existing certified domestic violence centers or services provided within the same service area. In order to minimize duplication of services, the coalition encourages subcontracting relationships with existing certified domestic violence centers within the same service area.

Domestic Violence Certification Pamphlet

An application is completed by a center requesting certification and a physical visit to all facilities by the department is conducted prior to approval of certification. Certification is non-transferable and valid only for the entity named in the letter of certification. Satellite centers or additional facilities may be operated at different locations.

PURPOSE

This pamphlet establishes departmental procedures and guidelines for domestic violence centers seeking initial and annual state certification. It further explains the minimum standards as established in ss. 39.903 and 39.905, F.S., Chapter 65-C, F.A.C., and department procedures.

DEFINITIONS

For purposes of this pamphlet, the following definitions apply:

“Advocate privilege” means communication between a domestic violence advocate and a victim is confidential if it relates to the incident of domestic violence for which the victim is seeking assistance. (s. 90.5036, F.S.)

“Calendar Year” is defined as January 1 through December 31 of a particular year.

“Certification” means a process of satisfying the requirements set forth herein, in statute, rule and departmental procedures for establishing a certified domestic violence center.

“Coalition” means the Florida Coalition Against Domestic Violence, the membership organization responsible for representing and providing technical assistance to certified domestic violence centers. (s. 39.903 (7), F.S.)

“Department” means the Department of Children and Families.

“Domestic Violence” means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.
(s. 741.28 (2), F.S.)

“Domestic Violence Advocate” means any employee or volunteer of a certified domestic violence center who has 30 hours of training in assisting victims of domestic violence and whose primary purpose is the rendering of advice, counseling, or assistance to victims of domestic violence. (s. 90.5036 (1)(b), F.S.)

“Domestic Violence Center” means an agency that provides services to victims of domestic violence, as its primary mission. (s. 39.902, F.S.)

Domestic Violence Certification Pamphlet

“Fiscal Year” means July 1 through June 30 of a particular year and based on the state government business calendar.

“Monitoring” means a process of reviewing the administrative and programmatic components of the certified domestic violence centers to ensure compliance with rule, statutes, and departmental procedures.

“Participant” means a person who consults a domestic violence advocate for the purpose of securing advice, counseling, assistance, or shelter concerning a mental, physical, or emotional condition caused by an act of domestic violence, an alleged act of domestic violence, or an attempted act of domestic violence.

CERTIFICATION STANDARDS

To be eligible for initial certification and annual certification, domestic violence centers must have as their primary mission, as stated in their mission statement, a provider of services to victims of domestic violence.

Minimum services include, but are not limited to, information and referral services, counseling and case management services, temporary emergency shelter for more than 24 hours, a 24-hour hotline, training for law enforcement personnel, assessment and appropriate referral of participant children, and educational services for community awareness relative to the incidence of domestic violence. (See s.39.905, F.S. and Program Components, p. 7.)

Administrative Components

(Chap. 65C-6.004, FAC)

General Requirements

1. Annual written endorsement of local law enforcement agencies;
(See s. 39.905 (1)(b), F.S.)
2. Case records that are current, accurate and complete, must be maintained and in compliance with the Florida Administrative Code. These records must be maintained so as to permit evaluation of the program's services by authorized department employees and representatives of the department;
(See Case Management, p. 11)
3. Establish and maintain a board of directors composed of at least three citizens. One must be a member of a local, municipal or county law enforcement agency. When a center is a component of a larger umbrella organization, an advisory board with interests focused only on the center is recommended; (See s. 39.905 (1)(e), F.S.)
4. Each center shall retain all financial records, supporting documents, client files and statistical records for a period of five years after termination of a contract, or if an audit has been initiated. If audit findings have not been resolved at the end of five years, the records shall be retained until a final determination has been made as to what constitutes a satisfactory resolution of the audit findings;

Domestic Violence Certification Pamphlet

5. A change in the location of service, or the opening of additional service centers during an existing certification period will require the provider to seek approval from the department for an amendment of the certification letter. The department has the right to refuse to amend the certification. If the department does not amend the certification to include additional or new sites, the provider may not utilize contracted funds to operate those locations; (See Chap. 65C-6.002 (2)(a), FAC)
6. *For initial certification only*—Demonstrate a local need and an ability to sustain operations through a history of 18 consecutive month's operation as a center, including 12 month's operation of an emergency shelter. Provide an updated business plan that addresses future operations and funding of future operations.

Manuals/Written Procedures

The following manuals or procedures are required and will be reviewed by authorized department staff and representatives of the department during the monitoring process:

1. An administrative operations manual that includes all of the fiscal policies of the organization and a Table of Organization;
2. A manual of program policies detailing all programmatic procedures incorporating organizational policy on the provision of each mandated service and other day-to-day operational guidelines for staff;
3. A comprehensive, up-to-date database of information and referral resources made available for use by staff and volunteers;
4. Safety procedures including a plan for natural disasters such as hurricanes or fires that may require relocation of the center participants;
5. Procedures for regularly scheduled staff meetings for the purpose of evaluating progress in assisting participants with meeting their objectives;
6. Clearly written and defined intake policies and procedures that identify who is eligible for services and how those services are accessed. Procedures shall also include coordination for providing services to hotline callers.
 - ◆ Service shall not be denied to any person because of ethnicity, national origin, spoken language, religion, age or disability. A non-discrimination clause must be included in the policy.

Domestic Violence Certification Pamphlet

- ◆ Prospective participants who do not meet admission criteria must be informed and provided with referrals to programs and services that can provide assistance.

General staffing requirements

1. Staff may receive a salary or volunteer or be a combination thereof.
2. The center shall employ direct service staff who are trained in the field of domestic violence. Qualifications for other positions in the program are determined by the center.

Minimum paid staffing requirements

1. One full-time administrator or director;
2. One full-time counselor;
3. One full or part-time bookkeeper.

Additionally, staffing, at a minimum, must include a social worker or like professional who shall provide regular scheduled in-service training to the center staff, and any sub-contractor staff with at least one of the following qualifications:

- ◆ An undergraduate degree in a human services area and training in the power and control dynamics of domestic violence, or
- ◆ Four years direct service experience in the field of domestic violence.

Staff Training Requirements

1. Advocates shall have 30 hours of mandated training in order to qualify for domestic violence advocate privilege. The coalition's training policy allows for 24 hours of class training with 6 hours of additional specialized training. Both of these trainings must be documented in the advocate's personnel file and registered with the coalition when training is completed. The center must maintain a current and accurate list of all registered staff who work at the center, paid or unpaid, that meet requirements for domestic violence advocate privilege. (See Chap. 65C-6.004, FAC)

Domestic Violence Certification Pamphlet

2. All staff that meet the requirements for domestic violence advocate privilege according to s. 90.5036, F.S., paid or unpaid, shall receive a minimum of 24 hours of training each year. This training must be documented and maintained in each staff's personnel file.
3. All staff shall receive yearly in-service training on implementing the written safety procedures. This training must be documented and maintained in each staff's personnel file.
4. All staff and volunteers answering hotline calls shall be trained in crisis counseling, safety planning and providing information and referral services.

Confidentiality

1. File and maintain a current list of center employees and volunteers who may claim privilege under s. 90.5036, F.S. The list must include the position title of the advocate whose name is listed, a position description and made available at the time of monitoring. (See s. 39.905 (1)(g), F.S.)
2. The center shall ensure that all staff adheres to s. 39.908, F.S., which prohibits the disclosure of any information regarding center participants without their express written consent.
3. Information deemed confidential through files, reports, inspections or otherwise received by authorized persons employed by or volunteering services to the center shall not be disclosed publicly in such a manner as to identify individuals or the facilities.
4. Authorized department employees and representatives of the department shall have access to the center, its location, the records pertinent in operation of the center, the records of participants served and any other information necessary to assure compliance with the law. This includes sub-contractors' information as well. All such information shall be confidential and treated as confidential by the department and its representatives.
5. Measures shall be employed to safeguard information that identifies a center, or sub-contractor location and participant population. Access is to be granted to departmental employees and representatives of the department only upon establishment of the need and right to know.

Program Components

(Chap. 65C-6.004, FAC)

Service requirements

1. Information and Referral

The center shall provide information and referrals to services and resources according to an individual's needs. All staff who provide counseling and hotline services shall be trained to provide referrals to community resources.

2. Counseling

The center shall provide information on the dynamics of domestic violence, an assessment of risk, and engage in supportive activities with victims. A professional or educational peer model of counseling may be utilized. Individuals who need mental health counseling services may be served through referral to an outside provider. Counseling services must be provided or supervised by persons who meet the qualifications outlined in Chapter 65C-6.004 (1)1-2, FAC.

Services may incorporate advocacy services such as intervening with the various social and legal agencies on behalf of the participant, accompanying the participant to court hearings and providing interpretation services.

Each shelter participant shall be provided with an individual counselor.

To ensure the health and safety of participants, counseling staff shall be available on site at the shelter minimally between the hours of 8:00 a.m. and 10:00 p.m., with on call counseling staff available between 10:00 p.m. and 8:00 a.m.

3. Emergency Shelter for 24-hours or More

Centers shall offer temporary emergency safe housing of victims and their dependents for more than 24 hours. Centers shall be staffed 24 hours a day by paid or trained volunteer staff. Failure to do so may result in immediate suspension or revocation of certification. The need for shelter shall be determined by the need for safety to prevent physical harm.

Domestic Violence Certification Pamphlet

4. Hotline

The hotline shall be covered 24 hours a day by trained staff or volunteers.

The 24-hour hotline certification requirement is exempted from centers where this requirement is being met by another center in the geographic area.

Answering devices or commercial answering services to cover hotline are not permitted.

All staff and volunteers answering the 24-hour hotline calls shall be trained in crisis counseling, safety planning, and providing information and referral services.

Specific written procedures shall be developed to coordinate the provision of services to each caller.

5. Child Assessments

The center shall evaluate the basic needs of children who are in shelter for 72 hours or more and give referrals to services, if needed. Assessment shall include:

- ◆ An evaluation of medical needs,
- ◆ Screening for child abuse, and
- ◆ Screening for behavioral issues that necessitate referral to interventions.

6. Case Management

Each center shall provide a needs-assessment with the development of a service plan and coordination of services with follow-up for the participant.

Shelter participants housed for 72 hours or more and each non-shelter participant who has received three or more separate counseling sessions, shall have a case management record developed and maintained on a current basis.

Domestic Violence Certification Pamphlet

Minimum inclusions for a case management plan are as follows:

- ◆ Identification data including:
 - Name,
 - Age,
 - Ethnicity, and
 - Other relevant information for participant and dependents;
- ◆ Needs assessments for child dependents;
- ◆ Case history;
- ◆ Case management plan that includes a written needs assessment;
- ◆ Service plan that addresses goals and objectives;
- ◆ Safety plan for adult participant indicating participation in the development of the plan signed at least 72 hours or more after intake;
- ◆ Safety plan for each child who is capable of carrying out the safety plan,
- ◆ Documentation of all services received while in the shelter;
- ◆ Signed release of liability forms;
- ◆ Release of information forms;
- ◆ Exit interview; and
- ◆ Follow up status, if available.

Non-resident counseling participants, seen on a face-to-face basis for at least three sessions, shall have a case record developed that includes:

- ◆ Identification data,
- ◆ Dates of contact, and
- ◆ Services provided.

7. Community Education

Community education shall be provided to the public, both in person and through the media, to promote community awareness of the incidence, causes, and prevention strategies of domestic violence.

Center staff shall participate in community task forces, interagency councils and other organizational groups whose efforts are intended to improve services for the victims of domestic violence.

The department may exempt the community education certification requirement if it is being met by another center in the geographic area.

8. Professional Training

Professional Training shall be provided to law enforcement personnel and other professionals and paraprofessionals who have contact with the victims of domestic violence as part of their work.

The department may exempt the professional training certification requirement if it is being met by another center in the geographic area.

Other Services

(See Chap. 65C-6.004 (2q), FAC)

Centers are encouraged to provide additional services to include:

- ◆ Transportation for participants to or from the shelter or community providers, or to conduct any business necessary for the completion of their case management objectives;
- ◆ Supervised children's activities that allow children to receive support and a better understanding of their experiences and provide them with basic safety planning skills; and
- ◆ Temporary, transitional housing for a limited period of time with the goal of accruing the finances necessary to obtain a permanent residence.

Facility Components

(See Chap. 65C-6.004 (3), FAC)

Health and Fire Inspection Standards

The center, including its shelter, offices and any facilities maintained for services shall meet county and municipal building code requirements as authorized in ss. 162, 166.0415, 404.056, and 633.025, F.S.

Centers must conform to standards determined by the local municipality, county or special district agency with safety responsibility by completing an:

- Annual fire inspection, and
- Annual health inspection.

For initial certification only—Documentation of approval that is signed by local authorized zoning, building, and electrical agencies is required. This documentation must be based upon inspections of not more than 60 days prior to the date application for certification is submitted.

The initial test for radon must be documented for those shelters that have childcare facilities in the affected counties. A copy of the report sent to the Department of Health with the results must be included in the certification package.

For annual certification only—Documentation must show that an annual inspection was held within the past calendar year. A city, county, or special district must complete a fire inspection and a sanitation inspection of each center on a yearly basis. Some counties and municipalities may have outsourced the inspection of sprinkler and alarm systems. Be aware that these outsourced inspections do not cover all fire safety standards as defined in s.633.025, F.S. and required by Chapter 65C-6.004, F.A.C.

The test for radon must be documented for those shelters that have childcare facilities in the affected counties. The initial and follow up tests for radon must be documented for the year it is completed and include copies of the reports sent to the Department of Health.

Failure to satisfy and maintain health and fire standards shall result in suspension or revocation of certification. A corrective action plan of not more than three months will be allowed if failing is considered minor or easily remedied.

Domestic Violence Certification Pamphlet

Radon Testing Included in Health Inspections

The Department of Health is requiring only those domestic violence centers that have childcare facilities in the affected counties to do radon testing. See list of designated counties below.

Alachua	Duval	Indian River	Nassau	Sarasota
Brevard	Gadsden	Jackson	Okaloosa	Seminole
Broward	Gilchrist	Jefferson	Osceola	Suwannee
Calhoun	Gulf	Leon	Palm Beach	Taylor
Charlotte	Hamilton	Levy	Pasco	Union
Citrus	Hardee	Liberty	Pinellas	Volusia
Columbia	Hernando	Madison	Polk	Walton
Dade	Highlands	Manatee	Putnam	
De Soto	Hillsborough	Marion	St. Johns	
Dixie	Holmes	Martin	St. Lucie	

A fine and/or cancellation of certification of the shelter can be imposed by the Department of Health if testing is not completed. The initial tests must be performed within one year after the date the building is opened for occupancy or within one year after license approval for residency in the existing building. Follow-up testing must be completed after the building has been occupied for five years. Results must be reported to the Department of Health by the first day of the sixth year of occupancy. After radon measurements have been made twice, regulated buildings need not undergo further testing unless significant structural changes occur.

Centers required to test for radon may perform their own testing through kits purchased by mail or at their local home improvement store or they may hire a state certified radon measurement business to perform the test. To attain information on radon testing and forms necessary for reporting, visit the Bureau of Community Environmental Health, Department of Health's web site at: <http://www.doh.state.fl.us/environment/community/radon/index.html>, or call Michael Gilley at 1-800-543-8279 for further assistance. For further information, the statute and rule may be downloaded at: <http://www.doh.state.fl.us/environment/community/radon/rnrule.htm>.

Address of the shelter is to remain confidential. Use administrative office address when submitting the test.

General Facility Requirements

Domestic Violence Certification Pamphlet

1. The center shall be equipped with telephones for participant use.
2. All precautionary measures shall be made to ensure the physical safety of participants, including:
 - a. Outside doors shall remain locked from the outside at all times and all windows shall be secured against entry;
 - b. Outside and entrance way lighting shall be in place; and
 - c. Playground equipment shall be routinely checked by the health inspector for safety. Fencing must secure the safety of the playground area. If the playground is in view of the public, privacy fencing is required.
3. Sprinklers or smoke alarms in each participant's bedroom and in all hallways of shelters are required. Administrative and outreach facilities should have strategically located sprinklers or smoke alarms for the safety of participants and personnel.
4. Center outreach offices and shelters must be ADA accessible to participants in wheelchairs. Accommodations must also be made for the hearing impaired both over the hotline and on telephones for participant use.

Changing or Adding Additional Facilities

If a center wishes to change the location of the service or open additional facilities during an exiting certification period, the center must seek approval from the department for an amendment of the certification letter. If the certification is not amended to include additional or new sites, department funds cannot be utilized for those locations.

In the event of a disaster, such as a hurricane or fire, and the shelter residents are relocated to temporary facilities, the center must notify the department and the Florida Coalition Against Domestic Violence.

FUNDING

Certification does not ensure funding, however, it is contingent upon satisfaction of all certification requirements. (See s. 39.905 (6a), F.S.; Chap. 65C-6.004, FAC)

Effective January 1, 2004, the coalition assumed the responsibility for receiving and approving or rejecting applications for funding of certified domestic violence centers in Florida. Minimum standards and other documentation for contract provisions, required by the coalition, may be found on the coalition's website at <http://www.fcadv.org/publicaccess.html>.

Annually, during the normal funding cycle, the coalition will provide all certified domestic violence centers with an application for funding with instructions for completion and all other pertinent information.

A newly certified center must notify all other certified centers within their geographic area of their intent to apply for funding. This notice must be made 30 days prior to requesting an application for funding, and documentation for the notification must be submitted to the coalition and included in the application package. This time period is provided to the existing center(s) so that they may furnish a letter of adverse economic impact to the coalition for consideration prior to their decision on funding the new center. Newly certified centers must notify the coalition by January 1, of their intention to apply for funding for the pending fiscal year.

(See Chap. 65C-6.003 (2), FAC)

At least 25 percent of a center's funding must come from one or more local, municipal, or county sources, public or private. Contributions in kind, whether materials, commodities, transportation, office space, other types of facilities, or personal services, may be evaluated and counted as part of the required local funding. (See s. 39.905 (6b), F.S.)

Funds allocated by the legislature will be distributed by the coalition using an allocation formula that considers population, rural and geographical area factors, and the incidence of domestic violence. (See s. 39.903 (7), F.S.)

INITIAL CERTIFICATION

Requirements

(Chap. 65C-6.002 (3), FAC)

In addition to the requirements outlined in CERTIFICATION STANDARDS on page 6, completion of application for initial certification must also include:

1. An explanation as to why subcontracting to provide the additional services is not feasible when another certified service center exists within the service area;
2. A completed financial audit covering the previous 18 months operation as a domestic violence center;
3. A business plan that details programmatic and financial activities for future operations, including an outline of projected revenues and expenditures for a minimum 18-month period;
4. Documentation of 25 percent local match of cash, in kind, or a combination of both;
5. Documentation of community support, both programmatic and financial;
6. Documentation of local need and the identified statewide needs assessment as required by section 39.905(1)(i), F.S. The need for each mandated service must be detailed with supporting documentation included; and
7. A plan that illustrates the manner in which proposed services will be integrated with existing resources for domestic violence victims. Inter-agency agreements are strongly encouraged.

Process

- ◆ Contact the department at 850-921-2168.
- ◆ Download appropriate information from web site:

<http://www.dcf.state.fl.us/domesticviolence/>

Domestic Violence Certification Pamphlet

- ◆ Send completed forms to:

Department of Children and Families
Office of Domestic Violence Program
1317 Winewood Boulevard
Building 2, Suite 302
Tallahassee, Florida 32399

- ◆ A monitoring visit from the department completes the process.
(See Chap. 65C-6.006, FAC).

ANNUAL MONITORING AND CERTIFICATION

Certification is for one-year and shall be denied, suspended or revoked for failure to comply with requirements of statute and procedures as established by the department.

Certification Review

The department makes the following determinations for each certification:

- ◆ Certification indicates that each standard has been met to the satisfaction of the department and will be issued within 30 days upon the completion of the monitoring report.
- ◆ Provisional Certification indicates that the center has not met each standard, but has been given a corrective action plan for each unmet standard.

If the deficit is not dangerous to the health and safety of the participants and is remediable within a three-month period the department shall allow the center to retain its certification and funding during the corrective action period.

If a center is in compliance at the end of the corrective action period, certification will be renewed.

- ◆ Suspension of Certification indicates that the health and safety of the participants are in jeopardy. Suspension may be incurred for up to six months. During this time the center has the opportunity to complete the corrective action plan to bring the center into compliance. Funds will not be distributed to the center during this time. If a center is in compliance at the end of the corrective action period, certification will be renewed and funding restored.
- ◆ Denial of Certification indicates that the deficit is dangerous to the health or safety of the participants, whereas the department shall suspend a center's certification without allowing a corrective action time period, or immediately revoke the certification. Contracted funds will not be distributed to the center during the suspension period or after revocation. Once certification is revoked, a center must apply to the department as a new program.

Annual Monitoring

Monitoring is provided annually for the purposes of ensuring continued compliance with minimum administrative, programmatic, and physical plant standards.

Authorized employees and representatives of the department shall have access to a center or subcontractee, its location, the records pertinent in operation of the center or subcontractee, the records of participants served and any other information necessary to assure compliance with statute, rule, and department procedures. All such information shall be treated as confidential records by the department. (See Chap. 65C-6.002 (4), FAC)

The annual monitoring will evaluate:
(See Chap. 65C-6.006, FAC)

1. Continued compliance with minimum administrative, programmatic and physical plant standards for the certification as established by statute, rule, and department procedures.
2. Client satisfaction with services as determined through:
 - a. Client satisfaction surveys,
 - b. Client interviews, or
 - c. Other means which would maintain client confidentiality.
3. Written evidence, submitted by the domestic violence center or subcontractee for compliance with standards as established by statute, rule, and department procedures.

Completion of Certification

A formal letter of completion of the certification process, the monitoring report, and a copy of the certificate will be sent to the center's board president with a copy of the letter, report and the original certificate sent to the executive director.

The department and the coalition will maintain a list of certified domestic violence centers and will share the list on their web sites and upon request.

APPENDICES

Appendix A----Application for Domestic Violence Center Certification

Appendix B---- Certification Check-Off List

Appendix C----Initial Certification Monitoring Tool

Appendix D----Annual Certification Monitoring Tool

Appendix E----Data Template/Definitions

Appendix A

Application for Domestic Violence Center Certification

APPLICATION FOR DOMESTIC VIOLENCE PROGRAM CERTIFICATION



Please provide the following information and include as the first page of your application package. Please present the required materials in a file or notebook in order of request. Use the Initial Certification Check-Off List in Appendix B as your guide.

Name of Organization: _____

Mailing Address: _____

E-Mail Address: _____

Telephone Number (Administration): _____ Fax: _____

Hotline: _____

Executive Director: _____

Board President: _____

Address: _____

Telephone #: _____

Current Service Area (by county): _____

Date (m/d/yyyy) Center Incorporated: _____

Date (m/d/yyyy) Service Provision Began: _____

Date (m/d/yyyy) Shelter Opened for Service (24 hours a day, 7 days a week): _____

Mission Statement as included in the Articles of Incorporation: _____

The information contained in this application is accurate to the best of my knowledge, and furthermore, I understand that certification cannot be established until all of the criteria as required by Florida Statutes and Florida Administrative Code are satisfied and approved by the Department of Children and Families.

STATE OF FLORIDA
COUNTY OF _____

Subscribed and sworn before me on _____ by _____
Date Board President
and _____ on behalf of _____
Executive Director Domestic Violence Center

Commissioned Notary Public – State of Florida

Print, Type, or Stamp Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced: _____

Appendix B

Certification Check-Off List

Domestic Violence Certification Check-Off List

This list is provided to assist with the center's initial application package. Application Form CF 613 must be completed and submitted with the following information. A three-ring binder with section dividers is recommended. Please submit the application package to:

Department of Children and Families
Office of Domestic Violence Program
1317 Winewood Boulevard
Building 2, Suite 302
Tallahassee, Florida 32399

General Requirements:

- Articles of Incorporation
- Primary Mission Statement
- Documentation of Local Need
- Documentation on ability to sustain operations through a history of 18 consecutive months operation as a domestic violence center, including 12 months operation of an emergency shelter
- Plan illustrating manner of integrating proposed services with existing domestic violence centers in service area and why subcontracting to provide the additional services is not feasible
- Completed Financial Audit covering previous 18 months operation
- Business Plan
 - Programmatic and financial activities for future operations
 - Outline of projected revenues and expenditures for at least 18 months
- Board of Directors Membership
 - Include names, occupations, telephone numbers, and addresses
 - Law Enforcement Agency representation
 - Minutes of previous four meetings
- Current annual written endorsement of local law enforcement agencies
- Documentation showing integration of existing services, i.e. Interagency Agreements
- Documentation of programmatic and financial community support, including the 25 percent match

Manuals/Procedures Requirements:

- Administrative Operations and Programmatic Procedures Manual, to include
 - Fiscal policies
 - Organizational Chart (Table of Organization)
 - Confidentiality policy in accordance with s. 39.905, Florida Statute
 - Organizational policies on the provision of each mandated service and other day-to-day operational guidelines for staff
 - Intake Policies and Procedures, to include:
 - Non-discrimination clause in accordance with s. 39.905, Florida Statute
 - Identifies those eligible for services and how the services are accessed
 - Identifies clients that cannot be served with a referral or contingency plan
 - Procedures for the 24-hour hotline and coordination of services to each caller
 - Procedures for safety including a plan for natural disasters that might require relocation of participants
 - Procedures for regularly scheduled staff meetings for the purpose of evaluating progress in assisting participants with meeting their objectives
 - Strategy for the distribution of information about center services

Personnel and Training Requirements:

- List of all staff positions, to include at a minimum:
 - Full-time Administrator/Director
 - Full-time Counselor

- Full or part-time Bookkeeper
- Social Worker or like professional with an undergraduate degree in a human services area and training in the power and control dynamics of domestic violence, or a person with four years of direct service experience in the field of domestic violence. (May be one of the positions listed above.)
- Position descriptions for each staff position to include
 - Educational and domestic violence experience
 - Comprehensive account of position's responsibilities
 - Position(s) identified responsible for providing counseling services
 - Position(s) identified responsible for providing in-service training to staff, volunteers, and subcontractors
 - Position(s) identified responsible for providing community education
- List of paid and unpaid staff that meet advocate privilege requirements
- Plan for ensuring direct service staff and volunteers will be trained on privilege and confidentiality and registered with the FCADV for advocate privilege

Program Requirements:

- Documentation showing need of services using current statewide needs assessment
- Request for exemption of any services, if needed
- Descriptions included for each service provided, including where, when, and how they are provided
- Additional services with descriptions, including where, when, and how they are provided
 - Transportation
 - Children's Activities
 - Transitional Housing
 - Other
- Documentation of efforts to provide presentations and training to law enforcement and other professionals
- Statistical reports for last 12 months detailing number of victims receiving listed services (Appendix E)
- Documentation showing that each shelter participant is provided with an individual counselor
 - Schedule showing coverage of shelter for 24 hours a day, 7 days a week with trained staff
 - Schedule showing that in-house counseling at the shelter is available between the hours of 8-10 pm
 - Schedule showing that on-call counseling at the shelter is available between the hours of 10 pm-8 am
 - Schedule showing that outreach counseling is offered during a time period that allows for the greatest attendance for the target group

Facility Requirements:

- Physical description of all facilities including year built, owned or leased
- Description of precautionary measures for safety of the residents
- Description of ADA adaptations for all facilities
- Occupation license showing location of center in approved zone
- Current fire inspection
- Current health/sanitation inspection
- Radon testing certificate, if required

For On-Site Visit From Department: The following will be reviewed during the department's site visit after receipt of the center's application and prior to certification.

- Training (24 hours) and CEUs for past year included in personnel files
- Advocate Privilege Core Competency Certification (30 hours) included in personnel files
- Documentation showing paid and unpaid staff receiving yearly in-service training on implementation of safety procedures including hurricane and fire plans
- Documentation showing staff participation in community task forces, interagency councils or other organizations whose efforts improve services for victims of domestic violence

- Up-to-date comprehensive database of information and referral resources made available to staff and volunteers

Shelter Facility(ies):

- Shelter equipped with telephone for client and staff use
- Accommodations made for hearing impaired on hotline and on telephones for client use within the shelter
- ADA accessible
- Flexibility of physical structure in sleeping accommodations for adults, children and infants
- Individual privacy respected with single-family and/or single participant accommodations
- Outside doors locked from the outside at all times
- All windows secured against entry
- Outside and entrance way lighting in place
- Sprinklers or smoke alarms in each participant's bedroom and in all hallways
- Playground equipment checked for safety by health department and area fenced
 - If children's area is in view of public, privacy fence surrounds playground area
- Case records of shelter residents well maintained and include:
 - Identification and demographic data including name, age, race, ethnicity, gender, disability, number of dependents
 - Pertinent case history
 - Case management plan for participants housed 72 hours or more, and includes
 - Needs assessment
 - Detailed service plan, and includes
 - Addresses goals and objectives
 - Coordination and arrangement of appropriate service provisions
 - Signed safety plan including participation in the development of plan
 - Documentation of referrals
 - Documentation of all services received
 - Signed liability forms
 - Signed release of information with termination date
 - Signed TANF forms
 - Exit interview or documentation with explanation why not completed
 - Child Assessments for children housed 72 hours or more, and includes
 - Evaluation of medical needs
 - Screening for child abuse
 - Screening for behavioral issues
 - Appropriate referrals
 - Safety plan for child who is capable of carrying one out

Outreach Facility(ies):

- ADA accessible
- Outside doors locked from the outside at all times
- All windows secured against entry
- Outside and entrance way lighting in place
- Sprinklers or smoke alarms
- Playground equipment routinely checked for safety and area fenced
- If children's area in view of public, privacy fence surrounds playground area
- Case management plans developed for nonresident clients, seen face-to-face for at least three counseling sessions, are well maintained and include:
 - Identification and demographic data including name, age, race, ethnicity, gender, disability, number of dependents
 - Dates of contact
 - Needs assessment
 - Addresses goals and objectives
 - Coordination and arrangement of appropriate service provisions
 - Signed safety plan including participation in the development of plan

- Documentation of referrals
- Documentation of all services received
- Exit interview or documentation with explanation why not completed

Transitional Housing:

- ADA accessible
- All windows and doors have locks for security
- Outside and entrance way lighting in place
- Sprinklers or smoke alarms in place
- Playground equipment routinely checked for safety and area fenced
- If children's area in view of public, privacy fence surrounds playground area

Childcare Facility: Childcare facilities are separately licensed by Department of Children and Families [§402.301-319, Florida Statutes], except in counties choosing to administer their own childcare licensing programs. Currently, seven counties have elected to regulate licensing of childcare facilities and homes. Those counties are Alachua, Brevard, Broward, Hillsborough, Palm Beach, Pinellas, and Sarasota.

- State License; or
- County License

School Facility:

- State License; or
- County License

Appendix C

Initial Certification Monitoring Tool



**DOMESTIC VIOLENCE CENTER
INITIAL PROGRAM CERTIFICATION**

Date of Application For Certification:

Name of Program and Mailing Address:

Date of On-Site Evaluation:

Type of Facilities: Shelter **Outreach** **Administrative** **Transitional**
(include # of) **Day Care/School**

Type: **Initial** **Special**

Outcome: **Pass = No Corrective Action**
 Pass = Corrective Action
Monitors to Return in _____ Months
 FAIL = Certification is Not Granted

If corrective action(s) are indicated, a summary of required actions will be outlined on the last page of this report.

Certification Renewal Date:

Full Time Executive Director:

Center Staff Participants:
(Names and Positions)

Department Participants:
(Names and Positions)

Monitor's Signature _____ Title _____ Date _____

Program Administrator's Signature _____ Date _____

Initial Program Certification

APPLICATION REQUIREMENTS

I. GENERAL REQUIREMENTS:

YES NO

- | | | |
|---|--------------------------|--------------------------|
| 1. Is there a completed application included? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there an existing certified service center within the service area? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If so, is there a written explanation included as to why subcontracting to provide the additional services is not feasible? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the explanation determined by the reviewer to satisfy a local need to continue the certification process for this prospective center? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a copy of Articles of Incorporation included? (Primary purpose must be to assist victims of domestic violence.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a copy of a completed financial audit covering previous consecutive 18 months of operation as a domestic violence center included? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a copy of a business plan included that details programmatic and financial activities for future operations including an outline of projected revenues and expenditures for a minimum of 18 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there a current board of directors list included with names, occupations, telephone numbers and addresses of all members? | <input type="checkbox"/> | <input type="checkbox"/> |

Board President &
Mailing Address

- | | | |
|--|--------------------------|--------------------------|
| 7. Are there at least three board meeting minutes included? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the documentation show the board meeting at least quarterly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is a local law enforcement agency represented on the list of board members? | <input type="checkbox"/> | <input type="checkbox"/> |

Officer, Rank,
& Agency

Initial Program Certification

I. GENERAL REQUIREMENTS: (cont'd.)

YES NO

10. Is there a current written endorsement included from one or more local law enforcement agencies?

Agency(s) and Dates

11. Is there a plan included that illustrates the manner in which proposed services will be integrated with existing resources for domestic violence victims?

12. Are there interagency agreements included for integrating existing services?

Agency(s)

13. Is there documentation included of community support, both programmatic and financial?

14. Is there documentation included showing a 25 percent local funding match from one or more local, municipal, or county sources, public or private? Contributions may be in kind.

Findings:

Recommendations:

Initial Program Certification

<u>II. MANUALS / WRITTEN PROCEDURES REQUIREMENTS:</u>	YES	NO
1. Is there an administrative operations manual included, which contains all the fiscal policies of the organization?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there clearly written and defined intake policies and procedures included, which contains a non-discriminatory clause and identifies those eligible for services and how those services are accessed? This clause must include that services shall not be denied to any person because of national origin or spoken language, religion, age or disability.	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the operating manual identify any clients that it cannot serve and if so, is there a referral or contingency plan (ex. male victims)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a clearly written confidentiality policy included, which complies with s. 39.908, F.S.?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are programmatic procedures detailed in the operation manual that includes day-to-day operational guidelines for staff?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there written safety procedures detailed in the operation manual which include a plan for natural disasters such as hurricanes or fires that may require relocation of the participants?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are regularly scheduled staff meetings for the purpose of evaluating progress in assisting participants with meeting their objectives included in the operation manual?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a written strategy included of how information about center services are distributed within the service area?	<input type="checkbox"/>	<input type="checkbox"/>

Findings:

Recommendations:

Initial Program Certification

III. STAFFING REQUIREMENTS:

YES NO

1. Is there a full time counselor documented?

Name and Title

2. Is there a full or part-time bookkeeper documented?

Name and Title

3. Does documentation show that direct service staff are trained in the field of domestic violence?

4. Is there a person documented who provides regularly scheduled in-service training to subcontractors, professional and non-professional staff and volunteers who are providing counseling services to victims and dependents?

Name & Title:

a. Is it documented that the above trainer is a social worker who has an undergraduate degree in a human services area and training in the power and control dynamics of domestic violence, or a person with four years of direct service experience in the field of domestic violence?

b. Is there a description in the documentation of how, when and where staff and volunteers are trained on privilege and confidentiality?

c. Is it documented that efforts have been made to facilitate presentations and training to law enforcement and other professionals who provide services to victims and dependents?

5. Is it documented that there is a community education person who facilitates presentations to the public, in person and through the media? These should provide information on the incidence and dynamics of domestic violence.

Name & Title:

6. Is there a current and accurate list included of staff, paid and unpaid, that meets the requirements for advocate privilege according to s. 90.5036, F.S.?

7. Is there a brief plan included for ensuring new staff will be registered for advocate privilege?

Initial Program Certification

III. STAFFING REQUIREMENTS: (cont'd.)

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 8. Are job descriptions included, which contain educational and domestic violence experience requirements for each position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does each job description have a comprehensive account of the position's responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are positions identified in these descriptions that are responsible for providing counseling services as required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there a job description responsible for the training position? | <input type="checkbox"/> | <input type="checkbox"/> |

Findings:

Recommendations:

IV. PROGRAM REQUIREMENTS:

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Is a schedule included showing coverage of the shelter by trained paid or unpaid staff for 24 hours a day, 7 days a week? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Office of Domestic Violence Program
Department of Children and Families

Initial Program Certification

IV. PROGRAM REQUIREMENTS: (cont'd.)	YES	NO
2. Is there a request for exemption of the following services because services are offered by another center serving the same area?		
a. Professional Training Services including Law Enforcement Personnel	<input type="checkbox"/>	<input type="checkbox"/>
b. Community Education for Awareness of Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
c. 24-Hour Hotline, Seven Days a Week Hotline	<input type="checkbox"/>	<input type="checkbox"/>
3. If there is not a service exemption request, are descriptions included for each service including where, when and how services are provided?		
a. 24-Hour Hotline, Seven Days a Week Hotline	<input type="checkbox"/>	<input type="checkbox"/>
1) Does documentation show that center staff or volunteers, covering the hotline, are trained in crisis counseling, safety planning and providing referral services?	<input type="checkbox"/>	<input type="checkbox"/>
b. Professional Training Services including Law Enforcement Personnel	<input type="checkbox"/>	<input type="checkbox"/>
c. Community Education for Awareness of Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a description included for each service incorporating where, when and how they are provided?		
a. Information and Referral Services	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>
c. Case Management Services	<input type="checkbox"/>	<input type="checkbox"/>
d. Temporary Emergency Shelter for More Than 24 Hours	<input type="checkbox"/>	<input type="checkbox"/>
e. Assessment and Appropriate Referrals for Resident Children	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there documentation showing the need for these services in the area using the current statewide needs assessment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there statistical reports included that detail the number of domestic violence victims receiving each of the services listed during the past 12 months? (See Appendix B)	<input type="checkbox"/>	<input type="checkbox"/>
7. Does documentation show that each shelter participant is provided with an individual counselor?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does documentation show that in-house counseling at the shelter location is available between the hours of 8 am and 10 pm?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does documentation show that on-call counseling at the shelter location is available between the hours of 10 pm and 8 am?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are outreach counseling services documented as being offered during a time period that allows for the greatest attendance for the target group?	<input type="checkbox"/>	<input type="checkbox"/>

Initial Program Certification

IV. PROGRAM REQUIREMENTS: (cont'd.)

YES NO

Other Services

- | | | |
|---|--------------------------|--------------------------|
| 1. Does documentation show that transportation is provided for clients to and from the shelter or community providers, or to conduct any business necessary for the completion of case management objectives? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does documentation show that supervised children's activities are provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do these activities allow children to receive support and a better understanding of their experiences; and | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do these activities provide basic safety planning skills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is temporary transitional housing provided for a limited period of time with the goal of accruing finances necessary to obtain a permanent residence? | <input type="checkbox"/> | <input type="checkbox"/> |

Findings:

Recommendations:

V. FACILITY REQUIREMENTS:

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Does the application describe each facility including year built, if owned? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Check the types of facilities the center uses. If owned, give the year built. | | |

	#	Owned	Leased	Year		#	Owned	Leased	Year
Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Transitional Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Day Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Office of Domestic Violence Program
Department of Children and Families

Initial Program Certification

- | <u>V. FACILITY REQUIREMENTS: (cont'd.)</u> | YES | NO |
|--|--|--------------------------|
| 2. Is there a copy of the occupational license included showing the location of the center in an approved zone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a current fire inspection included that is dated not more than sixty (60) days prior to the date of the filed application? | <input type="checkbox"/> | <input type="checkbox"/> |
| Date & Agency | <input style="width: 450px; height: 30px;" type="text"/> | |
| 4. Is there a current health inspection included that is dated not more than sixty (60) days prior to the date of the filed application? | <input type="checkbox"/> | <input type="checkbox"/> |
| Date & Agency | <input style="width: 450px; height: 30px;" type="text"/> | |
| 5. Is there a copy of the radon testing certificate included, showing results of the testing or an explanation that the center is not located in a county where testing is required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there a description of the physical structure included? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Does the description indicate all precautionary measures for the safety of the residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the description include outreach offices? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the description identify ADA adaptations for all facilities? | <input type="checkbox"/> | <input type="checkbox"/> |

Findings:

Recommendations:

Initial Program Certification

<u>VI. ON-SITE EVALUATION:</u>	YES	NO	NA
1. Does documentation show that staff participates in community task forces, interagency councils or other organizations whose efforts improve services for victims of domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a comprehensive, up-to-date database of information and referral resources that is made available to staff and volunteers and for review by departmental staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is shelter equipped with telephones for client and staff usage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have accommodations been made for the hearing impaired, both on the hotline and on telephones for client use within the shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the shelter facility accessible to clients in wheel chairs (ADA Accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the physical structure of the shelter facility allow flexibility in sleeping accommodations for adults, children and infants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is individual privacy respected with single-family and/or single participants unit accommodations in the shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have precautionary measures been taken to secure the safety of shelter residents, such as:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Are outside doors locked from outside at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all windows secured against entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is outside and entranceway lighting in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are sprinklers or smoke alarms in each bedroom and in all hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is playground equipment routinely checked for safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a fence surrounding the children's play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the children's play area in view of the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. If yes, is there a privacy fence surrounding the play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the outreach facility accessible to clients in wheel chairs (ADA Accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have precautionary measures been taken to secure the safety of outreach participants, such as:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Are outside doors locked from outside at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all windows secured against entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is outside and entranceway lighting in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is there a sprinkler or smoke alarm system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is playground equipment routinely checked for safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a fence surrounding the children's play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the children's play area in view of the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is there a privacy fence surrounding the play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial Program Certification

<u>VI. ON-SITE EVALUATION: (cont'd.)</u>	YES	NO	NA
11. Is the transitional facility accessible to clients in wheel chairs (ADA Accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have precautionary measures been taken to secure the safety of transitional residents, such as:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Are all windows secured against entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is outside and entranceway lighting in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there a sprinkler or smoke alarm system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is playground equipment routinely checked for safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there a fence surrounding the children's play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is the children's play area in view of the public? If yes, is there a privacy fence surrounding the play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the daycare facility accessible to persons in wheel chairs (ADA accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Is there documentation of the daycare license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Have precautionary measures been taken for safety, such as:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Are all windows secured against entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is outside and entranceway lighting in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there a sprinkler or smoke alarm system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is playground equipment routinely checked for safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there a fence surrounding the children's play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is the children's play area in view of the public? If yes, is there a privacy fence surrounding the play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the school facility accessible to persons in wheel chairs (ADA accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Is there documentation of a school license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Have precautionary measures been taken for safety in the daycare, such as:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Are all windows secured against entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is outside and entranceway lighting in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there a sprinkler or smoke alarm system in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is playground equipment routinely checked for safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there a fence surrounding the children's play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is the children's play area in view of the public? If yes, is there a privacy fence surrounding the play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial Program Certification

VI. ON-SITE EVALUATION: (cont'd.)

Findings:

Recommendations:

Initial Program Certification

VII. STAFF FILES:

YES NO

Total # of Files Reviewed

1. Is the required 30 hours of Core Competency training documented in the personnel files for those who are in advocate privilege positions, paid or unpaid?

of Files with Core Competency

2. Does paid and unpaid privilege staff (part-time or full-time) have the annually required 24 hours of training documented in their personnel files?

of Files with Required Training

3. Have all paid and unpaid staff received yearly in-service training on the implementation of safety procedures including hurricane and fire plans?

of Files with Required Safety
Procedures Training

Findings:

Recommendations:

Initial Program Certification

VIII. SHELTER CASE MANAGEMENT:

YES NO

1. Do case records of shelter residents include the following:
 - a. Identifying information and other demographic data such as name, age, race, ethnicity, gender, disability and number of dependents? YES NO
 - b. Pertinent case history? YES NO
 - c. Case Management Plan?
 - 1) Is there an individual needs assessment? YES NO
 - 2) Is there a service plan developed for residents housed for 72 hours or more? YES NO
 - a) Does service plan address goals and objectives? YES NO
 - b) Does service plan provide the coordination and arrangement of appropriate service provisions? YES NO
 - 3) Is a signed safety plan included indicating participation in the development of the plan? YES NO
 - 4) Is date of safety plan at least 72 hours after intake? YES NO
 - 5) Is there documentation of referrals? YES NO
 - 6) Is there documentation of all services received? YES NO
 - d. Signed liability forms? YES NO
 - e. Signed release of information with termination date? YES NO
 - f. Signed TANF forms? YES NO
 - g. If participant has left, is there an exit interview or documentation with explanation why exit interview was not completed? YES NO

of Active files reviewed:

with case plans:

in compliance:

of Exit files reviewed:

in compliance:

Initial Program Certification

VIII. SHELTER CASE MANAGEMENT: (cont'd.)

YES NO

2. Are assessments of resident children made at least 72 hours after intake?
If yes, do they include the following:
- a. Evaluation of medical needs? YES NO
 - b. Screening for child abuse? YES NO
 - c. Screening for behavioral issues? YES NO
 - d. Appropriate referrals? YES NO
 - e. Safety plan for child who is capable of carrying one out? YES NO

of files reviewed:

in compliance:

3. Are resident case records well maintained? YES NO

Findings:

Recommendations:

Initial Program Certification

<u>IX. OUTREACH CASE MANAGEMENT:</u>	YES	NO
1. Are case management plans developed for non-resident clients, seen face-to-face for at least three counseling sessions? If yes, do they include the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Identifying information and other demographic data such as name, age, race, ethnicity, gender, disability and number of dependents?	<input type="checkbox"/>	<input type="checkbox"/>
b. Dates of contact?	<input type="checkbox"/>	<input type="checkbox"/>
c. An individual needs assessment?		
d. Detailed service plan?	<input type="checkbox"/>	<input type="checkbox"/>
1) Does service plan address goals and objectives?	<input type="checkbox"/>	<input type="checkbox"/>
2) Does service plan provide the coordination and arrangement of appropriate service provisions?	<input type="checkbox"/>	<input type="checkbox"/>
e. Signed safety plan?	<input type="checkbox"/>	<input type="checkbox"/>
f. If non-resident is no longer receiving services, is there an exit interview or documentation with explanation why exit interview was not completed?	<input type="checkbox"/>	<input type="checkbox"/>
# of active files reviewed: <input style="width: 100px; height: 20px;" type="text"/>	# in compliance: <input style="width: 100px; height: 20px;" type="text"/>	
# of exit files reviewed: <input style="width: 100px; height: 20px;" type="text"/>	# in compliance: <input style="width: 100px; height: 20px;" type="text"/>	
2. Are outreach case records well maintained?	<input type="checkbox"/>	<input type="checkbox"/>

Findings:

Recommendations:

Initial Program Certification

X. INTERVIEWS WITH SHELTER RESIDENTS:

of Residents Interviewed:

Summary of Interviews:

Initial Program Certification

Corrective Action:

Appendix D

Annual Certification Monitoring Tool



DOMESTIC VIOLENCE CENTER ANNUAL PROGRAM CERTIFICATION

Name of Program & Mailing Address:

[Empty box for Name of Program & Mailing Address]

Date of Monitoring:

[Empty box for Date of Monitoring]

Type: Annual Special

Date of Last Monitoring:

[Empty box for Date of Last Monitoring]

Type: Initial Annual Special

Type of Facilities: Shelter (include # of)

Outreach

Administrative

Transitional

Day Care/School

Outcome:

Pass = No Corrective Action

Pass = Corrective Action
Monitors to Return in ____ Months

FAIL = Certification is Not Renewed

If corrective action(s) are indicated a summary of required actions will be outlined on the last page of this report.

Certification Renewed Through:

[Empty box for Certification Renewed Through]

Full Time Executive Director:

[Empty box for Full Time Executive Director]

Center Staff Participants:
(Names and Positions)

[Empty box for Center Staff Participants]

Department Participants:
(Names and Positions)

[Empty box for Department Participants]

Monitor's Signature _____ Title _____ Date _____

Program Administrator's Signature _____ Date _____

Annual Program Certification

The center is required to maintain documentation proving that standards as described in s. 39.905, F.S. and in Administrative Rule 65C-6 are being met. Each "NO" requires an explanation in the findings section.

ADMINISTRATIVE REQUIREMENTS

I. GENERAL REQUIREMENTS:

YES NO

1. Is there a copy of the mission statement?(primary purpose must be to assist victims of domestic violence)

2. Is there a current board of directors list with names, occupations, telephone numbers and addresses of all members?

Board President & Mailing Address

3. Does the documentation show the board meeting at least quarterly?

4. Is a local law enforcement agency represented on list of board members?

Officer, Rank, & Agency

5. Is there a current written endorsement from one or more local law enforcement agencies?

Agency(s) & Dates

6. Are there interagency agreements for integrating existing services?

7. Is there documentation included of community support, both programmatic and financial?

Findings:

Recommendations:

Annual Program Certification

<u>II. MANUALS / WRITTEN PROCEDURES REQUIREMENTS:</u>	YES	NO
1. Are there clearly written and defined intake policies and procedures that contain a non-discriminatory clause? This clause must include that services shall not be denied to any person because of national origin or spoken language, religion, age or disability.	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the operating procedures/manual identify any clients that it cannot serve and if so, is there a referral or contingency plan (ex. male victims)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a clearly written confidentiality policy that complies with s. 39.908, F.S.?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there written safety procedures including a plan for natural disasters such as hurricanes or fires that may require relocation of the participants?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a comprehensive, up-to-date database of information and referral resources that is made available to staff and volunteers and for review by departmental staff?	<input type="checkbox"/>	<input type="checkbox"/>

Findings:

Recommendations:

<u>III. STAFFING REQUIREMENTS:</u>	YES	NO
1. Is there a full time counselor?	<input type="checkbox"/>	<input type="checkbox"/>
Name and Title	<input style="width: 450px; height: 30px;" type="text"/>	
2. Is there a full or part-time bookkeeper?	<input type="checkbox"/>	<input type="checkbox"/>
Name and Title	<input style="width: 450px; height: 30px;" type="text"/>	

Annual Program Certification

III. STAFFING REQUIREMENTS: (cont'd)

YES NO

3. Is there a person who provides regularly scheduled in-service training to subcontractors, professional and non-professional staff and volunteers who are providing counseling services to victims and dependents?

Name & Title:

- a. Is the above trainer a social worker who has an undergraduate degree in a human services area and training in the power and control dynamics of domestic violence, or a person with four years of direct service experience in the field of domestic violence?
- b. Is there a description in the documentation of how, when and where staff and volunteers, including newly hired are trained on privilege and confidentiality?
- c. Are efforts being made to facilitate presentations and training to law enforcement and other professionals who provide services to victims and dependents?

4. Is there a community education person who facilitates presentations to the public, in person and through the media? These should provide information on the incidence and dynamics of domestic violence.

Name & Title:

5. Does staff participate in community task forces, interagency councils or other organizations whose efforts improve services for victims of domestic violence?
6. Is there a current and accurate list of staff, paid and unpaid, that meets the requirements for advocate privilege according to s. 90.5036, F.S.?

Annual Program Certification

III. STAFFING REQUIREMENTS: (cont'd)

Findings:

Recommendations:

<u>IV. PROGRAM REQUIREMENTS:</u>	YES	NO	N/A
1. Is there a schedule showing coverage of the shelter being staffed 24 hours a day, 7 days a week by staff or trained volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If there is not a service exemption for the following services, are descriptions included for each service including where, when and how services are provided?			
a. 24-Hour Hotline, Seven Days a Week Hotline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1) Does documentation show that center staff or volunteers, covering the hotline, are trained in crisis counseling, safety planning and providing referral services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professional Training Services including Law Enforcement Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community Education for Awareness of Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a description of each of the services including where, when and how services are provided?			
a. Information and Referral Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Temporary Emergency Shelter for More Than 24 Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Assessment and Appropriate Referrals for Resident Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there statistical reports included that detail the number of domestic violence victims receiving each of the services listed during the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is each shelter participant provided with an individual counselor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Program Certification

PROGRAM REQUIREMENTS: (cont'd.)

YES NO N/A

6. Is in-house counseling at the shelter location available between the hours of 8 am and 10 pm?
7. Is counseling staff available for participants at the shelter between the hours of 10 pm and 8 am?
8. Are outreach counseling services offered during a time period that allows for the greatest attendance for the target group?

Findings:

Recommendations:

V. FACILITY REQUIREMENTS:

YES NO N/A

Shelter Facility:

1. Is there a current fire inspection?
Date & Agency
2. Is there a current health inspection?
Date & Agency
3. Is the shelter equipped with telephones for resident and staff usage?

Annual Program Certification

V. FACILITY REQUIREMENTS: (cont'd)	YES	NO	N/A
4. Have accommodations been made for the hearing impaired, both on the hotline and on telephones for resident use within the shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the facility accessible to residents in wheel chairs (ADA Accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the physical structure of the facility allow flexibility in sleeping accommodations for adults, children and infants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is individual privacy respected with single-family and/or single participant accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have precautionary measures been taken to secure the safety of residents, such as:			
a. Are outside doors locked from outside at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all windows secured against entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is outside and entranceway lighting in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are sprinklers or smoke alarms in each bedroom and in all hallways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is playground equipment routinely checked for safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a fence surrounding the children's play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the children's play area in view of the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is there a privacy fence surrounding the play area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Findings:

Recommendations:

Annual Program Certification

V. FACILITY REQUIREMENTS: (cont'd.)

YES NO N/A

Outreach Facility:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 10. Is the outreach facility accessible to participants in wheel chairs (ADA Accessible)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have precautionary measures been taken to secure the safety of outreach participants, such as: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are outside doors locked from outside at all times? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are all windows secured against entry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is outside and entranceway lighting in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is there a sprinkler or smoke alarm system in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is playground equipment routinely checked for safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Is there a fence surrounding the children's play area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Is the children's play area in view of the public? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is there a privacy fence surrounding the play area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Findings:

Recommendations:

Annual Program Certification

V. FACILITY REQUIREMENTS: (cont'd.)

YES NO N/A

Transitional Housing Facility:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 12. Is the transitional facility accessible to participants in wheel chairs (ADA Accessible)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have precautionary measures been taken to secure the safety of transitional housing residents, such as: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Is outside and entranceway lighting in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is there a sprinkler or smoke alarm system in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is playground equipment routinely checked for safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is there a fence surrounding the children's play area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is the children's play area in view of the public? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is there a privacy fence surrounding the play area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Findings:

Recommendations:

Annual Program Certification

V. FACILITY REQUIREMENTS: (cont'd.)

YES NO N/A

Daycare/School Facility:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 14. Is the daycare facility accessible to persons in wheel chairs (ADA accessible)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is there documentation of the daycare or school license? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is there a copy of the radon testing certificate, showing results of the testing or an explanation that the center is not in a county where testing is required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have precautionary measures been taken for safety in the daycare, such as: | | | |
| b. Is outside and entranceway lighting in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is there a sprinkler or smoke alarm system in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Is playground equipment routinely checked for safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is there a fence surrounding the children's play area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Is the children's play area in view of the public? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, is there a privacy fence surrounding the play area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Findings:

Recommendations:

Annual Program Certification

VI. STAFF FILES:

YES NO

Total # of Files Reviewed

1. Is the required 30 hours of Core Competency training documented in the personnel files for those who are in advocate privilege positions, paid or unpaid?

of Files with Core Competency

2. Does paid and unpaid privilege staff (part-time or full-time) have the annually required 24 hours of training documented in their personnel files?

of Files with Required Training

3. Have all paid and unpaid staff received yearly in-service training on the implementation of safety procedures including hurricane and fire plans?

of Files with Required Safety Procedures Training

Findings:

Recommendations:

Annual Program Certification

VII. SHELTER CASE MANAGEMENT:

YES NO

1. Do case records of shelter residents include the following:
- a. Identifying information and other demographic data such as name, age, race, ethnicity, gender, disability and number of dependents?
 - b. Pertinent case history?
 - c. Case Management Plan?
 - 1) Is there an individual needs assessment?
 - 2) Is there a service plan developed for residents housed for 72 hours or more?
 - a) Does service plan address goals and objectives?
 - b) Does service plan provide the coordination and arrangement of appropriate service provisions?
 - 3) Is a signed safety plan included indicating participation in the development of the plan?
 - 4) Is date of safety plan at least 72 hours after intake?
 - 5) Is there documentation of referrals?
 - 6) Is there documentation of all services received?
 - d. Signed liability forms?
 - e. Signed release of information with termination date?
 - f. Signed TANF forms?
 - g. If participant has left, is there an exit interview or documentation with explanation why exit interview was not completed?

of Active files reviewed:

in compliance:

with Case Plans:

of Exit files reviewed:

in compliance:

with Case Plans:

Annual Program Certification

VII. SHELTER CASE MANAGEMENT: (cont'd.)

YES NO

2. Are assessments of resident children made at least 72 hours after intake?
If yes, do they include the following:
- a. Evaluation of medical needs? YES NO
 - b. Screening for child abuse? YES NO
 - c. Screening for behavioral issues? YES NO
 - d. Appropriate referrals? YES NO
 - e. Safety plan for child who is capable of carrying one out? YES NO

of files reviewed:

in compliance:

3. Are resident case records well maintained? YES NO

Findings:

Recommendations:

Annual Program Certification

VIII. OUTREACH CASE MANAGEMENT:

YES NO

4. Are case management plans developed for non-resident clients, seen face-to-face for at least three counseling sessions?
If yes, do they include the following:
- a. Identification data?
 - b. Dates of contact?
 - c. Individual needs assessment?
 - d. Detailed service plan?
 - 1) Does service plan address goals and objectives?
 - 2) Does service plan provide the coordination and arrangement of appropriate service provisions?
 - e. Signed safety plan?
 - h. If non-resident has left, is there an exit interview or documentation with explanation why exit interview was not completed?

of active files reviewed:

in compliance:

of exit files reviewed:

in compliance:

5. Are outreach case records well maintained?

Findings:

Recommendations:

Annual Program Certification

IX. INTERVIEWS WITH SHELTER RESIDENTS:

of Residents Interviewed:

Summary of Interviews:

Annual Program Certification

Corrective Action:

Appendix E

Data Template/Definitions

Exhibit E

Domestic Violence Services Report FY 2005/2006

Contract No. #N/A Prepared by _____ Current Date _____ Phone _____
 Program Name _____ Report Month & Year: July 2005
 Counties Served _____ #N/A Month Year

Note: Do not leave any cells blank.

Direct Services	Individuals Served			
	Children	Women	Men	Total
New Shelter Admissions				0
Repeat Shelter Admissions				0
Continuing Residents in Shelter				0
Leaving Emergency Shelter after 72+ Hours				0
Total Adults Leaving Shelter after 72+ Hours ****				0
Total Adults Leaving ES after 72+ Hours with a Safety Plan ****				
Service Management in Shelter				0
Service Management in Outreach				0
Total Service Management	0	0	0	0
Face-to-Face Counseling in Shelter				0
Face-to-Face Counseling in Outreach				0
Total Face-to-Face Counseling	0	0	0	0
Telephone Counseling Individuals				0

Race/Ethnicity of Individuals Served (unduplicated count)		
Race/Ethnicity	Service	
	Emergency Shelter *	Face-to-Face Counseling in Outreach**
White, non-Hispanic		
Black, non-Hispanic		
Hispanic		
Asian American		
Native American		
Middle Eastern		
Haitian		
Other		
Total	0	0

Transitional Housing	Individuals Served			
	Children	Women	Men	Total
Transitional Housing Admissions				0
Transitional Housing Continuing Residents				0

Age of Individuals Served (unduplicated count)		
Age	Service	
	Emergency Shelter *	Face-to-Face Counseling in Outreach**
0 - 23 months		
2 - 4 years		
5 - 12 years		
13 - 17 years		
Total Children	0	0
18 - 29 years		
30 - 44 years		
45 - 59 years		
60 - 64 years		
65 + years		
Total Adults	0	0
Total	0	0

Temporary Assistance for Needy Families Diversion Program	Individuals Served			
	Children	Women	Men	Total
Emergency Shelter TANF Individuals				0
Outreach TANF Individuals				0
Total TANF Individuals	0	0	0	0

Direct Services - Units	Total Units
Face to Face Safety Plans	
Telephone Safety Plans	
Days of Shelter	
Days of Transitional Housing	
Alternative Accommodations	
Individuals Sheltered Beyond Capacity	
Counseling Sessions (Face to Face)	
Counseling Hours	
Hotline Calls	
Direct Service Info and Referral	

Child Assessments	Children (<18)
0 - 23 months	
2 - 4 years	
5 - 12 years	
13 - 17 years	
Total	0
Children Leaving ES After 72+ Hrs with a Child Assessment ***	

Education and Training		
Community Education	Units	Attendance
Face-to-face Presentations		
Media Presentations		
Professional Training	Units	Attendance
Professional Training		

* Emergency Shelter New Admissions, Emergency Shelter Age, and Emergency Shelter Race/Ethnicity totals must match.

** Face-to-Face Counseling in Outreach Individuals Served, Face-to-Face Counseling in Outreach Age, and Face-to-Face Counseling in Outreach Race/Ethnicity totals must match.

*** Children Leaving ES after 72+ Hours with a Child Assessment must not be greater than Children Leaving Emergency Shelter after 72+ Hours.

**** Total Adults Leaving ES after 72+ Hours with a Safety Plan must not be greater than Total Adults Leaving Emergency Shelter after 72+ Hours.

EXHIBIT G

DEFINITION OF DOMESTIC VIOLENCE SERVICES

1. EMERGENCY SHELTER: Temporary emergency housing of victims of domestic violence and their dependents. Service is measured in individuals served and days of housing provided.

(1.1) *Emergency Shelter New Admissions:* Each individual sheltered is counted once during the fiscal year during the month they initially enter shelter. Return shelter visits are not included in this count. One (1) individual sheltered constitutes one (1) service unit. When an individual has received shelter services, but leaves in less than 24 hours, they may be counted as an individual served. **This is an unduplicated count.**

(1.2) *Emergency Shelter Repeat Admissions:* Each individual who has received shelter services previously during the fiscal year of this contract and who returns to shelter during the same fiscal year is counted as an emergency shelter repeat admission. One (1) individual admitted to shelter during the same fiscal year as a previous admission to shelter for the same person constitutes one (1) service unit. When an individual has received shelter services, but leaves in less than 24 hours, they may be counted as a shelter admission. **This is a duplicated count.**

(1.3) *Emergency Shelter Continuing Residents:* Each individual who entered shelter in the prior month and remains in shelter during more than one month is counted as a continuing resident in the second and all subsequent months following the month the individual initially entered shelter. When an individual has received shelter services, but leaves in less than 24 hours, they may be counted as an individual served. **This is a duplicated count.**

(1.4) *Emergency Shelter for 72+ hours:* Each unduplicated individual who leaves shelter after 72 hours counts as one (1) unit of service. This number is reported for the month in which the individual leaves shelter. **This is an unduplicated count.**

(1.5) *Days of Shelter:* Days are counted for each individual (including return individuals). Each 24-hour period is counted as a day of shelter. On the initial day, if a family is sheltered less than 24 hours but receives shelter services, it may be counted as one day of shelter per individual. **This is a duplicated count.**

(1.6) *Race/Ethnicity and Age of Individuals in Shelter:* Race/Ethnicity and Age are counted for each unduplicated individual in shelter during the fiscal year of this contract. If the individual's race/ethnicity is not one of the options

listed, the individual should be counted as Other. **This count when totaled must equal the Emergency Shelter New Admissions total. This is an unduplicated count.**

2. COUNSELING: Counseling is advocacy which involves providing information on the dynamics of domestic violence, doing an assessment of risk, and engaging in other supportive activities as appropriate. This measure does not include individuals served through Batterers' Intervention Programs. Service is measured in individuals served, hours of counseling, and counseling sessions.

(2.1) *Face to Face Counseling in Shelter*: Individuals in shelter who attend counseling sessions in individual and/or group settings. The counseling session must be a minimum of 15 minutes in duration to meet the service definition. For measurement, each individual is counted once during the fiscal year during the month they initially entered counseling. **This is an unduplicated count.**

(2.2) *Face to Face Counseling in Outreach*: Individuals using the center's outreach program, **including transitional housing participants**, who attend counseling sessions in individual **and/or group** settings, **and for whom a full service management file has been opened.** The counseling session must be a minimum of 15 minutes in duration to meet the service definition. For measurement, each individual is counted once during the fiscal year during the month they initially entered counseling. **This is an unduplicated count.**

(2.4) *Race/Ethnicity and Age in Face-to-Face Counseling*: Race/Ethnicity and Age are counted for each unduplicated individual accessing face-to-face counseling services during the fiscal year of this contract. If the individual's race/ethnicity is not one of the options listed, the individual should be counted as Other. **This count when totaled must equal the Face-to-Face Counseling total. This is an unduplicated count.**

(2.5) *Telephone Counseling*: Counseling provided by telephone. The counseling session must be a minimum of 15 minutes in duration to meet the service definition. Each individual is counted once for each telephone counseling session. **This is a duplicated count.**

(2.6) *Counseling Hours*: Time is measured in 15 minute increments. For example, 15 minutes is reported as .25, 45 minutes is reported as 0.75. All hours are counted each month regardless of the month the individual entered counseling. **All counseling hours are counted for individual and group counseling regardless of whether a full service management file has been opened.** **This is a duplicated count.**

(2.7) *Counseling Sessions:* Counseling sessions in individual and/or group settings. The counseling session may take place through residential or outreach services, and must be a minimum of 15 minutes in duration to meet the service definition. For measurement, each face to face counseling session is counted once. **Counseling sessions are counted regardless of whether a full service management file has been opened. This is a duplicated count.**

3. 24 HOUR HOTLINE: The provision of crisis counseling and information and referrals on a 24 hour per day, seven days a week basis by trained center staff, paid or unpaid. This service is measured in telephone contacts; one (1) telephone contact constitutes one (1) unit of service. To meet the service definition, the contact must be with a victim of domestic violence or an individual seeking information about center services or community referrals. **This is a duplicated count.**

4. ASSESSMENT OF CHILDREN: Evaluation of the basic needs of children served by the program, and the referral of children to services when appropriate. Service includes a screening for child abuse and an assessment of risk.

(4.1) *Child Assessments:* This service is measured in assessments completed. One (1) child assessed is one (1) unit of service provided. Subsequent assessments completed as a result of a change in the child's circumstances or readmission to the program may be counted. **This is a duplicated count.**

(4.2) *Children Leaving Emergency Shelter after 72+ Hours with a Child Assessment:* Florida Administrative Code 65C-6 requires that a child assessment be provided to all children in shelter for 72 hours or more. Each child leaving shelter after 72 hours or more for whom a child assessment has been completed is counted as one (1) unit of service. **This is an unduplicated count.**

5. DIRECT SERVICE INFORMATION AND REFERRAL: Providing information and/or referrals about domestic violence and available services and resources appropriate to the individual need. Information and referral may be provided face-to-face, by telephone, **by email** or by mail. Each referral to one service agency or resource, per individual per contact constitutes one (1) unit of service. This does not include educational training, presentations, or distribution of materials to the community at large. **This is a duplicated count.**

6. SERVICE MANAGEMENT: The provision of an individual needs assessment, development of a service plan, a written safety plan, and the coordination of appropriate services and follow-up. Files shall contain these elements if an individual has been in shelter for 72 hours or more and in outreach files as appropriate.

(6.1) *Service Management in Shelter:* One (1) shelter file closed constitutes one unit of service. When an individual leaves the shelter (or is determined to

not be returning and a bed is no longer being held), the file is considered closed. If additional services are then accessed, the file is reopened, **but the individual is not counted again during the same fiscal year.** This is an **unduplicated count.**

(6.2) *Service Management in Outreach:* One (1) outreach file closed constitutes one unit of service. In outreach services a file should generally be considered for closure if there has been no contact for 30 days. If additional services are then accessed, the file is reopened. Service management cannot be provided through hotline calls and telephone counseling with individuals who have not participated in a face to face program. **This is an unduplicated count.**

7. COMMUNITY EDUCATION: Presentation to the public, both in person and through the media, of information on the incidence and dynamics of domestic violence.

(7.1) *Community Education Units of Services:* The number of presentations to the public, in person, containing information on the incidence and dynamics of domestic violence. One (1) community education presentation before a group of individuals constitutes one (1) unit of service.

(7.2) *Community Education Attendance:* The number of individuals attending the presentation. The count must be documented on a sign-in sheet or with a **signed verification** attesting to the number of individuals present at the presentation provided by the responsible individual representing the organization or group receiving the training to meet the service definition.

(7.3) *Media:* The number of presentations to the public through the media containing information on the incidence and dynamics of domestic violence. One (1) presentation through the media constitutes one (1) unit of service. A single presentation that is shown multiple times throughout the month is counted only once. **The projected numbers of individuals reached through a media presentation are counted neither under this category nor under Community Education Attendance.**

8. PROFESSIONAL TRAINING: Provision of domestic violence training to law enforcement personnel and other professionals and paraprofessionals.

(8.1) *Units of Service:* One (1) training with a group of individuals constitutes one (1) unit of service.

(8.2) *Attendance:* The number of individuals attending the training. The count must be documented on a sign-in sheet or with a signed verification attesting to the number of individuals present at the training provided by the responsible individual representing the organization receiving the training to meet the service definition.

9. SAFETY PLANNING: The development of a plan for security that includes a lethality assessment, documentation of abuser patterns, and an escape plan. Florida Administrative Code 65C-6 requires that a service management plan containing a safety plan be provided to all residents in shelter for 72 hours or more and to all non-residents upon 3 or more individual counseling sessions.

(9.1) Face to Face Safety Planning: The development of a safety plan with an individual accessing center services in the shelter or through outreach. To meet the service definition, the plan must include the elements in the definition and be signed by the individual acknowledging their involvement in the development of the plan. Each unduplicated individual who receives a safety plan face to face in shelter or outreach counts as one (1) unit of service. A child's safety plan shall not be counted unless the child is the primary program participant receiving domestic violence services and the child's safety plan can be executed independently of the parent/guardian. Please note that most centers do not have programs in which the child is the primary program participant; therefore, most centers will not be reporting the number of safety plans provided to children. **This is an unduplicated count.**

(9.2) Telephone Safety Planning: The development of a safety plan over the telephone. To meet the service definition, the safety plan must include the elements in the definition. Each individual who receives a safety plan over the telephone counts as (1) unit of service. **This is a duplicated count.**

(9.3) Safety Plans ES After 72 Hours: The number of individuals who left shelter after 72 hours with a safety plan. To meet the service definition, the plan must include the elements in the definition and be signed by the individual acknowledging their involvement in the development of the plan. A child's safety plan shall not be counted unless the child is the primary individual receiving domestic violence shelter services and the child's safety plan can be executed independently. The plan should be initiated within the first 72 hours after an individual enters shelter. Modifications to a safety plan developed with the individual during the shelter stay are considered a continuance of the initial plan. For counting, the initial plan must be completed, dated, and signed within the first 72 hours after the individual enters shelter; and an exit interview signed and dated acknowledging that the individual has reviewed the plan 24 hours prior to exiting the shelter. Florida Administrative Code 65C-6 requires all individuals in shelter for 72 hours or more to have a safety plan, which should result in the number of safety plans ES after 72 hours and the number of individuals leaving shelter after 72 hours being the same except when an individual refuses to participate in the safety planning. The refusal to sign an existing safety plan must be documented in the shelter resident's service file. The completed plan is reported for the month in which the individual leaves shelter. Each

individual leaving shelter after 72 hours with a completed, signed, and dated safety plan as defined above counts as one (1) unit of service. The total number of these safety plans must not exceed the total number of individuals leaving shelter after 72 hours for that month. **This is an unduplicated count.**

10. TRANSITIONAL HOUSING: Temporary housing of victims of domestic violence and their dependents, separate from emergency shelter, usually for a period of up to two years. Service is measured in housing admissions and days of housing provided.

(10.1) Transitional Housing Admissions: Each individual housed is counted once for each admission to transitional housing during the fiscal year of this contract. One (1) individual housed constitutes one (1) service unit. **This is an unduplicated count.**

(10.2) Transitional Housing Continuing Residents: Each individual who entered transitional housing in the prior month and remains in transitional housing during more than one month is counted as a continuing resident in the second and all subsequent months following the month the individual initially entered transitional housing. **This is a duplicated count.**

(10.2) Days of Transitional Housing: Days are counted for each individual (including return individuals). Each 24-hour period is counted as a day of housing. **This is a duplicated count.**

11. ALTERNATIVE ACCOMMODATIONS: If an individual has requested shelter and is referred to another shelter or accommodations because the shelter is full or unable to accommodate for gender or safety reasons, one (1) individual constitutes one unit of service. **This is a duplicated count.**

12. INDIVIDUALS SHELTERED BEYOND CAPACITY: Each individual who has been accepted to shelter while the shelter is over capacity and is given sleeping accommodations other than the shelter's regular resident beds is counted as one (1) one unit of service.
This is an unduplicated count.

13. TANF ELIGIBLE INDIVIDUALS (DIVERSION PROGRAM): All individuals who complete and sign the Domestic Violence Diversion Program TANF Eligibility Determination Form indicating that the income accessible to them at the time of completing the form is less than 200% of the Federal Poverty Level. All children determined to be eligible for TANF services shall also be reported on the TANF Diversion Program form, regardless of whether or not they are present in the shelter. **All children of adults receiving services for whom the adult is the legal custodian should be reported on TANF forms.** Each individual listed on a signed form is counted and reported during the month that the form is signed. Individuals shall complete a new TANF form each time the file is opened.