OMB Clearance # 1122-0009
Expiration Date: 09/30/2007

U.S. Department of Justice
Office on Violence Against Women

SEMI-ANNUAL PROGRESS REPORT FOR

Safe Havens: Supervised Visitation and Safe Exchange Grant Program

Brief Instructions: This form must be completed for each Safe Havens: Supervised Visitation and Safe Exchange Grant Program (Supervised Visitation) grant received. The grant administrator or coordinator must ensure that the form is completed fully with regard to all grant activities. If the program involves more than one site (either for provision of services or for planning), there will still be only one form completed for each program. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators or coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All grantees should read each section to determine which items they must answer, based on the activities engaged in under this grant during the current reporting period. Sections A1, B, C2, C3, E, and F of this form must be completed by all grantees. In subsections A2, C1, and C4, and section D, grantees must answer an initial question about whether they engaged in certain activities during the current reporting period. If the response is yes, then the grantee must complete that section or subsection. If the response is no, the rest of that section or subsection is skipped.

For example, if you receive funds to hire staff for the purposes of planning and protocol development, you will complete sections A, B, C2, C3, C4, E, and F (and answer 'no' in C1 and D); or if you receive funds to hire staff for services and training, you will complete sections A, B, C1, C2, C3, D, E, F (and answer 'no' in C4).

The activities of volunteers or interns may be reported if they are coordinated or supervised by Supervised Visitation Program-funded staff or if Supervised Visitation Program funds substantially support their activities.

For further information on filling out this form, refer to the separate set of instructions, which contains detailed definitions and examples, illustrating how questions should be answered.

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SECTION A1

GENERAL INFORMATION
Grant information

All grantees must complete this section.

1. Date of report ☐☐ ☐☐ ☐☐ *(format date with 6 digits - 01/31/04)*

2. Current reporting period ☑ **January 1-June 30** ☑ **July 1-December 31** ☐☐☐☐ **(Year)**

3. Grantee name _____

4. Grant number _____
(the federal grant number assigned to your Supervised Visitation Program grant)

5. Type of implementing agency/organization (Check one.)

- ☐ Court (state or local)
- ☐ Domestic violence program
- ☐ State government
- ☐ Supervised exchange center
- ☐ Supervised visitation center
- ☐ Supervised visitation and exchange center
- ☐ Tribal government
- ☐ Unit of local government
- ☐ Other (specify): _____

6. Grant description
(Check all that apply and report the number of sites for each type of grant.)

Type of grant	Number of sites
Supervised Visitation Program (planning)	
Supervised Visitation Program (implementation)	
Supervised Visitation Program (demonstration)	

7. Point of contact
(person responsible for the day-to-day coordination or administration of the grant)

First Name _____ MI ___ Last Name _____

Agency/organization name
(if different from grantee name) _____

Address _____

_____

City _____ State _____ Zip Code _____

Telephone _____ Facsimile _____

E-mail _____

8. Does this grant specifically address tribal populations?
(Check yes if your Supervised Visitation Program grant focuses on tribal populations, and indicate which tribes or nations you serve or intend to serve.)

☐ Yes ☐ No If yes, which tribes/nations: _____

9. What percentage of your Supervised Visitation Program grant funds were directed to each of these areas?

(Report the area[s] addressed by your Supervised Visitation Program grant during the current reporting period and estimate the approximate percentage of funds [or resources] used to address each area [consider training, victim services, etc.]. The grantee may choose how to make this determination.)

Throughout this form, the term **sexual assault** includes both assaults committed by offenders who are strangers to the victim/survivor and assaults committed by offenders who are known to, or related by blood or marriage to, or in a dating relationship with the victim. The term **domestic violence** applies to any pattern of coercive behavior that is used by one person to gain power and control over a current or former intimate partner. **Stalking** is defined as a course of conduct directed at a specific person that places that person in reasonable fear of the death of, or serious bodily injury to, herself or himself, a member of her/his immediate family, or her/his spouse or intimate partner. **Child abuse** means a threat to a child's health or welfare by physical, mental, or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs, or lack of protection from these, by a person responsible for the child (or as defined by your state's statutes).

	Percentage of grant funds
Sexual assault	
Domestic violence	
Stalking	
Child abuse	
TOTAL	0%

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SECTION A2

Staff information

Were Supervised Visitation Program funds used to fund staff positions during the current reporting period?

Check yes if Supervised Visitation Program grant funds were used to pay staff, including part-time staff and contractors.

- ☐ Yes—answer question 10
- ☐ No—skip to Section B

10. Staff

(Report the total number of full-time equivalent [FTE] staff funded by the Supervised Visitation Program grant during the current reporting period. Include employees who are part-time and/or only partially funded with these grant funds as well as contractors. If an employee or contractor was not employed or utilized over the entire reporting period, report the average. Round to the second decimal. See separate instructions for examples of how to calculate FTEs for part-time staff and contractors.)

Staff	Grant-funded staff
Administrator (fiscal manager, executive director)	
Counselor	
Program coordinator (training coordinator, visitation services coordinator)	
Security	
Supervision staff for visitation and exchange	
Support staff (administrative assistant, receptionist)	
Other (specify):	
TOTAL	0.00

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SECTION B

Program Activities

All grantees must complete this section.

For the purposes of the Supervised Visitation Program, grant funds may be used to support supervised visitation and safe exchange of children, by and between parents, in situations involving domestic violence, child abuse, sexual assault, or stalking.

11. Program activities

(Check all program activities supported by Supervised Visitation Program grant funds during the current reporting period.)

Check ALL that apply	Program activities
☐	Establishment or expansion of supervised visitation and exchange services.
☐	Development of community-based advisory committees to plan and/or implement visitation and exchange services.
☐	Development and implementation of policies and procedures regarding security, intake, case referral, record keeping, and confidentiality.
☐	Enhancement of program services to address special needs of the target population (e.g., therapeutic services, directed visitation services, parent education groups).
☐	Development and implementation of effective training for project staff and volunteers.

12. Program priorities addressed by your grant

(In addition to the program activities identified above, the Supervised Visitation Grant Application and Program Guidelines may have identified program priority areas that would receive priority consideration. If your program addressed any of these priority areas during the current reporting period, list them below.)

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SECTION C1

FUNCTION AREAS
Training and Staff Development

Were your Supervised Visitation Program funds used for training and/or staff development during the current reporting period?

Check yes if Supervised Visitation Program-funded staff provided training or staff development, or if grant funds directly supported the training or staff development.

- ☐ Yes—answer questions 13-16
- ☐ No—skip to C2.

For the purposes of this reporting form, **training** means providing information on sexual assault, domestic violence, child abuse, and/or stalking that enables a person to improve her/his response to victims/survivors as it relates to her/his role in the system. **Staff development** is training attended by staff funded under your Supervised Visitation Program grant.

13. Training and staff development events provided

(Report the total number of training events and the total number of staff development events provided during the current reporting period with Supervised Visitation Program funds.)

Total number of training events provided (excluding staff development events)	
Total number of staff development events provided	

14. Number of people trained

(Report the number of people trained during the current reporting period by Supervised Visitation Program-funded staff or training supported by Supervised Visitation Program funds. Use the category that is most descriptive of the people attending the training event. Do not include staff funded under your Supervised Visitation Program grant who attended staff development events.)

People trained	Number	People trained	Number
Attorneys/law students		Multidisciplinary group	
Batterer Intervention Program staff		Prosecutors	
Child welfare workers/advocates		Social service organization staff	
Community advocacy organization staff (NAACP, Gray Panthers)		Supervised visitation and exchange center staff (staff not funded under your Supervised Visitation Program grant))	
Correction personnel (probation, parole, and correctional facilities)		Tribal government/tribal government agency	
Court personnel (judges, clerks)		Victim advocates	
Government agency staff (vocational rehabilitation, food stamps, TANF)		Victim-witness specialists	
Health professionals (doctors, nurses)		Volunteers	
Law enforcement officers		Other (specify):	
Legal services staff			
Mental health professionals		**TOTAL**	0

15. Training content areas

(Indicate all topics covered in training events provided with your Supervised Visitation Program funds during the current reporting period. Do not include topics covered in staff development events. See definitions of training and staff development at beginning of subsection C1. Check all that apply.)

Domestic violence, sexual assault and child abuse

- ☐ Advocate response
- ☐ Child abuse overview, dynamics, and services
- ☐ Child protective services
- ☐ Child witnesses
- ☐ Custody statutes/codes
- ☐ Confidentiality
- ☐ Domestic violence overview, dynamics, and services
- ☐ Dynamics relating to non-offending parents and offending parents
- ☐ Family law
- ☐ Parenting issues
- ☐ Resources for families
- ☐ Safety planning
- ☐ Sexual assault overview, dynamics, and services
- ☐ Stalking overview, dynamics, and services
- ☐ Supervised visitation and exchange
- ☐ Other (specify):

Justice system

- ☐ Civil court procedures
- ☐ Child abuse statutes/codes
- ☐ Custody statues/codes
- ☐ Domestic violence statutes/codes
- ☐ Expert testimony
- ☐ Family law
- ☐ Judicial response
- ☐ Law enforcement response
- ☐ Mandatory reporting requirements
- ☐ Probation response
- ☐ Protection orders (including full faith and credit)
- ☐ Sexual assault statutes/codes
- ☐ Stalking statutes/codes
- ☐ Supervised visitation and exchange
- ☐ Other (specify):

Underserved populations

Issues specific to families who:

- ☐ live in rural areas
- ☐ are American Indian or Alaska Native
- ☐ are Asian
- ☐ are black or African American
- ☐ are disabled
- ☐ are elderly
- ☐ are Hispanic or Latino
- ☐ are homeless or living in poverty
- ☐ are immigrants, refugees, or asylum seekers
- ☐ are lesbian, gay, bisexual, transgender, or intersex
- ☐ are Native Hawaiian or other Pacific Islander
- ☐ have mental health problems
- ☐ have substance abuse problems
- ☐ Other (specify):

Organization and community issues

- ☐ Collaboration
- ☐ Coordinated community response
- ☐ Technology
- ☐ Other (specify):

16. Number of staff who attended staff development events

(Report the number of staff funded under your Supervised Visitation Program grant who attended staff development events.)

Number of people

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SECTION C2

Coordinated Community Response

All grantees must complete this section.

17. Coordinated community response activities

(Check the appropriate boxes to indicate the agencies or organizations, even if they are not memorandum of understanding [MOU] partners or advisory board members, that you provided family referrals to, received referrals from, engaged in consultation with, provided technical assistance to, and/or attended meetings with, during the current reporting period, according to the usual frequency of the interactions. If the interactions were not part of a regular schedule, you will need to estimate the frequency with which these interactions occurred during the current reporting period. Indicate which of these agencies/organizations are advisory board members for your Supervised Visitation Program grant. In the last column, indicate the agencies or organizations with which you have an MOU for the purposes of the Supervised Visitation Program grant.

If you have a planning grant, report planning meetings, advisory board members and MOU partners.

Agency/organization	Family referrals, consultations, technical assistance			Meetings			Advisory Board Member	MOU Partner
	Daily	Weekly	Monthly	Weekly	Monthly	Quarterly		
Batterer intervention program	☐	☐	☐	☐	☐	☐	☐	☐
Child advocacy program	☐	☐	☐	☐	☐	☐	☐	☐
Child protective services	☐	☐	☐	☐	☐	☐	☐	☐
Community advocacy organization (NAACP, Gray Panthers)	☐	☐	☐	☐	☐	☐	☐	☐
Corrections (probation, parole, and correctional facilities)	☐	☐	☐	☐	☐	☐	☐	☐
Court	☐	☐	☐	☐	☐	☐	☐	☐
Domestic violence program	☐	☐	☐	☐	☐	☐	☐	☐
Faith-based organization	☐	☐	☐	☐	☐	☐	☐	☐
Government agency (INS, Social Security, TANF)	☐	☐	☐	☐	☐	☐	☐	☐
Health/mental health organization	☐	☐	☐	☐	☐	☐	☐	☐
Law enforcement agency	☐	☐	☐	☐	☐	☐	☐	☐
Legal services organization (legal services, bar association, law school)	☐	☐	☐	☐	☐	☐	☐	☐
Prosecutor's office	☐	☐	☐	☐	☐	☐	☐	☐
Sexual assault program	☐	☐	☐	☐	☐	☐	☐	☐
Social service organization	☐	☐	☐	☐	☐	☐	☐	☐
Tribal government/Tribal government agency	☐	☐	☐	☐	☐	☐	☐	☐
Other (specify):	☐	☐	☐	☐	☐	☐	☐	☐

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SECTION C3

Policies

All grantees must complete this section.

18. Types of policies or protocols developed, substantially revised, or implemented during the current reporting period

(Check all the types of policies or protocols developed, substantially revised, or implemented during the current reporting period. Check all that apply.)

Center operations

- ☐ Confidentiality
- ☐ Flexible hours of operation
- ☐ Income-based fees (sliding scale)
- ☐ Program does not charge fees
- ☐ Recordkeeping and report writing
- ☐ Staff, board, and/or volunteers represent the diversity of your service area
- ☐ Other (specify):

Service provision

- ☐ Appropriate response to underserved populations
- ☐ Child-friendly (toys, games, appropriate décor)
- ☐ Court feedback procedures
- ☐ Courtesy monitoring
- ☐ Document exchange procedures
- ☐ Mandatory training on domestic violence, sexual assault, child abuse, and stalking
- ☐ Out-of-jurisdiction referrals
- ☐ Parent education program procedures
- ☐ Supervised exchange procedures
- ☐ Other (specify):

Security and safety

- ☐ Different entrances for parties
- ☐ Escort for children and custodial parent
- ☐ Metal detectors
- ☐ Panic button(s)
- ☐ Private, secure drop-off locations for children
- ☐ Private, secure entrances for children and custodial parent
- ☐ Security guards
- ☐ Security measures in place (cameras, staff, etc.)
- ☐ Security staff observations
- ☐ Staggered arrival/departure times
- ☐ Other (specify):

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SECTION C4

Planning

Did you receive a Supervised Visitation Program planning grant?

Check yes if you have a Supervised Visitation Program planning grant. Only those grantees who received a Supervised Visitation Program planning grant will answer questions 19-21.

- ☐ Yes—answer questions 19-21
- ☐ No—skip to Section D

19. Planning meetings

(Report the total number of planning meetings and the total number of people attending planning meetings during the current reporting period.)

Total number of planning meetings	Total number of people attending

20. Planning activities conducted (Check all that apply.)

- ☐ Conducting needs assessments
- ☐ Creating goals and objectives
- ☐ Creating personnel and agency policies
- ☐ Identifying location(s) for visitation center(s)
- ☐ Identifying resources
- ☐ Identifying visitation center models
- ☐ Other (specify): _____

21. Number of site visits to visitation and/or exchange centers

(Report the number of site visits to visitation and/or exchange centers.)

Number of visits ☐

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SECTION D

Services

Were your Supervised Visitation Program funds used to provide services to families during the current reporting period?

Check yes if Supervised Visitation Program-funded staff provided services to families, or if Supervised Visitation Program grant funds were used to support services to families during the current reporting period.

- ☐ Yes—answer questions 22-31
- ☐ No—skip to Section E

22. Number of families served, partially served, and families seeking services who were not served

Please do not attempt to answer this question without referring to the separate set of instructions for further explanation and examples of how to distinguish among these categories. (Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each family who sought or received services during the current reporting period should be counted only once and in only one of the listed categories. Do not count or report families that do not meet grant eligibility or statutory requirements.)

	Number of families
A. Served: Families who received the service(s) they needed, if those services were provided under your Supervised Visitation Program grant	
B. Partially served: Families who received some service(s), but not all of the services they needed, if those services were provided under your Supervised Visitation Program grant	
C. Families seeking services who were not served: Families who sought services and did not receive service(s) they needed, if those services were provided under your Supervised Visitation Program grant	

23. Reasons families seeking services were not served or were partially served

(Check all that apply. If you check "Party(ies) not accepted into program," report on the reason[s] in question 24.)

Reasons not served or partially served

- ☐ Program reached capacity
- ☐ Hours of operation
- ☐ Program rules not acceptable to party(ies)
- ☐ Services not appropriate for party(ies)
- ☐ Transportation problems
- ☐ Services inappropriate or inadequate for people with substance abuse problems
- ☐ Services inappropriate or inadequate for people with mental health problems
- ☐ Insufficient/lack of culturally appropriate services
- ☐ Insufficient/lack of services for people with disabilities
- ☐ Insufficient/lack of adequate language capacity (including sign language)
- ☐ Geographic or other isolation of party(ies)
- ☐ Party(ies) not accepted into program
- ☐ Other (specify): _____

24. Number of families not accepted into program and reasons

(Report the total number of families who were not accepted into the program during the current reporting period by the reason they were not accepted.)

Reason	Number of families declined
Too dangerous	
Conflict of interest	
Client unwilling to agree with program rules	
Other (specify):	
TOTAL	0

25. Demographics of family members served or partially served

(Report the numbers of parents and children served. These numbers should be based on the individuals in the families counted in question 22A and 22B. This should be an unduplicated count for "gender" and "age.")

Race/ethnicity (individuals may be counted for each ethnicity that applies)	**Custodial parents**	**Non-custodial parents**	**Children**
Black or African American			
American Indian and Alaska Native			
Asian			
Native Hawaiian and other Pacific Islander			
Hispanic or Latino			
White			
Unknown			
Gender			
Female			
Male			
Unknown			
TOTAL	0	0	0
Age			
0 to 6			
7 to 12			
13 to 17			
18 to 24			
25 to 59			
60+			
Unknown			
TOTAL	0	0	0
Other demographics			
People with disabilities			
People with limited English proficiency			
People who are immigrants/refugees/asylum seekers			
People who live in rural areas			

26. Number of families by primary victimization and referral source

(Report the number of families by primary type of victimization and referral source. This is an unduplicated count and each family should only be counted once. This should equal the sum of 22A and 22B. Refer to the separate set of instructions for further explanation and examples.)

Referral Source	Total number of families	Sexual assault	Domestic violence	Stalking	Child abuse
Child welfare agency					
Other social services					
Criminal court order					
Family court order					
Juvenile court order					
Protection order					
Other civil court order					
Self-referral					
Other (specify):					
TOTAL		0	0	0	0

27. Family issues

(Report all of the issues identified for each family, including victimization and other problems or challenges). The column "total number of families" should equal the sum of 22A and 22B and should be identical to the numbers in the "total number of families" column reported in question 26. Multiple victimizations and problems may be reported for each family. The numbers reported in the remaining columns may exceed the sum of 22A and 22B).

Total number of families	Sexual assault	Domestic violence	Stalking	Child abuse	Emotional abuse	Substance abuse	Threat of parental abduction	Mental illness	Violation of court orders	Other (specify)

28. Services provided with Supervised Visitation Program funds

(Report the number of families receiving each of these services and the number of times the services were provided during the current reporting period. See separate instructions for examples and for the definition of therapeutic supervision.)

Type of service	Number of families	Number of times services provided
Group supervision		
One-to-one supervision		
Parent education program		
Supervised exchange		
Telephone monitoring		
Therapeutic supervision		
Other (specify):		
TOTAL	0	0

29. Visits Terminated

(Document each supervised visitation that is terminated for any reason. Report the total number of visits terminated during the current reporting period. See definition of terminated in the separate instructions.)

Reason	Total occurrences		
	Custodial	Non-custodial	Child
Child's wishes			
Non-compliance with program rules			
No-shows			
Other (specify):			
TOTAL	0	0	0

30. Safety and security problems

(Report the number of safety and security problems, including the number of parental abduction cases that occurred during supervised visitation and/or supervised exchange funded under the Supervised Visitation Program grant during the current reporting period.)

Safety or security problem	Number of occurrences
Attempted parental abductions	
Parental abductions	
Threats	
Violence	
Other (specify):	
TOTAL	0

31. Services terminated or completed

(Report the number of families whose services were terminated or completed during the current reporting period. Check the primary reason.)

Reason terminated or completed	Number of families
Cessation of threats/use of violence	
Change in court order	
Child refuses to participate	
Habitual non-compliance with program rules	
Habitual no-shows or cancellations	
Mutual agreement of both parties	
Parent completed treatment program	
Supervisor's discretion	
Other (specify):	
TOTAL	0

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SECTION E

Community Measures

All grantees must complete this section.

32. Parental abductions

(Report the number of parental abduction cases, identified through criminal prosecution and custody violation court records, that occurred in the judicial districts that routinely use your supervised visitation and/or exchange center[s] during the current reporting period.)

	Number of parental abductions
Criminal	
Civil	

33. Limitations

(If the information provided in question 32 is limited in any way, describe the efforts you made to obtain that information, the reasons for the limitations, and what steps you are taking to address those limitations. For example, if the data includes non-parental abductions, and/or if your jurisdiction's data collection methods do not provide information on parental abductions, and/or if you have begun to implement different data collection tools, please report that here.)

SECTION F

F. NARRATIVE

All grantees must answer question 34.

Please limit your response to four pages. To answer this question go to Page 16.

34. Report on the status of your Supervised Visitation grant goals and objectives as of the end of the current reporting period.
(Using Appendix A as a guide, report on the status of the goals and objectives for your grant as of the end of the current reporting period, as they were identified in your grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting period have been completed, are in progress, are delayed, or have been revised. Comment on your successes and challenges, and provide any additional explanation you feel is necessary for us to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting period, you must provide an explanation.)

All grantees must answer questions 35 and 36 on an annual basis. Submit responses on the January to June reporting form only.

Please limit your response to two pages for each question.

35. What do you see as the most significant areas of remaining need, with regard to increasing the safety of families? To answer this question go to Page 19.
(Consider geographic regions, underserved populations, service delivery systems, types of victimization, and challenges and barriers unique to your state or service area.)

36. What has the Supervised Visitation Program funding allowed you to do that you could not do prior to receiving this funding? (e.g. expand hours, develop new services and/or programs, build partnerships, and provide additional security) To answer this question go to Page 21.

Question 37 is optional.

Please limit your response to two pages. To answer this question go to Page 23.

37. Provide any additional information that you would like us to know about your Supervised Visitation Program grant and/or the effectiveness of your grant.
(If you have other data or information regarding your program that would more fully or accurately reflect the effectiveness of your Supervised Visitation Program other than the data you have been asked to provide on this form, answer this question. If you have not already done so elsewhere on this form, feel free to discuss any of the following: policies, and/or protocols, community collaboration, the removal or reduction of barriers and challenges for families, promising practices, positive or negative unintended consequences, and parental abductions.)

Public Reporting Burden

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is 60 minutes per form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office on Violence Against Women, U.S. Department of Justice, 810 7th Street, NW, Washington, DC 20531.

APPENDIX A

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Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #34**

Back to Instructions **Status**

Goals/Objectives

Key Activities

Comments

Back to Instructions **Status**

Goals/Objectives

Key Activities

Comments

APPENDIX A

Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #34** (cont. 1)

Back to Instructions **Status**

Goals/Objectives

Key Activities

Comments

Back to Instructions **Status**

Goals/Objectives

Key Activities

Comments

APPENDIX A

Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #34** (cont. 2)

Back to Instructions **Status**

Goals/Objectives

Key Activities

Comments

Back to Instructions **Status**

Goals/Objectives

Key Activities

Comments

What do you see as the most significant areas of remaining need, with regard to increasing the safety of families? - **Question #35**

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Back to Instructions

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What has Supervised Visitation Program funding allowed you to do that you could not do prior to receiving this funding - **Question #36**

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Provide any additional information that you would like us to know about your Supervised Visitation Program grant and/or the effectiveness of your grant - **Question #37**

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Provide any additional information that you would like us to know about your Supervised Visitation Program grant and/or the effectiveness of your grant - **Question #37** (cont.)

Back to Instructions

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Validate