

**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 Program) 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 should 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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# GENERAL INFORMATION


## Grant Information


All grantees must complete this subsection.

 1. **Date of report**     (format date with 6 digits, like - 01/31/09)


 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.)


<input type="checkbox"/> Court (state or local) <input type="checkbox"/> Domestic violence program <input type="checkbox"/> Sexual assault program <input type="checkbox"/> State government <input type="checkbox"/> Supervised exchange center	<input type="checkbox"/> Supervised visitation center <input type="checkbox"/> Supervised visitation and exchange center <input type="checkbox"/> Tribal government <input type="checkbox"/> Unit of local government <input type="checkbox"/> Other (specify): <input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/>
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 5A. **Is this a faith based organization?**

Yes  No

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

	Type of grant	Number of planned			Number of		
<input type="checkbox"/>	Supervised Visitation Program						
<input type="checkbox"/>	Supervised Visitation Program						

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

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Agency/organization name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State  Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

E-mail \_\_\_\_\_

 8. **Does this grant specifically address tribal populations?**

**THIS IS A SAMPLE GMS FORM. DO NOT USE THIS FORM TO SUBMIT YOUR FINAL DATA TO**  
(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 was 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.*

*Grantees that are providing visitation and/or exchange services should use the number of cases in each area. Grantees that are in a planning phase should consider services that they anticipate providing.)*

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, related by blood or marriage to, or in a dating relationship with the victim/survivor. The term **domestic violence/ dating 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 or dating partner. **Stalking** is defined as a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress. **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.) (See separate instructions for more complete definitions.)

	Percentage of grant f
Sexual assault	<input type="text"/>
Domestic violence/dating violence Stalking	<input type="text"/>
Child abuse	<input type="text"/>
<b>TOTAL</b> (must equal 100%)	<input type="text" value="0%"/>

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# A2

## Information

## Staff

OMB Clearance # 1122-0009  
Expiration Date: 06/30/2011

### 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
- 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. Report staff by functions performed, not by title or location. Include employees who are part-time and/or only partially funded with these grant funds as well as consultants/contractors. Report grant-funded overtime. If an employee or contractor was employed or utilized for only a portion of the reporting period, prorate appropriately. For example, if you hired a full-time administrator in October who was 100% funded with Supervised Visitation Program funds, you would report that as .5 FTE. Report all FTEs in decimals, not percentages. One FTE is equal to 1,040 hours - 40 hours per week x 26 weeks. See separate instructions for examples of how to calculate and prorate FTEs.)


Staff	FTE(s)
Administrator (fiscal manager, executive director, project	<input type="text"/>
Program/center coordinator (training coordinator, visitation services coordinator, volunteer coordinator)	<input type="text"/>
Security	<input type="text"/>
Supervision staff for visitation and exchange	<input type="text"/>
Support staff (administrative assistant, receptionist, bookkeeper, accountant)	<input type="text"/>
Trainer	<input type="text"/>
Translator/interpreter	<input type="text"/>
Victim advocate (non-governmental, includes domestic violence, sexual assault and dual)	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text" value="0"/>

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## PROGRAM ACTIVITIES

All grantees must complete this section.

-  **11. Program activities**  
(Check all program activities supported with Supervised Visitation Program funds during the current reporting period.)

Check ALL that apply	Program activities
<input type="checkbox"/>	Establishment or expansion of supervised visitation and exchange services.
<input type="checkbox"/>	Development of community-based consulting committees to plan and/or implement visitation and exchange services.
<input type="checkbox"/>	Development and implementation of policies and procedures regarding security, intake, case referral, record keeping, and confidentiality.
<input type="checkbox"/>	Enhancement of program services to address special needs of underserved
<input type="checkbox"/>	populations. 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.)





## 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 13-17
- No—skip to C2

For purposes of this reporting form, **training** means providing information on sexual assault, domestic violence, dating violence, child abuse, and/or stalking that enables professionals to improve their response to victims/survivors as it relates to their 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 who attended the training event. If you do not know how many people to report in specific categories, you may report the overall number in "Multidisciplinary," but this category should be used only as a last resort. Do not include staff funded under your Supervised Visitation Program grant who attended staff development events.)*

Advocacy organization staff (NAACP, AARP) <input style="width: 100px;" type="text"/>	Legal services staff (does not include attorneys) <input style="width: 100px;" type="text"/>
Attorneys/law students (does not include prosecutors)	Mental health professionals <input style="width: 100px;" type="text"/>
Batterer intervention program staff	Multidisciplinary (various disciplines at same training)
Child welfare workers/children's advocates	
Corrections personnel (probation, parole, and correctional facilities staff)	
Court personnel (judges, clerks, mediation staff)	
Government agency staff (vocational rehabilitation, food stamps, TANF)	
Guardians ad Litem	
Health professionals (doctors, nurses)	
Law enforcement officers	

Sex offender treatment provider


Translators/interpreters

Social service organization staff  
*(non-governmental - food bank, homeless shelter)*


Tribal government/Tribal government agency staff

Victim advocates *(non-governmental, includes sexual assault, domestic violence, and dual)*

Substance abuse treatment provider


Victim assistants *(governmental, includes victim-witness specialists/ coordinators)*


Supervised visitation and exchange center staff *(staff not funded under your Supervised Visitation)*

Volunteers


Other



*(specify):*

**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 the beginning of subsection C1. Check all that apply.)

**Domestic violence, dating violence, sexual assault, and child abuse**

- Advocate response
- Child abuse overview, dynamics, and services
- Child development
- Child protective services
- Child witnesses
- Custody statutes/codes
- Confidentiality
- Dating violence overview, dynamics, and services
- 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 statutes/codes
- Domestic violence/dating 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:

- are American Indian or Alaska Native
- are Asian
- are black or African American
- 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 disabilities
- have limited English proficiency
- have mental health issues
- have substance abuse issues
- live in rural areas
- Other (specify):

**Organization and community issues**

- Collaboration
- Community response to sexual assault
- 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



**17. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of training activities funded or supported by your Supervised Visitation Program grant and to provide any additional information you would like to share about your training activities beyond what you have provided in the data above. An example might include: "The visitation center program director and the children's program director at the local domestic violence center developed a training curriculum based upon 'The Batterer as Parent' by Lundy Bancroft and Jay Silverman. This training was delivered to local professionals, including attorneys, mental health professionals, and child protective service workers. Evaluation results showed increased knowledge in the effects of DV on children and how to work with battering parents.") (Maximum 2000 Characters)*





# Coordinated Community Response

**All grantees must complete this subsection.**



**18. Coordinated community (CCR) response activities**

*(Check the appropriate boxes to indicate the agencies or organizations, even if they are not memorandum of understanding [MOU] partners or consulting committee 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. If Supervised Visitation Program-funded staff participated in a task force or work group, indicate that under "Meetings" by checking the frequency of the meetings and the types of organizations participating. Indicate which of these agencies/organizations are consulting committee 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, consulting committee members, and MOU partners.*

Agency/ organization	Family referrals, consultations,			Meetings			Consulting committ	MOU partne r
	Daily	Weekly	Monthly	Weekly				
Advocacy organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batterer intervention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections (probation, parole, and correctional facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational institutions/ organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government agency (INS, Social Security, TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/mental health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal organization (legal services, bar association, law organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service organization (non-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal government/Tribal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (*specify*):



**19. (Optional) Additional information**

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Expiration Date: 06/30/2011

*(Use the space below to discuss the effectiveness of CCR activities funded or supported by your Supervised Visitation Program grant and to provide any additional information you would like to share about your CCR activities beyond what you have provided in the data above. An example might include an increase in appropriate referrals to the supervised visitation center from the three local courts following a series of planning meetings of a multi-disciplinary workgroup with membership from judges, domestic violence programs, law enforcement agencies, and the supervised visitation center.  
(Maximum 2000 Characters)*



## Policies

All grantees must complete this subsection.

### Were your Supervised Visitation Program funds used to develop, substantially revise, or implement policies or protocols during the current reporting period?

Check yes if Supervised Visitation Program-funded staff developed, substantially revised, or implemented policies or protocols, or if Supervised Visitation Program funds directly supported the development, revision, or implementation of policies or protocols.

- Yes—answer questions 20-21  
 No—skip to C4



### 20. 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

#### 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/dating violence, sexual assault, child abuse, and stalking  
 Out-of-jurisdiction referrals  
 Parent education program  
 Service termination 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*):



**21. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of policy development activities funded or supported by your Supervised Visitation Program grant and to provide any additional information you would like to share about your policy development activities beyond what you have provided in the data above. An example might include an increase in the number of families participating in the supervised visitation program following the development and implementation of an income-based fee scale.)*

*(Maximum 2000 characters)*







## Planning

### Are you in the planning phase of a Safe Havens Development Grant?

Check yes if you have a Supervised Visitation Program development grant and you are in the planning phase. Only those grantees who received a Supervised Visitation Program development grant and who are in the planning phase will answer questions 22-25.

- Yes—answer questions 22-25
- No—skip to section D



### 22. 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		

Total number of people		



### 23. 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):



### 24. 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





**25. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of planning activities funded or supported by your Supervised Visitation Program grant and to provide any additional information you would like to share about your planning activities beyond what you have provided in the data above. An example might include describing the location that has been found for the future visitation center and listing the community resources/members [construction, painting, refurbishing, etc.] that have contributed to making the center usable.)*  
*(Maximum 2000 characters)*





## 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 26-36  
 No—skip to section E



**26. Number of families served, partially served, and families seeking services who were not served** *Please do 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.)*

A. **Served:** Families who received the service(s) they requested, 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 requested, if those services were provided under your Supervised Visitation Program grant



**TOTAL SERVED and PARTIALLY SERVED (26A +26B)**

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



### 27. 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 28.)

Reasons not served or partially served	
<input type="checkbox"/>	Hours of operation
<input type="checkbox"/>	Insufficient/lack of culturally appropriate services
<input type="checkbox"/>	Insufficient/lack of services for people with disabilities
<input type="checkbox"/>	Insufficient/lack of language capacity (including sign language)
<input type="checkbox"/>	Party(ies) not accepted into program
<input type="checkbox"/>	Program reached capacity
<input type="checkbox"/>	Program rules not acceptable to party(ies)
<input type="checkbox"/>	Services inappropriate or inadequate for people with substance abuse issues
<input type="checkbox"/>	Services inappropriate or inadequate for people with mental health issues
<input type="checkbox"/>	Services not appropriate for party(ies)
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other

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**28. 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
Conflict of interest	
Client unwilling to agree with	
Too dangerous	
Other	
<b>TOTAL</b>	0

**TOTAL**



**29. 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 questions 26A and 26B. Because individuals may identify in more than one category of race/ethnicity, the total for "Race/ethnicity" may exceed the total number of victims/ survivors reported in 26A and 26B. However, the total number of victims/survivors reported under "Race/ethnicity" should not be less than the total number of victims/survivors reported in 26A and 26B. The total number of victims/survivors reported under "Gender" and the total number reported under "Age" should equal the total number of victims/survivors reported in 26A and 26B. Those victims/survivors for whom gender, age, and/or race/ethnicity are not known should be reported in the "Unknown" category.)

Race/ethnicity (Individuals should not be counted more than once in either the category "American Indian and Alaska Native" or in	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			
<b>TOTAL RACE/ETHNICITY</b> (should not be less than ,the sum of 26A and	0	0	0
<b>Gender</b>			
Female			
Male			
Unknown			
<b>TOTAL</b> (Parent Columns should equal ,the sum of 26A and	0	0	0
<b>Age</b>			
0 to 6			
7 to 12			
13 to 17			
18 to 24			
25 to 59			
60+			
Unknown			
<b>TOTAL</b> (Parent Columns should equal ,the sum of 26A and	0	0	0
<b>Other demographics</b>			
People with disabilities			
People with limited English proficiency			
People who are immigrants/refugees/asylum			

People who live in rural areas





**30. 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 26A and 26B. Refer to the separate set of instructions for further explanation and examples.)

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



**31. 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 26A and 26B and should be identical to the numbers in the "Total number of families" column reported in question 30. Multiple victimizations and problems may be reported for each family.)

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



**32. 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.)

Type of service	Number of families	Number of times services
Group supervision		
One-to-one supervision		
Supervised exchange		
Telephone monitoring		
Other ( <i>specify</i> ):		



**33. 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-	Child
Child's request			
Non-compliance with program rules			
No-shows			
Parent's request			
Other <input type="text"/>			
<b>TOTAL</b>	0	0	0



**34. 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	Number of
Attempted parental abductions		
Attempted to contact other party		
Parental abductions		
Security staff unavailable		
Threats		
Violence		
Violation of protection order		
Other <input type="text"/>		
<b>TOTAL</b>	0	0

**TOTAL**



**35. Services terminated or completed**

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

Reason terminated or completed	Number of families
Cessation of threats/use of violence	
Change in court order	
Child refuses to participate	
Deceased	
Deported	
Habitual non-compliance with program rules	
Habitual no-shows or cancellations	
Incarcerated	
Moved	
Mutual agreement of both parties	
Parent completed treatment program	
Supervisor's discretion	
Unknown	
Other <input type="text"/>	
<b>TOTAL</b>	



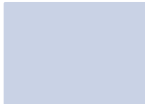


**36. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of services funded or supported by your Supervised Visitation Program grant and to provide any additional information you would like to share about services beyond what you have provided in the data above. An example might include the results of an internal survey that shows that custodial parents feel increased safety for themselves and their children due to the services and safety measures available at your visitation center.)*

*(Maximum 2000 characters)*





## COMMUNITY MEASURES

All grantees must complete this section.



### 37. 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		
Criminal			
Civil			



### 38. Limitations

*(If the information provided in question 37 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.)*

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All grantees must answer question 39

## NARRATIVE

OMB Clearance # 1122-0009  
Expiration Date: 06/30/2011

Please limit your response to the space provided.

39. **Report on the status of your Supervised Visitation grant goals and objectives as of the end of the current reporting period.** Page 21.  
(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 40 and 41 on an annual basis. Submit responses on the January to June reporting form only.

Please limit your response to the space provided.

40. **What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing the safety of families and enhancing community response (including offender accountability for both batterers and sex offenders?)** Page 24.  
(Consider geographic regions, underserved populations, service delivery systems, types of victimization, and challenges and barriers unique to your state or service area.)
41. **What has the Supervised Visitation Program funding allowed you to do that you could not do prior to receiving this funding?** Page 26.  
(e.g. expand hours, develop new services and/or programs, build partnerships, and provide additional security)

Questions 42 and 43 are optional.

Please limit your response to the space provided.

42. **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.) Page 28.
43. **Provide any additional information that you would like us to know about the data submitted.**  
(If you have any information that could be helpful in understanding the data you have submitted in this report, please answer this question. For example, if you submitted two different progress reports for the same reporting period, you may explain how the data was apportioned to each report; or if you funded staff but did not report any corresponding services you may explain why; or if you did not use program funds to

**THIS IS A SAMPLE GMS FORM. DO NOT USE THIS FORM TO SUBMIT YOUR FINAL DATA TO support either staff or activities during the reporting period, please explain how program funds were used, if you have not already done so.)** Page 30.

### **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, 800 K Street, NW, Washington, DC 20531.

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# APPENDIX A

Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #39**

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Goals/Objectives

Key Activities

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# APPENDIX A

Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #39**(cont. 1)

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Status

### Goals/Objectives

### Key Activities

### Comments

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Status

### Goals/Objectives

### Key Activities

### Comments

# APPENDIX A

Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #39** (cont. 2)

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Status

## Goals/Objectives

## Key Activities

## Comments

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Status

## Goals/Objectives

## Key Activities

## Comments

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What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing the safety of families and enhancing community response (*including offender accountability for both batterers and sex offenders?*) -

**Question #40**



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What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors of sexual assault, domestic violence, dating violence, and stalking, increasing the safety of families and enhancing community response (*including offender accountability for both batterers and sex offenders?*) - **Question #40 (cont.)**





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Expiration Date: 06/30/2011

What has the Supervised Visitation Program funding allowed you to do that you could not do prior to receiving this funding? - **Question #41**

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What has the Supervised Visitation Program funding allowed you to do that you could not do prior to receiving this funding? - **Question #41 (cont.)**

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Instructions]

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 #42**

| Bae to \_\_\_\_\_

Instructions]

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 #42 (cont.)**

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Expiration Date: 06/30/2011

Provide any additional information that you would like us to know about the data submitted. - **Question #43**

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Provide any additional information that you would like us to know about the data submitted.

- **Question #43**

**(cont.)**

Validate