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Sub grantee Site Visit Checklist

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| Grantee Name/Program | |
| Date of Site Visit | |
| Program Staff Involved | |
| VCCVS Reviewers: | |
| Current Program Grants: | |

This site visit checklist will review the following:

Services: Funded programs and other programming on site Victim access (phone, physical, person-to-person) Direct services provided (standards) any problems Outreach & Referral process, Compensation information & assistance Population served (any trends/changes)

Staff/Volunteers: Organizational structure, Screening of staff Paid positions, duties & volunteer positions, duties Supervision & Performance evaluations (paid and volunteer) Employee handbook (view) and policy manuals with required policies of (Affirm. Action, Sex Harassment, Reproductive Options, HIV/AIDS non-discrimination)

Staff Development : Training (initial and on-going)

Information/Training to other Professionals: How information and education is provided to/received from other service providers/systems What recent topics presented and to whom

Community Education: General public knowledge of victimization events planned, attended group contact, schools. What recent topics presented and to whom

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| Systems Change: System relationships Current focus and needs/strengths/barriers Regular meetings/work groups with systems Agency plan (specifics and what systems involved) | |
| Networking: Collaborations (who, when, how) Contact with regional/statewide CVS agencies for support strengths in service provisions as a result | |
| Evaluation of Program Services: Methods of data collection, How data is used to improve services How are clients, community and other agencies involved in evaluation | |
| Record Keeping/Procedures: Client Files (privacy, access, location, extent of data) and service records and Procedures Intake process, Stats collection | |
| Board of Directors: Bylaws and compliance (status as gov't or non-profit), Current #, make up, diversity in community, Term limits, meeting schedule, Roles; and extent of involvement in planning, evaluation of services, Financial management and approval of budget, reports, expenditures | |
| Emerging Issues & Recent: Existing and emerging issues Impact of funding (VCCVS, grants, donations, community resources) | |
| Assistance from VCCV: Assistance desired, needed Training needs, requests | |
| Physical Plant: Accessibility, TDD equipment, interpreter use space, appearance, child friendly, supplies, equipment, inventory and security. | |
| Fiscal Management: Accrual Basis - Method of accounting that recognizes REVENUE when earned, rather than when collected. EXPENSES are recognized when incurred rather than when paid. Cash Basis - Method of bookkeeping by which REVENUES and EXPENDITURES are recorded when they are received and paid. General Ledger - Collection of all ASSET, LIABILITY, OWNERS EQUITY, REVENUE, and EXPENSE accounts. | |
| Please answer the questions in Sections 1-6, and questions 7-8 if they apply to your program. Please describe the current practices/procedures and/or list who performs what duties, etc. | |
| Section 1: General Financial | |
| 1. What fiscal year is used? | |
| What accounting basis is used? <input type="checkbox"/> Cash <input type="checkbox"/> Accrual | |
| 2. Does the program have policies and procedures outlined for the fiscal management of grant Funds? Yes <input type="checkbox"/> No <input type="checkbox"/> | Click here to enter text. |

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| <p>3. Is there a formal set of books (computer or paper) recording all transactions? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Cash receipts book, disbursement book, general ledger, payroll ledger, etc.)</i></p> | <p>Click here to enter text.</p> |
| <p>4. Do the books separate income and expense by program and funding source? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>5. Are all bank accounts reconciled upon receipt of statements? Yes <input type="checkbox"/> No <input type="checkbox"/> Who performs this duty?</p> | <p>Click here to enter text.</p> |
| <p>6. Is this person different than the person that prepares the checks? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>7. Are periodic (at least quarterly) financial statements at least balance sheet and income statement) prepared for the Board's review? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>8. Is the Board able to compare actual expenditures with the budgeted expenditures? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>9. Is a formal budget prepared, approved and modified as needed, as part of regular operation? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>10. Is it required that the Board of Directors approves financial reports? Yes <input type="checkbox"/> No <input type="checkbox"/> In what manner?</p> | <p>Click here to enter text.</p> |
| <p>11. Is it required that the Board of Directors approves specific expenditures, such as Director's salary or capital purchases? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |

| Section 2: Program | |
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| <p>1. Are staff aware of, and understand, financial conflicts of interest and the need to separate transactions among several people? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>2. Does the program use an accounting firm for auditing purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> If so who:</p> | <p>Click here to enter text.</p> |
| <p>3. Is the financial filing system organized and logical? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>4. Are financial records adequately safeguarded? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>5. Are all receipts recorded when received? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>6. Are checks restrictively endorsed, immediately upon receipt? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>7. Are checks and cash income deposited in full? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>8. Are deposits made in a timely manner (one working day)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>9. Does someone other than the person recording and endorsing checks, prepare and make the deposits? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |

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| <p>10. Does the program prohibit employee check cashing out of cash income and petty cash? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Section 3: Payments/Disbursements</p> | |
| <p>1. Are all payments made from a checking account? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>2. Does the program prohibit the writing of checks payable to “Cash”? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>3. Do you have petty cash? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What is the size of the petty cash fund?</p> | <p>Click here to enter text.</p> |
| <p>4. Are all payments supported by written documentation (i.e.: payment policies, etc.) showing approval to incur and pay for the expense? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Is the documentation adequately marked (i.e.: initialed and dated) to prevent duplicate payments? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>5. Does someone other than the person approving payment prepare the checks? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, who checks the transactions and how often?</p> | <p>Click here to enter text.</p> |
| <p>6. Does the program maintain a list of authorized check signers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |

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| <p>7. Are payments made to the Director approved by the Board? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>8. Are payments made to the people who prepare and sign checks approved by the Director? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Section 4: Payroll</p> | |
| <p>1. Are there written wage authorizations for all employees? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Are personnel and payroll policies in writing? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>2. Do the policies state that the program will comply with Federal wage and hour laws? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>3. Is there a regular payroll period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>4. Does the program have a salary schedule that shows how much each employee is paid from each source? Yes <input type="checkbox"/> No <input type="checkbox"/> Are payroll payments supported by time sheets? Yes <input type="checkbox"/> No <input type="checkbox"/> Are time sheets completed in ink, and signed by both employee and supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |

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| <p>5. Do time sheets show hours worked, by day, on VCCVS grants/programs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>6. Does each employee have a complete personnel file containing all documents regarding employment, compensation, performance evaluations, etc.? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*To be reviewed by VCCVS staff</i></p> | <p>Click here to enter text.</p> |
| <p>7. Do all employees complete W4 and I9 (Federal legal resident) forms? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>8. Are actual fringe amounts reported for reimbursement rather than a set percentage? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>9. Are payroll taxes withheld and paid on time, in full? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*To be reviewed by VCCVS staff</i></p> | <p>Click here to enter text.</p> |

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| <p>Section 5: Inventory, Equipment and Property</p> | |
| <p>1. How is equipment (capital) defined by the program?</p> | <p>Click here to enter text.</p> |
| <p>2. Do you have an inventory system in place? Yes <input type="checkbox"/> No <input type="checkbox"/> *Please Describe</p> | <p>Click here to enter text.</p> |

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| <p>3. Does the program use competitive bidding for large purchases? Yes <input type="checkbox"/> No <input type="checkbox"/> * Please Describe</p> | <p>Click here to enter text.</p> |
| <p>Section 6: Services</p> | |
| <p>Are the following services provided by the program?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 24 hour Hotline/7 days a week <input type="checkbox"/> Safety planning <input type="checkbox"/> Shelter <input type="checkbox"/> Transitional housing <input type="checkbox"/> Medical Advocacy with rape victims during SANE exam <input type="checkbox"/> Counseling <input type="checkbox"/> Support Groups <input type="checkbox"/> Legal Advocacy <input type="checkbox"/> Assistance with after-hours RFAOs <input type="checkbox"/> Transportation <input type="checkbox"/> Referral and Advocacy with social service providers <input type="checkbox"/> Children's services <input type="checkbox"/> School-based programs and education <input type="checkbox"/> Supervised visitation program | |
| <p>Describe how victims access these services?</p> | <p>Click here to enter text.</p> |
| <p>Do you assist victims in applying for Victim's Compensation, when applicable? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Do you provide direct financial assistance to victims? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what is the source of funding?</p> | <p>Click here to enter text.</p> |

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| How is this financial assistance documented? | Click here to enter text. |
| Does the agency have a written confidentiality policy that applies to anyone who becomes a client? Yes <input type="checkbox"/> No <input type="checkbox"/> | Click here to enter text. |
| How does the agency ensure that victims understand the rights afforded to them regarding confidentiality? | Click here to enter text. |
| Do you have a written consent form for disclosure of information to others? Yes <input type="checkbox"/> No <input type="checkbox"/> | Click here to enter text. |
| Do you maintain client files? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who has access to client files? | Click here to enter text. |
| Are client files maintained in a secured area? Yes <input type="checkbox"/> No <input type="checkbox"/> | Click here to enter text. |
| Are their procedures for the retention and destruction of records that preserves a victim's confidentiality? Yes <input type="checkbox"/> No <input type="checkbox"/> | Click here to enter text. |
| Do you use volunteers? Yes <input type="checkbox"/> No <input type="checkbox"/> | Click here to enter text. |
| How are volunteers trained and supervised? How do you maintain training records required by Crisis Worker Privilege statute? | Click here to enter text. |
| How do you provide accessible/culturally appropriate services to persons of color, non-English speaking, deaf, etc.? | Click here to enter text. |

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| Are services provided free of charge? | Click here to enter text. |
| How does the agency approach safety planning with victims you serve? | Click here to enter text. |
| Do you use victim satisfaction surveys to receive feedback from service users? How is the feedback compiled and used? | Click here to enter text. |
| Do you have written anti-discrimination/grievance procedures for staff and service users? Are they posted in shelter and offices? | Click here to enter text. |
| What kind of outreach and community education do you provide to victims, the community and other agencies? | Click here to enter text. |
| How are service statistics collected and reported on? | Click here to enter text. |
| Do direct service staff have written job descriptions? How are they trained and supervised? | Click here to enter text. |
| Does the program have a written policy on how child abuse is handled in order to comply with state and federal laws? | Click here to enter text. |
| Does the facility: <input type="checkbox"/> Have accessible to public transportation <input type="checkbox"/> Is accessible to people with disabilities (meeting federal, state and local requirements) | |
| Section 7: Child Advocacy Services (CAC Programs) | *SPRINGFIELD |

Do you have a CAC program? If so please complete section 7. Yes No

Who are the members of your multi-disciplinary team?

- Law Enforcement
- Child Protective Services:
- Prosecution:
- Medical:
- Mental Health:
- Victim Advocacy
- Other:

Click here to enter text.

MULTIDISCIPLINARY PRACTICE

Do you have more than one person taking on two roles? (i.e. is the forensic interviewer and case worker the same)

Click here to enter text.

How many clients do you serve a year?

Click here to enter text.

What are your hours of operation?

Click here to enter text.

Do you have an interagency agreement that is signed by the authorized representatives of all MDT components that clearly commits the signed parties to the CAC model for its multidisciplinary child abuse interventions response?

Yes No

Click here to enter text.

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| <p>Do you have written documents that address information sharing between the MDT members, consistent with legal, ethical and professional standards of practice? (Eg. HIPPA-Health Information Portability and Accountability Act) that relates specifically to the staff and volunteers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>How do MDT members provide feedback for the improvement of services?</p> | <p>Click here to enter text.</p> |
| <p>Do you have a cultural competency plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>How do you provide services for people who are non-English or deaf or hard of hearing?</p> | <p>Click here to enter text.</p> |
| <p>Do you participate in any community outreach to underserved populations?</p> | <p>Click here to enter text.</p> |
| <p>FORENSIC INTERVIEWS</p> | |
| <p>Who conducts your forensic interviews?</p> | <p>Click here to enter text.</p> |
| <p>Which of the following two training standards has your CACs Forensic interviewer met? <input type="checkbox"/> Documentation of satisfactory completion of competency-based child abuse forensic interview training that includes child development <input type="checkbox"/> Documentation of 40 hours of nationally or state recognized forensic interview training that includes child development? Please describe the process for initial training.</p> | <p>Click here to enter text.</p> |

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| How do you ensure that the interview process is non-duplicative? | Click here to enter text. |
| What training opportunities have your forensic interviewers attended in the past year? | Click here to enter text. |
| VICTIM SUPPORT AND ADVOCACY | |
| Do you have linkage agreements with other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> | Click here to enter text. |
| How do you provide information to families that may be of assistance to the crisis they are engage in? | Click here to enter text. |
| How do you inform clients of their victim's rights? | Click here to enter text. |
| Who helps the victim/family navigate the court system? How was that person trained? | Click here to enter text. |
| Do you have written anti-discrimination/grievance procedures for staff and service users? Yes <input type="checkbox"/> No <input type="checkbox"/> | Click here to enter text. |
| What process do you have in place for follow up? | Click here to enter text. |
| PREMISES | |

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| <p>The facility:</p> <p><input type="checkbox"/> Is accessible to public transportation</p> <p><input type="checkbox"/> Is accessible to people with disabilities (meeting federal, state and local requirements)</p> | <p>Click here to enter text.</p> |
| <p>Are visits ever provided off-site?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>MEDICAL EVALUATIONS</p> | |
| <p>Who is your medical provider?</p> | <p>Click here to enter text.</p> |
| <p>Does your medical provider meet at least one of the following standards?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Pediatrics Sub-board eligibility</p> <p><input type="checkbox"/> Child Abuse Fellowship training or child abuse Certificate of Added Qualification</p> <p><input type="checkbox"/> Documentation of satisfactory completion of competency-based training in the performance of child abuse evaluations</p> <p><input type="checkbox"/> Documentation of 16 hours of formal medical training in child sexual abuse evaluation.</p> | <p>Click here to enter text.</p> |
| <p>Are medical examinations provided on site?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Are medical examinations free of charge?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>How do clients access medical examinations? Do you have a referral process for how, when and where the exam is made available?</p> | <p>Click here to enter text.</p> |

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| How do you respond to emergency evaluations? | Click here to enter text. |
| How do you document medical care? | Click here to enter text. |
| Do you have procedures in place when there is suspected child abuse as well as sexual abuse? | Click here to enter text. |
| Are people who conduct medical evaluations offered opportunities for ongoing training and peer review? | Click here to enter text. |
| Is the medical evaluation shared with the MDT? | Click here to enter text. |
| MENTAL HEALTH | |
| Who provides most of the mental health services for your clients? | Click here to enter text. |
| <p>Do the mental health services of your CACs MDT meet the following standards?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Masters prepared in a related mental health field <input type="checkbox"/> Student intern in an accredited graduate program <input type="checkbox"/> Licensed/certified or supervised by a licensed mental health professional <input type="checkbox"/> A training plan for 40 contract hours of specialized, trauma-focused mental health training, clinical consultation, clinical supervision, peer supervision, and/or mentoring within the first 6 months of association (or demonstrated relevant experience prior to association) | Click here to enter text. |

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| <p>What sort of specialized mental health services does your agency refer clients to?</p> | <p>Click here to enter text.</p> |
| <p>Does your CAC have written documents that delineate the purpose of the medical examination and the forensic interview? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Do the mental health providers receive opportunities for at least 8 hours of child abuse education per year?</p> | <p>Click here to enter text.</p> |
| <p>CASE REVIEW</p> | |
| <p>Please describe your process for reviewing cases? Do you have written documents that include criteria for case review and case review procedures? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>How often does your MDT meet to formally review cases?</p> | <p>Click here to enter text.</p> |
| <p>Do all members of your MDT typically come together to review cases?</p> | <p>Click here to enter text.</p> |
| <p>Does your MDT have a case tracking system in place to help codify the information on the cases? Do all MDT members have access to the same data base? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>ORGANIZATIONAL CAPACITY</p> | |

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| <p>Are you an incorporated non-profit? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Do you have administrative policies that apply to all staff MDT members, volunteers and clients? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>How do you conduct background checks?</p> | <p>Click here to enter text.</p> |
| <p>Do you do any fundraising?</p> | <p>Click here to enter text.</p> |
| <p>CHILD FOCUSED SETTING</p> | |
| <p>Is The space child-friendly (child-proof)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Does it ensure the separation of victims and alleged offenders? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Does it provide waiting areas for more than one family?</p> | <p>Click here to enter text.</p> |
| <p>Does the space allow for MDT interviewer to conduct interviews in which multiple interviewers may observe simultaneously? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
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Section 7: Child Advocacy Services (CAC Programs)

***NORWICH**

Do you have a CAC program? If so please complete section 7. Yes No

Who are the members of your multi-disciplinary team?

- Law Enforcement
- Child Protective Services:
- Prosecution:
- Medical:
- Mental Health:
- Victim Advocacy
- Other:

Click here to enter text.

MULTIDISCIPLINARY PRACTICE

Do you have more than one person taking on two roles? (i.e. is the forensic interviewer and case worker the same)

Click here to enter text.

How many clients do you serve a year?

Click here to enter text.

What are your hours of operation?

Click here to enter text.

Do you have an interagency agreement that is signed by the authorized representatives of all MDT components that clearly commits the signed parties to the CAC model for its multidisciplinary child abuse interventions response?

Yes No

Click here to enter text.

| | |
|--|----------------------------------|
| <p>Do you have written documents that address information sharing between the MDT members, consistent with legal, ethical and professional standards of practice? (Eg. HIPPA-Health Information Portability and Accountability Act) that relates specifically to the staff and volunteers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>How do MDT members provide feedback for the improvement of services?</p> | <p>Click here to enter text.</p> |
| <p>Do you have a cultural competency plan? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>How do you provide services for people who are non-English or deaf or hard of hearing?</p> | <p>Click here to enter text.</p> |
| <p>Do you participate in any community outreach to underserved populations?</p> | <p>Click here to enter text.</p> |
| <p>FORENSIC INTERVIEWS</p> | |
| <p>Who conducts your forensic interviews?</p> | <p>Click here to enter text.</p> |
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| How do you ensure that the interview process is non-duplicative? | Click here to enter text. |
| What training opportunities have your forensic interviewers attended in the past year? | Click here to enter text. |
| VICTIM SUPPORT AND ADVOCACY | |
| Do you have linkage agreements with other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> | Click here to enter text. |
| How do you provide information to families that may be of assistance to the crisis they are engage in? | Click here to enter text. |
| How do you inform clients of their victim’s rights? | Click here to enter text. |
| Who helps the victim/family navigate the court system? How was that person trained? | Click here to enter text. |
| Do you have written anti-discrimination/grievance procedures for staff and service users? Yes <input type="checkbox"/> No <input type="checkbox"/> | Click here to enter text. |
| What process do you have in place for follow up? | Click here to enter text. |
| PREMISES | |

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| <p>The facility:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is accessible to public transportation <input type="checkbox"/> Is accessible to people with disabilities (meeting federal, state and local requirements) | <p>Click here to enter text.</p> |
| <p>Are visits ever provided off-site?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>MEDICAL EVALUATIONS</p> | |
| <p>Who is your medical provider?</p> | <p>Click here to enter text.</p> |
| <p>Does your medical provider meet at least one of the following standards?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <input type="checkbox"/> Pediatrics Sub-board eligibility <input type="checkbox"/> Child Abuse Fellowship training or child abuse Certificate of Added Qualification <input type="checkbox"/> Documentation of satisfactory completion of competency-based training in the performance of child abuse evaluations <input type="checkbox"/> Documentation of 16 hours of formal medical training in child sexual abuse evaluation. | <p>Click here to enter text.</p> |
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| How do you document medical care? | Click here to enter text. |
| Do you have procedures in place when there is suspected child abuse as well as sexual abuse? | Click here to enter text. |
| Are people who conduct medical evaluations offered opportunities for ongoing training and peer review? | Click here to enter text. |
| Is the medical evaluation shared with the MDT? | Click here to enter text. |
| MENTAL HEALTH | |
| Who provides most of the mental health services for your clients? | Click here to enter text. |
| <p>Do the mental health services of your CACs MDT meet the following standards?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Masters prepared in a related mental health field <input type="checkbox"/> Student intern in an accredited graduate program <input type="checkbox"/> Licensed/certified or supervised by a licensed mental health professional <input type="checkbox"/> A training plan for 40 contract hours of specialized, trauma-focused mental health training, clinical consultation, clinical supervision, peer supervision, and/or mentoring within the first 6 months of association (or demonstrated relevant experience prior to association) | Click here to enter text. |

| | |
|--|----------------------------------|
| <p>What sort of specialized mental health services does your agency refer clients to?</p> | <p>Click here to enter text.</p> |
| <p>Does your CAC have written documents that delineate the purpose of the medical examination and the forensic interview? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Do the mental health providers receive opportunities for at least 8 hours of child abuse education per year?</p> | <p>Click here to enter text.</p> |
| <p>CASE REVIEW</p> | |
| <p>Please describe your process for reviewing cases? Do you have written documents that include criteria for case review and case review procedures? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>How often does your MDT meet to formally review cases?</p> | <p>Click here to enter text.</p> |
| <p>Do all members of your MDT typically come together to review cases?</p> | <p>Click here to enter text.</p> |
| <p>Does your MDT have a case tracking system in place to help codify the information on the cases? Do all MDT members have access to the same data base? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>ORGANIZATIONAL CAPACITY</p> | |

| | |
|--|----------------------------------|
| <p>Are you an incorporated non-profit? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Do you have administrative policies that apply to all staff MDT members, volunteers and clients? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>How do you conduct background checks?</p> | <p>Click here to enter text.</p> |
| <p>Do you do any fundraising?</p> | <p>Click here to enter text.</p> |
| <p>CHILD FOCUSED SETTING</p> | |
| <p>Is The space child-friendly (child-proof)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Does it ensure the separation of victims and alleged offenders? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>Does it provide waiting areas for more than one family?</p> | <p>Click here to enter text.</p> |
| <p>Does the space allow for MDT interviewer to conduct interviews in which multiple interviewers may observe simultaneously? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>Click here to enter text.</p> |
| <p>ADDITIOINAL COMMENTS</p> | |

I hereby declare that the information above is true to the best of my knowledge and belief, and is subject to penalty for perjury.

Signature

Dated: _____, 20____.

Executive Director Name (please print)

Signature

Dated: _____, 20____.

Board Chair Name (please print)

