



FREQUENTLY ASKED QUESTIONS: PROGRAM 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 state and federal statutes rules and regulations should also be referenced to address inquiries.

HOTLINE

QUESTION: Does the Center have to use a TDD machine if telephone relay services are available?

ANSWER: Chapter 65H-1.014(5)(a), F.A.C. requires that domestic violence centers “provide hotline services, available 24 hours a day, seven days a week staffed by domestic violence advocates who have successfully completed the 30 hours of domestic violence competency-based core training and are registered for privileged communications. The hotline telephone shall have a TTY/telephone relay service.” “TTY/telephone relay service” is interpreted as TTY or telephone relay service, and telephone relay service isn’t a specific type or brand so anything that accomplishes providing access is acceptable.

DOCUMENTATION

QUESTION: What is appropriate service file documentation?

ANSWER: A participant’s file may include supporting documents that are directly related to case management, referrals, or advocacy services provided by the Center and documented in the service notes. Additionally, the Center may determine that it is appropriate to include in the file, even if not related to case management, referral

or advocacy services, court orders or other legal documents relating to the participant and/or her children, including but not limited to, injunctions for protection, final dissolution of marriage, and powers of attorney.

QUESTION: What is inappropriate service file documentation?

ANSWER: Participant files shall not include, and such documents shall **not** be collected, held or retained by the Center in a separate file:

- A. Medical treatment records, psychological assessments or reports, substance abuse treatment records or any other information from a health care provider. However, the file may contain information disclosed by the participant relating to food or medication allergies.
- B. Applications and information related to the Address Confidentiality Program.

The following documents relating to the participant shall be kept in **separate** files for audit by other funders:

- A. **VOCA Relocation Applications and Supporting Documents:** Because relocation is a service provided by the Attorney General's Office and subject to auditing, the VOCA Relocation applications and supporting documents shall be kept in separate confidential VOCA Relocation files.
- B. **TANF Eligibility Forms:** TANF forms are administrative records designed to prove the Center has met the minimum percentage of TANF-eligible participants necessary to receive the TANF allocation in its DVS contract. Because the TANF forms are merely administrative forms and not service records, the TANF eligibility forms shall be kept in a separate, confidential TANF file.

QUESTION: Should child abuse reports be maintained in the service file record?

ANSWER: No. Documentation of child abuse reports should be documented in the shelter's records using only the file number as the identifier. Child abuse reports should never go in the participant's service file or the child's file.

QUESTION: Is a Center required to keep a copy of the safety plan in the participant's service file?

ANSWER: Ideally, the safety plan should remain with the participant as it is a document created for her benefit, is customized to the participant, and potentially contains information that should be safeguarded. The most effective way to document that a safety plan was completed is to make a note in the participant's service file. If the Center chooses to keep the safety plan in the service file, a copy should be given to the participant unless she declines.

QUESTION: Can copies of police reports and injunctions be kept in the participant's service file?

ANSWER: The Program Standards state (under "Center Staffing and Documentation Procedures") that a file may include documents that directly support service management, referrals, or advocacy services provided by the Center and documented in the service notes. The Center may determine that it is appropriate also to include in the file court orders or other legal documents relating to participant and/or her children, including but not limited to, injunctions for protection, final dissolution of marriage, and powers of attorney, even if such court orders or legal documents do not directly support service management, referral, or advocacy services provided by the Center.

It is important to note that allowable documents are not required to be maintained in participants' service files. Each Center may determine, by policy, which types of allowable documents will be included in the agency's service files.

QUESTION: On the Osnum Intake Form, should advocates check all of the Basic Needs boxes to indicate they were discussed with the participant/child (or parent/guardian for infants & small children), or only those that the participant/child needs?

ANSWER: The Basic Needs Assessment in the Osnum Intake should be used to indicate only the actual needs of each participant.

QUESTION: How does a Center document work with participants if the advocate cannot describe in the service file notes what was discussed?

ANSWER: Service notes should describe the type of service provided rather than the content

of the service. For example, “Today, the participant was provided with safety planning services, lethality assessment services, legal advocacy services, support group services, individual counseling services, needs assessment services, goal planning services, referral services, and transportation services.”

Inappropriate/unnecessary service file notes are any that contain information that could be interpreted as damaging to the participant should a third party (including the abuser) subpoena the file and use the information against the participant in court or any other forum.

Examples of inappropriate/unnecessary service notes include, but are not limited to: “Participant was referred to the local mental health center”, “Participant reported concerns about her parenting skills”, “Participant expressed much anger towards her abuser”, “Participant refused to meet with this advocate today”, “Participant plans to relocate to her parent’s house in Wisconsin”, “Participant missed appointment”, as well as any mention of medical diagnoses, clinical assessments and advocates’ personal opinions and commentary.

The only exception to this rule is documentation of the pattern(s) of domestic violence that the participant has been subjected to over time. Participants often share additional abuse information during the advocate’s ongoing interactions with her/him.

QUESTION: Can the Center document participant service staffings, shelter safety checks and other similar activities in Osnium?

ANSWER: Yes. However, only actual participant services can be documented in a service file. Service staffings and shelter safety checks can be documented in the Staff Activities section of Osnium.

QUESTION: How should the Center document service attempts in Osnium?

ANSWER: Service attempts can be documented in the “Notes” tab on a participant file, but should NOT be entered in service notes. You should not be creating a service with the sole purpose of entering a service note to document the service attempt.

QUESTION: What procedure must be followed for the unplanned exiting of a shelter participant? Are there any exceptions?

ANSWER: Program Standards state that shelters will make every effort to work with participants in order for them to remain in shelter. If there is no immediate threat, shelter staff will develop with the participant a plan designed to resolve the issue(s) leading to an unplanned exit. The steps to resolving issues should include:

1. The shelter has made reasonable efforts to inform the participant of the problem/conduct, and
2. The participant is informed that if the problem/conduct is not corrected, this may result in unplanned exiting, and
3. The participant is provided with a reasonable opportunity to correct the problem/conduct, and
4. After repeated informed discussion, a participant chooses not to correct the problem/conduct that disrupts other survivors' abilities to receive safe and effective services.

However, participants may be asked to leave immediately due to making credible threats to others, engaging in disruptive or abusive behavior, or compromising the safety of the shelter.

It is important to note that shelters shall not use a point-based demerit system or any similar system to determine the exiting of a participant. Shelters may continue to provide the participant with other services or referrals, as appropriate, after the participant has exited the shelter.

QUESTION: How should the Center staff document the unplanned exiting of a participant?

ANSWER: Center staff should only document in the participant's service file that "Center staff engaged in Steps 1, 2, 3 and 4 as listed under Unplanned Exiting in the Program Standards." Staff should not detail the nature of the steps taken.

QUESTION: If a survivor enters shelter multiple times, and receives services each time, does a new intake need to be conducted and recorded in Osnium each time?

ANSWER: Yes, if a survivor exits shelter and later returns and receives additional shelter services, a new intake is required.

QUESTION: How is a closing date determined for outreach participants in Osnium?

ANSWER: Outreach service files do not “close” in Osnium; however they are considered “Inactive” after 30 days with no service activity.

QUESTION: How long between outreach visits do you have before a new intake is required if a file becomes inactive?

ANSWER: Program Standards do not specify the length of time required between outreach visits before the center is required to complete a new intake. However, it is considered best practice to complete a new intake after 60-90 days of no contact, or if the type of victimization (ie. domestic violence, sexual assault, or human trafficking) or the perpetrator is different from that recorded when services were last provided.

QUESTION: Should the Notification of Exceptions to Confidentiality include reporting abuse of a vulnerable adult?

ANSWER: Yes. Chapter 39.908, Florida Statutes, states that the restriction of the disclosure or use of information about domestic violence center clients does not apply to reporting suspected abuse of a child or a vulnerable adult as required by law. For the complete list of exceptions to confidentiality, please refer to Chapter 39.908, F.S.

QUESTION: Do Center participants have a right to review and/or receive copies of their service files?

ANSWER: Yes. Center participants have a right to review their service files and receive copies of any or all of the contents of the file. However, Centers should advise participants that if they share the copies with others it may compromise the confidentiality and privilege protections afforded their files.

QUESTION: Where should completed exit interviews be kept?

ANSWER: The most effective use of participant exit interviews is for improving the quality of shelter services. Exit interviews/surveys may be kept separately from the service file. A service note indicating that an exit survey was offered is all that is needed to satisfy Program Standards. Centers are encouraged to keep exit interviews with all

Quality Assurance documentation in a redacted or de-identified format (through the use of participant-identifying numbers only).

QUESTION: What is required on the exit interview?

ANSWER: The Program Standards require that centers document attempts to conduct an exit interview with each participant prior to their departure from shelter. The exit interview record shall contain, at a minimum, the participant's assessment of: (1) adult programs and services, (2) equal access to services without discrimination, (3) respectful treatment by staff, (4) knowledge of domestic violence dynamics, (5) children's services, (6) safety planning, and (7) goal planning. Additionally, the exit interview record shall also include evidence for the center to demonstrate it has met the performance measures required in the contract. The Contract requires that 90% of adult victims in shelter for more than seventy-two (72) hours at a certified domestic violence center completing an exit interview report an increased knowledge about community resources, and 90% of adult victims in shelter for more than seventy-two (72) hours at a certified domestic violence center completing an exit interview report an increased knowledge about strategies to enhance safety.

The Program Standards further require that centers must assist participants in developing and revising their safety plan and link the participant to outreach services when departing from shelter.

QUESTION: If a non-citizen parent/guardian receives benefits for her citizen children and checks the "non-citizen" box on the TANF form, what numbers, if any, should be reported?

ANSWER: According to the Domestic Violence Service Activity Definitions (3.8), (TANF- Eligible Individuals-Diversion Program), all children of adults receiving services for which the adult is the legal custodian should be reported on TANF forms and should be reported.

QUESTION: If a person does not have custody of her children and has completed a TANF form, should the Center keep that TANF form?

ANSWER: No. The Center should only retain the TANF forms of those participants who are TANF eligible.

QUESTION: How should centers document that staff addressed participant grievances?

ANSWER: Centers should maintain appropriate documentation to verify that participant grievances are addressed according to the center’s grievance policy. Grievance records should be stored in confidential and secure files separate from participant records.

SERVICES

QUESTION: Can participants who have open DCF cases be mandated by Center staff to participate in individual or group counseling or parenting classes?

ANSWER: No. Program Standards, under the policy title of “Supportive and Outreach Services”, state that participation in support services shall be voluntary and no punitive action shall be taken by the Center against those who do not participate. The Center should work with its local child welfare partners to educate on why it is counter-productive, and in some cases dangerous, to mandate Center services via DCF case plans and/or safety plans.

If survivors are mandated to attend center services by court order in a dependency case plan, the center should work with that survivor to ensure she/he understands the potential adverse impact on the outcome of the dependency process if she/he chooses not to participate in the center services required by the case plan. Centers also should inform survivors that DCF lawyers may subpoena, and a dependency court may order center staff to provide information about the services survivors receive because of the Chapter 39 statute that states that privilege may not always apply in child welfare proceedings.

QUESTION: If a participant does not complete a service plan, how should this be documented?

ANSWER: A service note verifying that the service *was offered* to the participant is all that is needed to satisfy Program Standards.

QUESTION: How can Center staff meet the 72-hour service requirement if participants choose not to meet with staff or are unavailable within that time period?

ANSWER: Program Standards require documentation for counseling and/or service management for each non-resident who has received two or more separate

counseling sessions and each shelter participant housed 72 hours or more. Participants are not required to access Center services within that time period or at all (because participation in all services is voluntary). To fulfill this requirement, Center staff must make participants aware, within 72 hours, of the available services the Center staff can offer. Center staff can document in the participant's service file that, within the requisite time period, the participant was provided information about the array of services offered by the Center.

QUESTION: Can the Center conduct background checks on participants?

ANSWER: No. Program Standards state that Centers shall have a policy stating they are prohibited from conducting background checks on individuals who are seeking or receiving services.

QUESTION: How should advocates safety plan with small children and where/how is that activity documented?

ANSWER: The Program Standards state that services provided to children shall include age-appropriate safety planning. Safety planning for infants and small children should be done with the parent/guardian and noted in the child's file. In Osniun, the center should document this, in the child's file, with a service note stating that safety planning was done with the parent/guardian.

QUESTION: What is to be included on the child Consent for Services/Assessment form?

ANSWER: The Program Standards state a "consent form must be signed by the parent/guardian for all services provided to children. Consent forms must be completed for each child for each service, including, but not limited to: safety planning, assessments, or for any individual or group activity provided to a child. Both the Consent form and the assessment(s) shall be kept in the child's file." If a parent/guardian chooses not to grant permission for any individual service, or all services and assessments to a child, the advocate needs to document on the Consent form that the assessment/services were offered.

The child consent for services/assessment form should list each service/activity the center offers; for example, child assessment, safety planning, individual counseling, group counseling, art therapy, group activities, etc. It is recommended that the parent/guardian initial next to each service she is consenting for her child to receive, as well as a parent/guardian signature and date section. Additionally, if the parent/guardian declines all services, a declination section should be included

for the parent/guardian to sign and date.

The parent/guardian may complete and sign one consent form for all her children. A copy of the consent form shall be placed in each child's file with the other child(ren)'s name(s) redacted.

QUESTION: How are male survivors provided with support group services?

ANSWER: The Program Standards state that centers shall provide equivalent services, either onsite or through collaboration with other agencies, for adult males and dependent males who accompany a parent or guardian to the shelter. Shelters will maintain written protocols outlining the location(s) and methods through which shelter, counseling and other services will be delivered to adult and minor males.

Program Standards also state that support groups shall be gender-specific and not be offered as mixed-gender groups. The intent of this standard is to ensure that survivors of all genders have access to support group services with an understanding of the unique considerations regarding gender-based violence. Survivors who identify on a gender continuum or as transgender may have a variety of personal reasons for wishing to participate in a specific support group. For this reason, staff should talk with survivors individually about the support groups they offer and their preferences to attend specific groups in a manner that is supportive of how the person identifies. Centers may assess the needs of survivors within their respective service areas to determine if they should offer support groups specifically for persons who identify as gender non-conforming, gender fluid or transgender.

Centers should ensure that their protocols address how advocates will engage with all survivors who are not attending a support group in order to ensure the services needed by each survivor are offered.

QUESTION: What is the center's responsibility to ensure that children travel safely to and from school/daycare?

ANSWER: Chapter 65H-1, Florida Administrative Code states that the Provider shall take precautionary measures to provide for the safety, confidentiality, privacy, and well-being of shelter residents.

The Program Standards state that centers must develop a safe travel protocol for all shelter residents. All protocols must contain a provision for travel to the domestic violence shelter for admission. The protocol must reflect the needs of shelter residents for local travel and specify whether the resident will provide her own transportation or whether the center or other public/private transportation providers will provide transportation.

The center's safe travel protocol and immediate safety planning with the parent/guardian should include and address how children will travel to and from school/daycare safely.

SHELTER

QUESTION: Is it acceptable to require that participants be dropped off a block or more away from the shelter facility when they are being transported by persons other than Center employees?

ANSWER: No. The empowerment-based, survivor-directed service philosophy required by the Program Standards means that participants should be the final decision makers regarding their safety and should not be required by the Center to walk on any street outside of the shelter facility if they do not feel safe doing so. Chapter 65H-1.016, Florida Administrative Code, states that all center employees and volunteers are to be aware of and understand their obligation to comply with Section 39.908, F.S., which prohibits the disclosure of the shelter location. This requirement applies to employees and volunteers, but not to participants. Consideration of the survivor's safety outweighs the potential disclosure of the Center location to a third party.

QUESTION: Can a Center require a shelter participant to sign a Confidentiality Statement that requires the participant to maintain confidentiality of the shelter location?

ANSWER: No. Chapter 65H-1.016, Florida Administrative Code, states that all center employees and volunteers are to be aware of and understand their obligation to comply with Section 39.908, F.S., which prohibits the disclosure of shelter location. This requirement applies to employees and volunteers, but not to participants. However, Center staff can inform participants of the importance of maintaining confidentiality of the shelter location for safety purposes.

QUESTION: Can a Center require that a shelter participant relocate to another shelter if her abuser is aware of the location of her current shelter?

ANSWER: No. There may be many reasons a participant wants to move to another facility and may even request to do so because her abuser knows where the shelter is or believes that she is residing there. The empowerment-based, survivor-directed service philosophy required by the Program Standards means that participants are the final decision makers regarding their safety and location. It is critically important not to give the abuser the power to determine where a participant seeks shelter due to the concern that the abuser knows the location of the shelter facility or believes the survivor is residing there. Therefore, the Center staff and participant should re-evaluate and, if necessary, revise the participant's safety plan based on the abuser's knowledge.

QUESTION: Can the Center require participants to do chores in the shelter?

ANSWER: No. Program Standards require that all shelter services must be empowerment-based and survivor-directed. The shelter is the temporary home of participants; however, it is ultimately the responsibility of the Center to maintain the cleanliness and safety of the shelter. The participants are not required to participate in chores and/or household cleaning tasks assigned by the Center staff or volunteers.

However, participants may be informed that due to communal living arrangements in the shelter, it is requested that they clean up after themselves and their children.

QUESTION: What if participants decide during a house meeting that they would like to institute a voluntary chore list? Is that allowed?

ANSWER: If centers choose to allow voluntary resident-identified chore lists, it is highly encouraged that they create a policy requiring staff to engage in conversation with the participants letting them know that the chores are 100% voluntary, and that no consequences will result if a participant chooses not to participate. Chores shall not be assigned, even between residents. The voluntary chore list must be formatted so that residents establish the tasks to be completed and self-select to participate. Resident created lists circulated or posted in shelter must include a statement that clearly identifies that participating in household tasks is at the voluntary discretion of residents, the date in which the list was created and when it will be revisited. Given the nature of shelter, it is encouraged that this list is

reviewed a minimum of weekly in house meetings.

QUESTION: For what period of time is Center staff required to hold a participant's bed open if she does not return to the shelter overnight and does not communicate when she plans to return?

ANSWER: Program Standards do not specify the length of time required for a participant to be away from the shelter before the Center can re-assign her bed space. However, it is considered best practice to give 48-72 hours for the participant to return and/or make contact with the Center to discuss her situation.

QUESTION: If a participant does not return to the shelter, is it appropriate for Center staff to contact her to explain she may be exited or to determine that she is safe?

ANSWER: It is best practice for Centers to discuss with participants in advance whether the Center should contact the participant directly, and/or some other named person, in the event the participant does not return to the residential shelter and has not notified the center of the intent not to return. Participants who want the center to contact them or another person if they do not return to shelter should sign a written, reasonably time-limited consent that designates who the center should call and under what circumstances to both protect the participant's privacy and not jeopardize her safety. If the Center has any questions regarding this issue, the Center should consult with DVP.

QUESTION: Can shelters have a curfew for participants?

ANSWER: No. Program Standards state that domestic violence Centers shall not have a curfew. Under an empowerment-based, survivor-directed philosophy, shelter participants are believed to be the experts in making decisions about their own lives including when they come to and leave the shelter. However, it is acceptable for shelter staff to ask participants to voluntarily let staff know if they are planning to be out of the shelter so that, for example, in the case of a fire, the staff is aware of the number of participants in the shelter facility.

QUESTION: Is it acceptable for shelters to limit participants from going outside at night after the alarm is set?

ANSWER: No. Under an empowerment-based, survivor-directed philosophy, shelter

participants are believed to be the experts in making decisions about their own lives including when they come to and leave the shelter. Therefore, it is not acceptable to deny a participant the right to exit or enter the shelter facility. Staff should be available to turn off the alarm and reset it each time a participant leaves and returns to the shelter.

QUESTION: Is it acceptable for the Center to lock the laundry room at times during the day or night?

ANSWER: No. Program Standards do not directly address the availability of the shelter laundry room. However, Program Standards state that laundry detergent is to be provided to all shelter participants and shall not be limited to specific times of the day and shall be accessible without the assistance of staff. It is the intent of the Standards that, without exception, access to the laundry room is also not limited to specific times of the day or night.

QUESTION: Can the Center suggest that laundry be done only during certain hours so as not to disturb other participants?

ANSWER: Center staff can suggest to participants that they be sensitive to other participants' needs. However, Program Standards state that access to basic needs including laundry supplies should not be limited to specific times of day.

QUESTION: Is it acceptable for the Center to lock the kitchen at times during the day or night?

ANSWER: No. Program Standards do not directly speak to the availability of the shelter kitchen. However, Program Standards state that food (among other items) is to be provided by the shelter to all participants and that access to food shall not be limited to specific times and shall be accessible without the assistance of staff. It is the intent of the Standards that, without exception, access to the kitchen is not limited to specific times of the day or night.

QUESTION: Must bedroom and bathroom doors have locks?

ANSWER: Program Standards state that Centers shall ensure that working locks are installed in participant bathrooms or bedrooms to ensure privacy.

QUESTION: Where can surveillance equipment be used?

ANSWER: Electronic surveillance systems may be installed at entrance and exit doors and parking areas only.

Chapter 65H-1, Florida Administrative Code, states that to protect the privacy of shelter participants, electronic surveillance systems may not be installed in the participants' living quarters in the shelter facilities. The Program Standards further restrict installation of any other type of surveillance system such as two-way intercoms, in the participants' living quarters.

QUESTION: Can shelters require participants to purchase their own food when they receive food stamps or have another means of support?

ANSWER: No. Program Standards state that the Center shall provide all participants with food, clothing, laundry detergent, hygiene items and access to telephones throughout their stay. These basic needs shall be provided regardless of a participant's financial status or availability of outside resources. Although some shelters operate on a small budget, all shelters are required to provide for the participants' basic needs. In addition to adherence to the Standards, this practice also permits participants an opportunity to conserve their personal resources for use upon their exit from the shelter. If donations of these items are low, the shelter must find another means to provide for the basic needs of the participants.

QUESTION: What foods are shelters required, by Standards, to provide for program participants?

ANSWER: Pursuant to the Program Standards, shelters must provide, at a minimum, food to include a variety within each of the following basic food groups: fruits, vegetables, dairy, proteins, and starches. Food variety for program participants is best met by providing a combination of fresh, canned, and frozen items.

QUESTION: What would be considered an "adequate supply" of dinnerware and silverware?

ANSWER: An "adequate supply" is considered to be at least one place setting (plate, bowl, drinking cup/glass, knife, fork, and spoon) per program participant.

QUESTION: What are the basic hygiene items that shelters are required, by Standards, to provide for program participants?

ANSWER: Program Standards state that the Center shall provide all participants with food, clothing, laundry detergent, and hygiene items throughout their stay. Access to these basic needs shall not be limited to specific times and shall be accessible without the assistance of staff. Basic hygiene items are considered to be soap, shampoo, hair conditioner, deodorant, toothpaste, toothbrushes, toilet paper, paper towels, sanitary napkins/tampons and disposable razors, and/or other reasonable requests of residents. For small children, additional basic hygiene items include diapers, wipes, diaper cream and baby powder.

QUESTION: Is Center staff required to notify shelter participants of visitors' names prior to the visitors coming onto the shelter property?

ANSWER: Yes. Program Standards state Centers must inform participants of the presence of visitors, including contracted persons who are allowed in the residential area to deliver services. All participants shall be informed in advance of the visits so that they may choose to avoid the possibility of being seen by, or having contact with, the visitor/contracted person. In order for a participant to determine if the visitor/contracted person coming onto the shelter property is safe for her, she must know the name and business affiliation of that person so that she may make an informed decision. It is the intent of the Program Standards that participants shall be informed of the name of the visitor/contracted person and his/her business affiliation not less than 24-hours in advance of the visit, or as soon as practicable.

QUESTION: If a participant makes a report to law enforcement and discloses, in the course of making the report, the name of another participant, can the reporting participant be exited from the shelter?

ANSWER: No. A participant may not be exited solely for making the police report and disclosing information necessary to do so. The confidentiality statute (F.S. 39.908) applies to staff/volunteers and not to participants. It is advisable for Centers to encourage participants to report the incident to staff first, if appropriate. However, participants do have a right to make a police report (including providing the information the participant believes is necessary) and not be exited from the shelter for doing so.

QUESTION: When are Fire Safety Inspections and Sanitation Inspections required to be completed?

ANSWER: Fire Safety Inspections and Sanitation Inspections are required to be completed annually. The date of the center's current inspections must be within 365 days of its last annual inspections, not the date of any subsequent re-inspections that may have been performed.