

2018 WORK PLAN - SUPERVISED VISITATION AND SAFE EXCHANGE

DEPARTMENT OF FAMILY SUPPORT & SERVICES

DIVISION ON DOMESTIC VIOLENCE

DELEGATE AGENCY:

PROJECT NAME:

FUNDED AMOUNT

PO NUMBER

A. ENROLL CLIENTS via completion of intake form. Intake form is signed by client and worker, or signature of intake form is indicated on master signature sheet, which is signed by client.

	Q1	Q2	Q3	Q4	TOTAL (auto fill)
1. number of carryover custodial parents from Q4 2017 to Q1 2018					
2. number of carryover non-custodial parents from Q4 2017 to Q1 2018					
3. number of carryover children from Q4 2017 to Q1 2018					
4. number of new custodial parents enrolled in 2018					
5. number of new non-custodial parents enrolled in 2018					
6. number of new children enrolled in 2018					
7. total clients = new + carryover (auto fill)					
8. total visitation units = new + carryover (line 1+4)					
PERFORMANCE MEASURE: \$ per visitation unit (award amount ÷ total visitation units)					

PERFORMANCE MEASURE: achieved total visitation units will = at least 90% of predicted total visitation units.

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B. PROVIDE A SAFE and CLEAN ENVIRONMENT IN WHICH TRAINED STAFF SUPERVISE court arranged visits between non-custodial parents and children and safe exchanges of children between custodial and non-custodial parents

	Q1	Q2	Q3	Q4	TOTAL (auto fill)
1. number of scheduled supervised visits between non-custodial parent and child(ren)					
2. number of supervised visits attended by custodial parent and non-custodial parent					
3. number of safe exchanges of child(ren) scheduled between custodial and non-custodial parent					
4. number of safe exchanges attended by custodial parent and non-custodial parent					

PERFORMANCE MEASURE: 80% of scheduled visits will be attended by custodial and non-custodial parent

PERFORMANCE MEASURE: 80% of scheduled safe exchanges will attended by custodial and non-custodial parent



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C. CLIENT EVALUATION OF PROGRAM IMPACT, PROGRAM, AND STAFF (for Adult clients only)

	Q1	Q2	Q3	Q4	TOTAL (auto fill)
1. number of adult enrolled clients completing the Evaluation of Services Survey					
2. number of completed Evaluation of Services Surveys that indicate that client strongly or somewhat agree with A.2 of the survey, indicating that the program met her needs.					
3. number of completed Evaluation of Services Surveys that indicate that client strongly or somewhat agree with B.2 of the survey, indicating that the staff was supportive.					
4. number of completed Evaluation of Services Surveys that indicate that client strongly or somewhat agree with C.2 of the survey, indicating that the client felt safer while at the center.					

PERFORMANCE MEASURE: 100% of completed surveys will be reported on the quarterly report.

PERFORMANCE MEASURE: Copies of 100% of surveys reported on the quarterly report will be sent to the DDV.

PERFORMANCE MEASURE: 80% of completed surveys will indicate that the client strongly or somewhat agrees with A.2 of the survey.

PERFORMANCE MEASURE: 80% of completed surveys will indicate that the client strongly or somewhat agrees with B.2 of the survey.

PERFORMANCE MEASURE: 80% of completed surveys will indicate that the client strongly or somewhat agrees with C.2 of the survey.



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D. PROVIDE COMMUNITY EDUCATION/ AWARENESS WORKSHOPS ON DOMESTIC VIOLENCE

				Q1	Q2	Q3	Q4	TOTAL (auto fill)
1. number of community education/awareness workshops on highlighting Safe Exchange and Supervised Visitation Services presented by delegate								

PROGRAM YEAR 2018 (JAN 1 - DEC 31, 2018) WORK PROGRAM

JOB DESCRIPTION

AGENCY NAME

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PROJECT NAME

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1. Please complete for each staff person who is listed on the program budget, regardless of funding source
2. Proof of 40 hour Domestic Violence Training or ICDVP Certification must be attached for all staff providing services listed on Scope of Services
3. An updated resume must be attached for all professional and paraprofessional staff listed on program budget

EMPLOYEE NAME:

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JOB TITLE:

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DESCRIPTION OF DUTIES:

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EDUCATIONAL REQUIREMENTS FOR JOB TITLE:

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WORK EXPERIENCE / TRAINING REQUIREMENTS FOR JOB TITLE

SPECIAL CERTIFICATES OR LICENSES REQUIRED

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Illinois Certified Domestic Violence Professional Certificate
or 40 hours of Domestic Violence Training Certificate

ADDITIONAL CERTIFICATION OR LICENCES REQUIRED

WORK SCHEDULE ON THIS PROGRAM

(must match percentage of time listed on personnel budget)

DAY	HOURS
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

THIS IS A SAMPLE ORGANIZATIONAL CHART. PLEASE INCLUDE AN ORG. CHART THAT ILLUSTRATES BOTH AGENCY STRUCTURE AND PROGRAM LEVEL STRUCTURE.

