



## FREQUENTLY ASKED QUESTIONS: FISCAL/ADMINISTRATIVE MONITORING

**Disclaimer:** This document is intended to be informative; however, the Contract, FCADV Standards (which are referenced in the Contract and are still applicable), F.A.C. Chapter 65H-1, and other relevant rules and regulations should also be referenced to address inquiries.

**QUESTION:** When is it appropriate to use the DCF logo?

**ANSWER:** The contract stipulates that without limitation, the Provider and its employees, agents, and representatives will not, without prior written consent in each instance, use in advertising, publicity or any other promotional endeavor, any State mark, or the name of the State's mark, the name of the State or any State agency or affiliate or an officer or employee of the State, or any State program or service, or represent, directly or indirectly, that any service provided by the Provider has been approved or endorsed by the State, or refer to the existence of the contract in press releases, advertising or other materials distributed by the Provider. Requests for DCF approval on the use of the DCF name or logo should be addressed to the Center's Contract Manager.

**QUESTION:** What is an IRR form?

**ANSWER:** IRR refers to "Information Request Resource." The Provider must secure prior written approval by means of an Information Resource Request (IRR) form before the purchase of any information technology resource or service.

**QUESTION: What is the difference between an Emergency Management Plan and a Disaster Preparedness Plan?**

**ANSWER:** The Emergency Management Plan is required by the Florida Administrative Code, Chapter 65H-1.013 (“The Rule”). The Emergency Management Plan must be coordinated with the Center’s local emergency management agency and must outline a comprehensive plan to ensure the safety and well-being of employees, volunteers and Center participants in the event of an emergency. The Rule requires that the Emergency Management Plan address emergencies that a Center can reasonably expect. The Rule also outlines the minimum requirements to be included in the Emergency Management Plan. The Emergency Management Plan must be reviewed and updated, if necessary, by the Center annually.

The Disaster Preparedness Plan (or Policies and Procedures) is required by the Administrative Standards to ensure the safety of staff and program participants in the event of an emergency. The Administrative Standards state which emergencies must be covered in the Disaster Preparedness Plan and recommends other procedures that should be included.

The Emergency Management Plan and Disaster Preparedness Plan can be combined into one comprehensive plan as long as requirements from both the Rule and Administrative Standards are met.

**QUESTION: What documents will suffice to meet the Endorsement policy that is required in Chapter 65H-1.013?**

**ANSWER:** An MOU or written cooperative agreement supports compliance with the Rule’s Endorsement Policy requirement; however, the Center must have an Endorsement Policy also. Letters of support do not qualify as cooperative agreements/endorsements.

Specifically, Chapter 65H-1.013 states, “At a minimum, the operating policies and procedures [of the Center] shall include the following: ... (4) Endorsement. The provider must obtain annual written cooperative agreements with the primary law enforcement agency within each county of the center’s service area.”

Endorsements must be current, relate to domestic violence services, and be from the primary law enforcement agency within each county in the center's service area.

**QUESTION: How many members are required to be on a Center's Board of Directors?**

**ANSWER:** Chapter 65H-1.013, F.A.C., requires that Centers "shall establish and maintain a board of directors, which shall be composed of at least three citizens who reside within the Center's service area, one of whom must be an employee of a local, municipal, or county law enforcement agency whose jurisdiction includes some or all of the Center's service area".

Further, Florida Statute 617.0803 requires that a board of directors must consist of three or more individuals, with the number specified in or fixed in accordance with the articles of incorporation or the bylaws. The number of directors may be increased or decreased from time to time by amendment to, or in the manner provided in, the articles of incorporation or the bylaws, but the corporation must never have fewer than three directors.

Administrative Standards also require that Centers may have additional officers but shall have a President, Treasurer and a Secretary.

**QUESTION: How often should the Board of Directors meet?**

**ANSWER:** The Center's By-Laws will dictate the minimum number of Board of Directors meetings that are required. The Administrative Standards require that a Center shall have a policy that establishes meeting guidelines and that meeting policies shall address when and where meetings are to be held.

**QUESTION: How long must a Center keep participant, employee and fiscal records pertaining to the contract?**

**ANSWER:** Chapter 65H-1.013 requires that all records and files, including storage media, pertinent to the contract, shall be maintained by the Center for a period of six years after the completion of the contract or longer when required by law. In the event an audit is conducted, records shall be retained for a minimum period of six years after the audit report is issued or until resolution of any audit findings or

litigation based on the terms of this contract. If the audit is finalized six months after the end of a fiscal year and the Center has no findings or litigation, the Center needs to keep the records for six years and six months. If, during that six year and six-month period, litigation is filed against the Center, the Center will need to keep the records for six years beyond the resolution of the litigation.

The Center must also maintain records in compliance with the Internal Revenue Service, all other funding sources, and state and federal rules and regulations.

**QUESTION: Are Center fiscal records subject to a public records request even though the Center is a non-profit organization?**

**ANSWER:** Yes, by virtue of receiving public funds via the Department of Children and Families, the Center's fiscal records related to the contract are subject to a public records request.

**QUESTION: What steps must be taken if a Center adds, closes or changes the location of a shelter office?**

**ANSWER:** Chapter 65H-1.012 requires the Center to notify the Contract Manager if there is the opening of an additional service center, closing of a service center, or a change in the location of a service office. The notification must be in writing, at least 30 days prior to the addition or change, and must include a request for approval from DCF.

**QUESTION: Do Centers have to complete a Civil Rights Compliance Checklist and post notices?**

**ANSWER:** Yes, all Centers must complete a Civil Rights Compliance Checklist. In addition, to ensure that service providers are providing equally accessible services to participants, DCF requires the following notices to be posted at all direct-service sites in the areas where persons enter or are admitted to the Center:

- Interpreter Services for the Deaf or Hard-of-Hearing poster (with the ADA/504 Coordinator and Single Point of Contact names and telephone numbers affixed to the poster, along with the TDD number)
- DCF Non-Discrimination poster
- Limited English Proficiency poster

The notices are located at:

<http://www.myflfamilies.com/general-information/office-civil-rights>, and may not be adjusted in size when posting.

**QUESTION:** If a Center originally has 13 employees and two additional staff are hired, do only the newly-hired staff have to complete the ADA Attestation?

**ANSWER:** Once the Center reaches 15 employees, all employees must sign the ADA Attestation and the Center must designate a Single Point-of-Contact (SPOC).

**QUESTION:** If staff grievances cannot be resolved by the employee's supervisor or the Executive Director, can a member of the Center's Board of Directors address the grievance?

**ANSWER:** Administrative Standards state that it is the responsibility of the Board to provide fiscal oversight and strategic leadership rather than administrative details.

To ensure the integrity of the Board's governance role, it is appropriate for staff grievances to go to the Board **only** in the limited circumstance of complaints involving the Executive Director/Chief Executive Officer which relate to civil rights violations or whistleblower allegations, or allegations of retaliation related to those complaints.

**QUESTION:** When does the Department of Homeland Security Form I-9 need to be completed?

**ANSWER:** The U.S. Citizenship and Immigration Services (USCIS) agency requires Section 1 of the Department of Homeland Security Form I-9 to be completed by the employee no later than the first day of employment. Upon completion of Section 1, the employer shall complete Section 2 of the form within 3 business days of the employee's first day of employment.

A copy of the Department of Homeland Security Form I-9, including instructions, is located at:

<https://www.uscis.gov/i-9>.

**QUESTION:** How can an improperly executed Department of Homeland Security Form I-9 be corrected?

**ANSWER:** Procedures for correcting errors are located on the U.S. Citizenship and Immigration Services agency website at:  
<http://www.uscis.gov/Department of Homeland Security Form I-9-central/Department of Homeland Security Form I-9-central-questions-answers/faq/how-do-i-correct-mistake-employees-form-Department of Homeland Security Form I-9>.

**QUESTION:** Is it necessary to complete Department of Homeland Security Forms I-9 for volunteers?

**ANSWER:** No, Department of Homeland Security Forms I-9 are required to be completed for employees only.

**QUESTION:** When does “E-Verification” (E-Verify) have to be completed?

**ANSWER:** The U.S. Citizenship and Immigration Services (USCIS) agency requires that an E-Verify case must be created no later than 3 business days after the employee starts work for pay. Information can be found at: <http://www.uscis.gov/e-verify>.

**QUESTION:** Do Centers have to conduct “E-Verification” on all employees?

**ANSWER:** It is necessary to conduct “E-Verification” on all employees hired on or after July 1, 2011. Information and timelines related to conducting E-verification processes are also included in the Center’s DVS contract.

**QUESTION:** Are on-call staff (“PRNs”) required to have an annual evaluation?

**ANSWER:** Administrative Standards state that Certified Domestic Violence Centers shall provide annual performance evaluations for employees.

Because of the impact employees have on participants and Center operations, it is important for Centers to evaluate all of their employees, including PRN employees, to ensure that the employees are satisfactorily performing their job duties.

**QUESTION: Which Center staff are subject to a Level 2 background screening ?**

**ANSWER:** Administrative Standards state that Centers must have a policy on when, or if, to conduct background screening. Administrative Standards do not require Centers to conduct background checks, only that the Centers have a policy. The policy shall be in compliance with federal, state and local laws, and contract obligations. The policy shall not prohibit the hiring of individuals with arrest or conviction records and shall take into consideration that battered women may have committed crimes to survive. Unless the individual is subject to Level 2 screening pursuant to Chapter 435 F.S, the Center may want to consider the advantages or disadvantages of basic criminal background checks versus Level 2 screenings for the Center employees when developing the policy.

With regard to Level 2 background screenings, Chapter 39.001(2)(b) F.S. states that the Department shall require employment screening and re-screening no less frequently than once every five years pursuant to Chapter 435 F.S. using the Level 2 standards set forth in that chapter for program personnel working with children or youth, if the Center has a licensed day care center or on-site school or offers a summer camp for children. Therefore, if an individual is not subject to Level 2 background checks because the Center does not provide such services, the Center only has to follow its own policies.

For more information about who is required to have Level 2 background checks see the following DCF webpage at:

<http://www.dcf.state.fl.us/programs/backgroundscreening/who.shtml>

**QUESTION: What are direct services and direct-service staff?**

**ANSWER:** The Administrative Standards define “direct service” as the “rendering of support, counsel or assistance to a survivor of domestic violence who seeks assistance specific to her situation from a domestic violence center staff member (employee or volunteer) who is employed by or associated with a certified domestic violence center.”

The Administrative Standards define “direct-service staff” as “Center employees or volunteers who have face-to-face, telephonic, electronic or other direct communication with adult and child participants receiving any services such as

empowerment-based advocacy, support, safety planning, service management, information, resources and referrals, or other assistance to help address the immediate or long-term needs of participants receiving services from a certified domestic violence center.

- Employees are individuals paid to work any number of hours for a certified domestic violence center.
- Direct-Service volunteers are non-paid individuals who provide direct services (as defined above) to survivors of domestic violence.
- Domestic violence advocates, regardless of actual job title, refers to any employee or volunteer who renders direct service – this includes staff that provide direct services for center programs such as, but not limited to, transitional housing and supervised visitation.”

**QUESTION: Do security personnel have to be privileged?**

**ANSWER:** No. Administrative Standards require that *direct service employees and direct service volunteers* be privileged. They would however be covered by the confidentiality statute and should sign confidentiality agreements.

Additionally, the center should confirm that the security company conducts background checks that include checking for civil protection orders in NCIC to prevent known batterers from being on the property.

**QUESTION: Are Centers required to maintain copies of valid driver’s licenses in the employees’ and volunteers’ personnel files?**

**ANSWER:** The Contract states that the employee or volunteer file must include a copy of the valid driver’s license for staff or volunteers that transport participants.

**QUESTION: How should training be documented in employee personnel files?**

**ANSWER:** Chapter 65H-1.013 states that the training of each employee and volunteer shall be documented in the staff member’s personnel file or training record and shall include activities or course titles, number of hours, names of instructors and title or position, and dates of completion.

For internal, center-provided trainings (data security, anti-bullying and anti-harassment, emergency management, etc.), an individual training log can be

maintained in each employee personnel or training file that includes the type of training, date of training, hours trained and signature of employee and trainer. Sign-in sheets can be maintained in a center-wide training binder(s) or file for monitoring review.

**QUESTION: Can training documents be stored electronically? If so, what must be documented to demonstrate completion?**

**ANSWER:** Yes. Centers can extract a list of the trainings completed by staff from the Osnium database and place in the employee's personnel/training file. In addition, Centers must allow access to certificates of completion, attestations, sign-in sheets, etc. either electronically or in hard copy.

**QUESTION: What time period is the required training based upon?**

**ANSWER:** Annual training is to be completed within the state's fiscal year of July 1 through June 30.

**QUESTION: After an employee's first anniversary, what date is the required training cycle based upon?**

**ANSWER:** The training cycle continues to be based upon the state's fiscal year of July 1 through June 30.

**QUESTION: Which Center employees are required to attend the Annual Emergency Management training?**

**ANSWER:** Chapter 65H-1.013 and the Administrative Standards state that all staff members shall receive, at a minimum, annual training on implementing the Center's Emergency Management Plan.

This requirement is interpreted to include all direct-service and indirect-service staff, including those working in a thrift store or other enterprise associated with the Center.

The Contract requires that all staff receive Emergency Management/Disaster Preparedness training within 90 days of hire and annually within each state fiscal year thereafter.

**QUESTION: May the Emergency Management Plan training be included in the 16 hours of requisite in-service training?**

**ANSWER:** No, according to Chapter 65H-1.013, the Annual Emergency Management Plan training must be completed ***in addition to*** the required 16 hours of in-service training for direct-service staff.

**QUESTION: What are the requirements for the 16 hours of annual training for direct-service staff?**

**ANSWER:** In accordance with Chapter 65H-1.013, all personnel, paid or unpaid, who work with survivors and their dependents must have documented in their personnel file 16 hours of training annually in domestic violence, child abuse, elder abuse, and other issues that are pertinent to providing quality services to domestic violence survivors and their dependents.

Training may include:

- Universal Precautions- newly-hired staff shall complete Universal Precautions training within 90 days of hire and annually within each state fiscal year thereafter;
- Annual Data Security- newly-hired staff shall complete Data Security training within 90 days of hire and annually within each state fiscal year thereafter;
- Annual Section 504, the ADA and CFOP 60-10, Chapter 4; and
- “Serving Our Customers who are Deaf or Hard-of-Hearing” online training, modules 1 – 3 for staff and also module 4 for the Single Point-of-Contact (SPOC).

**QUESTION: Are on-call staff (PRNs) required to complete the 16 hours of in-service training referenced in Chapter 65H-1.013 and the Administrative Standards?**

**ANSWER:** Administrative Standards state that all personnel, paid or unpaid, who work with survivors and their dependents must have documented in their personnel files 16 hours of training annually.

PRNs who are direct-service providers are required to have 16 hours in-service training and receive annual training on implementing the Center’s emergency management plan.

**QUESTION: Which Center employees are required to take Universal Precautions training and is it required annually?**

**ANSWER:** The Contract requires that all staff receive Universal Precautions training within 90 days of hire and annually within each state fiscal year thereafter.

**QUESTION: Can a Center include Universal Precautions training within the annual Emergency Management Plan training?**

**ANSWER:** Yes, as long as both trainings are noted on the agenda and sign-in sheet, and the agenda includes the training time allocated for each of the topics.

**QUESTION: Which Center employees are required to take the “Serving Our Customers Who are Deaf or Hard-of-Hearing” online training and when must it be completed?**

**ANSWER:** Per the Contract, all direct-service providers are required to complete the first three modules of the online “Serving Our Customers Who are Deaf or Hard-of-Hearing” training, print the certificates of completion and attach them to the signed Attestation of Understanding. The Attestation of Understanding with the attached certificates is to be maintained in each employee’s personnel file. The training must be completed by June 30, annually, for existing employees. Newly-hired employees must complete the training within 60 days of hire. Additionally, the Center’s SPOC (Single Point-of-Contact) must also complete module 4 and attach all four certificates of completion to the signed Attestation of Understanding.

**QUESTION: Is center-specific data security training required annually?**

**ANSWER:** Yes, center-specific data security training is required annually, based on the State’s fiscal year of July 1 through June 30, for those employees and volunteers that have access to the Center’s confidential information (participant files, Osnum, accounting system, personnel files, etc.).

Newly-hired staff and direct-service volunteers must complete center-specific data security training within 90 days of hire/start and annually within each state fiscal year thereafter.

**QUESTION: Which Center employees are required to take center-specific data security training?**

**ANSWER:** The Contract states that the Center shall provide center-specific data security training to its new and existing staff, direct-service volunteers and subcontractors who have access to any of the Center's data. All Center employees who have access to DCF information must complete the online DCF Security Awareness training, print the certificate and sign the Department's security agreement form CF-0114.

**QUESTION: Who should provide the center-specific Data Security training?**

**ANSWER:** A Center's Data Security Officer should provide the training. Examples of topics that can be included in the training are:

- Usage and safeguarding of computer passwords
- Logging out of computers when not in use
- Access to an employee's computer by other staff or residents when logged in
- Shredding and safeguarding of sensitive/confidential information
- Active links in e-mail from an unknown sender
- Downloading software
- Internet access
- Storage and security of the Center's sensitive/confidential electronic and paper documents
- Limiting access to sensitive/confidential information
- Deleting files and emptying the recycle bin

**QUESTION: Is the ADA training and attestation an annual requirement?**

**ANSWER:** Yes, per the Contract, if the Center employs 15 or more employees agency-wide, the Single-Point-of-Contact (SPOC) shall ensure that employees are aware of the requirements, roles and responsibilities, and contact points associated with compliance with Section 504, the ADA, and CFOP 60-10, Chapter 4. Further,

employees of providers and its subcontractors with 15 or more employees agency-wide shall attest in writing by June 30 annually that they are familiar with the requirements of Section 504, the ADA, and CFOP 60-10, Chapter 4. New hires must complete the training and attestation within 60 days of hire. This attestation shall be maintained in the employee's personnel file."

**NOTE:** Per the Contract, if the Center chooses to use the DCF Support to the Deaf or Hard-of-Hearing Attestation form located at <http://www.dcf.state.fl.us/admin/training/docs/DCF%20Attestation%20Form.pdf>, the same signed attestation form will fulfill the requirements for both Section 504, the ADA, and CFOP 60-10, Chapter 4 and the Support to the Deaf and Hard-of-Hearing attestation.

**QUESTION: Can Centers utilize interns as volunteers?**

**ANSWER:** Yes, college interns may be used as both indirect and direct-service volunteers. They are required to meet the same training standards as all other volunteers. Interns who will be observing participant interactions will be considered direct-service volunteers because they will have access to privileged conversations. Interns are subject to the same core competency training requirements as direct-service volunteers and employees.

**QUESTION: What are the training requirements for direct-service volunteers?**

**ANSWER:** Administrative Standards state that in accordance with Chapter 65H-1.013, all personnel, paid or unpaid, who work with survivors and their dependents must have documented in their personnel file 16 hours of training annually in domestic violence, child abuse, elder abuse, and other issues that are pertinent to providing quality services to domestic violence survivors and their dependents and Emergency Management Plan training (additionally referenced in Chapter 65H-1.013). Additionally, direct-service volunteers must complete core competency training within 90 days of the volunteer's direct-service start date.

**QUESTION: If volunteers provide both administrative and direct-service services, what training requirements must they meet?**

**ANSWER:** The volunteers will be considered direct-service volunteers and shall be required to complete core competency training, the annual 16 hours of in-service training, and the annual Emergency Management Plan training. Please note that according to Chapter 65H-1.013, the Annual Emergency Management Plan training must be completed *in addition to* the required 16 hours of in-service training for direct-service staff.

**QUESTION: Do direct-service volunteers need to obtain 16 hours of in-service training during their first year of service?**

**ANSWER:** A direct-service volunteer is required to obtain 16 hours of in-service training during the first year of service; however, this requirement is met upon completion of the core competency training and Emergency Management Plan training. After a volunteer's first year of service, the volunteer must annually obtain 16 hours of in-service training which shall be completed based on the State's fiscal year of July 1 through June 30.

**QUESTION: If a volunteer only provides transportation for shelter participants, is that considered to be direct service?**

**ANSWER:** Yes. The Administrative Standards state (in part) that direct service is "the rendering of support, counsel or assistance" to a survivor of domestic violence who "seeks assistance specific to her situation from a domestic violence center staff member (employee or volunteer)...". The volunteer transporting the shelter participants is providing support/assistance to the survivor and is privy to confidential information either by knowing details regarding the participant's appointments and/or through exposure or participation in conversations which may occur en-route.

**QUESTION: What policies and procedures should volunteers read and acknowledge?**

**ANSWER:** Per Chapter 65H-1.013, "...the provider shall ensure that employees and volunteers comply with policies and procedures for maintaining the safety, confidentiality, and privacy of persons receiving services and with the prohibition

against disclosure of any information about center participants and shelter location as provided in Section 39.908, F.S.” This requirement is interpreted to include at a minimum, the policies and procedures listed in F.A.C. 65H-1.013.

**QUESTION: When is a volunteer considered to be “inactive”?**

**ANSWER:** The designation of “inactive status” for a volunteer is determined by the Center.

**QUESTION: Is the requirement to complete 16 hours of in-service training annually connected to the advocate-victim privilege of an employee or volunteer?**

**ANSWER:** No, the 16 hours of in-service training for direct-service employees and volunteers is a requirement per the Florida Administrative Code. The training is designed to help develop the employee or volunteer’s knowledge and skills as related to domestic violence and the successful performance of their job. Advocate-victim privilege is a privilege conferred by statute and is activated upon completion of the core competency training and registration in the privilege registry.

**QUESTION: What documentation must be maintained in direct-service volunteer files?**

**ANSWER:** Per the Contract, direct-service volunteer files shall include, at a minimum, the following:

- Direct-service start date
- Signed and dated position description, which specifies the position responsibilities and qualifications
- Documentation of valid driver’s license for volunteers that transport participants
- Documentation of advocate-victims privilege certification
- Signed and dated acknowledgement indicating that the volunteer read and understood the Center policies and procedures (at a minimum the policies and procedures shall include those listed in 65H-1.013) (within 60 days of direct-service start date)
- Signed and dated confidentiality statement (within 60 days of direct-service start date)
- Signed and dated drug-free workplace statement (within 60 days of direct-service start date)

The Provider must also maintain, with respect to each direct-service volunteer, either in the volunteer's personnel file, or in a separate file:

- Records of training received for each volunteer, delineating the date and hours of training received, to include, but not be limited to: Emergency Management Plan training, Data Security training, Anti-Bullying/Anti-Harassment training, and 16 hours of in-service training,
- Time sheet and/or activity reports for volunteers, and
- Documentation of Core Competency training.

**QUESTION: If a person is currently volunteering and is hired as an employee, what is the proper hiring protocol?**

**ANSWER:** The volunteer must be treated as a new hire and must complete all HR forms (application/resume, I-9, E-verify, Policy and Procedure Acknowledgement, etc.), with the exception of reference checks and background checks (unless a new level of check is required).

If hired without a gap in services in the same fiscal year, training does not have to be repeated. If hired in a different fiscal year, all training, with the exception of Core Competency, will need to be completed again by specified deadlines (see Training Guide).

If they are a direct-service volunteer, their status on the Privilege List must be updated to reflect the change from volunteer to employee.

**QUESTION: If a former employee is rehired, or a former volunteer returns, what is the proper protocol?**

**ANSWER:** The employee/volunteer must be treated as a new hire and must complete all HR forms (application/resume, I-9, E-verify, Policy and Procedure Acknowledgement, etc.), with the exception of reference checks and background checks (unless a new level of check is required). A note may be placed in the individual's file noting that reference checks were not completed again due to the individual's prior employment/volunteer service with the center.

If rehired within in the same fiscal year, training does not have to be repeated. If hired in a different fiscal year, all training, with the exception of Core Competency, will need to be completed again by specified deadlines (see Training Guide).

Center hiring policies should address new employees, as well as anyone who is re-hired.

**QUESTION:** What is the proper privilege protocol when a former employee is rehired or an employee is hired from another domestic violence center?

**ANSWER:** Within 30 days of hire, the center must contact send an email requesting privilege registration for the employee. The email should include the employee's name, hire date, and the name of the previous center with which they were employed. It is encouraged that a copy of the email request be placed in the employee's personnel file for future monitoring documentation.

**QUESTION:** If staff at a certified domestic violence center agree to assist temporarily at a sister domestic violence center, what is the hiring protocol?

**ANSWER:** The centers should mutually agree to lend/borrow the staff and memorialize the agreement in writing. The staff should not be hired and paid directly by the "borrowing" center, but rather, the formal agreement should lay out terms in which the "borrowing" center pays the "lending" center for the staff time.

**QUESTION:** If an employee/direct-service volunteer starts less than 60 days from the end of the fiscal year and completes/signs the "Support to the Deaf or Hard-of-Hearing Attestation Form", "Serving Our Customers who are Deaf or Hard-of-Hearing" modules, attestation of familiarity with the requirements of Section 504, the ADA, and CFOP 60-10, Chapter 4, and data security training within the new hire requirement before June 30, will they have to complete these requirements again the following fiscal year?

**ANSWER:** Yes. Once the initial training requirement is met, each training must be completed once per fiscal year thereafter.

**QUESTION:** Do performance evaluations have to be completed every 365 days or is another performance evaluation cycle acceptable?

**ANSWER:** Administrative Standards require that certified domestic violence centers have written policies or procedures that require annual performance evaluations for employees. The policy shall include guidelines for performance evaluation and

salary review. Performance evaluations must be completed at least annually, per each center's policy.

**QUESTION: Why are Centers required to maintain confidentiality of the shelter address and participant-identifying information on fiscal documentation?**

**ANSWER:** Chapter 65H-1.016 states that the Center shall safeguard information identifying domestic violence emergency shelters and Center participants as provided in Section 39.908, F.S. This statute states that with limited exceptions, information about domestic violence Center clients may not be disclosed without the written consent of the participant about which the information pertains.

Fiscal records related to the center's contract with the state are not exempt from a public records request. Therefore Centers must have policies/procedures in place that will prevent confidential information, including participant-identifying information and the location of the shelter, from being released with fiscal/administrative documentation.

**QUESTION: How does a Center provide copies of cleared checks to the monitor if the Center's banking is conducted on-line?**

**ANSWER:** Copies/images of cleared checks will be reviewed for a consecutive three-month period that will be specified in the Monitoring Request for Documents. If the Center conducts its banking on-line, copies/images of cleared checks must be printed or saved on a flash drive and provided to the monitors onsite.

**QUESTION: What period of checks must be made available for monitoring?**

**ANSWER:** The period of review is based on the monitoring scope as provided in the Center's Monitoring Request for Documents.

**QUESTION: What does the center's Financial Conditions and Activities Policy have to include?**

**ANSWER:** Administrative Standards state that "certified domestic violence centers shall have a policy that addresses the financial condition and activities of the center. With respect to actual, ongoing financial condition and activities, policy should

stipulate that the Executive Director/CEO does not cause or allow the development of fiscal jeopardy or material deviation of actual expenditures from established Board priorities.”

For example, questions that might be addressed in the policy include, but are not limited to: Can the ED/CEO incur debt? If so, when, how much, at what point does the Board have to approve? What type(s) of contracts can the ED/CEO sign and when is Board signature necessary? Can the ED/CEO open new bank accounts and when is Board approval necessary? Does the center maintain accounts with FDIC-insured banks? Can the ED/CEO spend agency reserves, and does the center have Board-designated reserves?

**QUESTION: What fiscal documentation should the Board receive on a routine basis?**

**ANSWER:** The Fiscal Guide states that financial statements for the Board of Directors shall be produced directly from the accounting system. The Income/Expense Statement (Profit and Loss) shall display 1) actual income and expense for the current period and 2) year-to-date budget versus actual with variances to inform the Board of Directors of any fluctuations between budgeted and actual revenues and expenses. The financial statements shall be reviewed by the Board of Directors, minimally, at each regular meeting of the Board of Directors as delineated in the Provider’s by-laws or other Provider documents.

**QUESTION: What is considered adequate mileage verification of the distance traveled for the purpose of travel expense reports?**

**ANSWER:** Centers may create a chart containing the distance established between commonly used destinations. Any local travel beyond what is listed in the chart would require either odometer readings (start and end) or MapQuest/Google Maps documentation. Out-of-town travel would require odometer readings accompanied by MapQuest/Google Maps documentation.