COMPANION KIT OF FORMS

This set of forms will assist in the development of a Monitored Exchange Program in your community.

There are two appendices. Appendix A is comprised of Forms To Create and Open a Monitored Exchange Program. Appendix B includes Operational Forms.

Be sure to contact the Clearinghouse if you have questions about these forms.
A P P E N D I X

Forms to Create and Open a Monitored Exchange Program
In order to apply for tax-exempt nonprofit status, a monitored exchange program should take the following steps.

1. Apply for State of Florida status as a private non-profit corporation. This process involves writing and filing articles of incorporation in compliance with Florida Statutes Chapter 617. Contact the Florida Department of State, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314, (850) 245-6052, www.myflorida.com, for more information about how to do this. There is a filing fee.

2. Read U.S. Department of the Treasury, Internal Revenue Service Publication 557 for language needed in the articles of incorporation in order to qualify for federal tax-exempt status. Print this publication out from the website: www.irs.gov

3. Contact the Florida Department of Revenue, (850) 487-4130, for information about exemption from State of Florida taxes.

4. Obtain an Employer Identification Number (EIN) by applying for one using Form SS-4. The form can be printed from the IRS website, www.irs.gov

5. File Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code, with the IRS.
The following is a breakdown of the estimated cost of operating a monitored exchange program for one year if it serves eight families at a time and is open for one hour of exchanges on Friday and one hour of exchanges on Sunday.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ITEM</strong></td>
<td></td>
</tr>
<tr>
<td><strong>STAFF</strong></td>
<td></td>
</tr>
<tr>
<td>Uniformed law officer: three hours x two days (Friday and Sunday)</td>
<td>7,500.00</td>
</tr>
<tr>
<td>at $25.00 an hour (most law officers charge for a minimum of three</td>
<td></td>
</tr>
<tr>
<td>hours) x 50 weeks (allowing for the program to be closed two week</td>
<td></td>
</tr>
<tr>
<td>ends a year for holidays).</td>
<td></td>
</tr>
<tr>
<td>Program administrator: two hours x two days (Friday and Sunday)</td>
<td>7,500.00</td>
</tr>
<tr>
<td>and two hours of additional administrative time at $25.00 an hour</td>
<td></td>
</tr>
<tr>
<td>x 50 weeks.</td>
<td></td>
</tr>
<tr>
<td>20 hours to conduct training of exchange monitors two times a year</td>
<td>1,000.00</td>
</tr>
<tr>
<td>x $25.00 an hour.</td>
<td></td>
</tr>
<tr>
<td>FICA - 7.65% of salary</td>
<td>650.00</td>
</tr>
<tr>
<td>Workers’ compensation – salary/100 x .59 x .68</td>
<td>34.00</td>
</tr>
<tr>
<td>Exchange monitors: four monitors (each monitor assigned to</td>
<td>9,000.00</td>
</tr>
<tr>
<td>monitor two families during each session of exchanges) x 1.5 hours</td>
<td></td>
</tr>
<tr>
<td>x two days x $15.00 an hour x 50 weeks.</td>
<td></td>
</tr>
<tr>
<td>FICA - 7.65% of salary</td>
<td>689.00</td>
</tr>
<tr>
<td>Workers’ compensation – salary/100 x .59 x .68</td>
<td>36.00</td>
</tr>
<tr>
<td>Training materials for exchange monitors: 12 monitors a year x</td>
<td>180.00</td>
</tr>
<tr>
<td>$15.00 per training manual.</td>
<td></td>
</tr>
<tr>
<td>Office supplies, postage, copies.</td>
<td>600.00</td>
</tr>
<tr>
<td>General liability and property insurance</td>
<td>3,069.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>30,258.00</td>
</tr>
</tbody>
</table>
Sample Monitored Exchange Needs Assessment for New Program(s)

Overview: For the past few months, court staff, domestic violence center advocates, child welfare workers, law enforcement officers, staff from our local batters’ intervention program, even the manager of the local Wal-Mart (parents have been using the parking lot here to exchange children and the manager is concerned about safety of his customers since a couple of families have argued loudly during these exchanges disturbing others in the parking lot), have been meeting to discuss the possibility of creating a monitored exchange program in our community. We have decided to conduct a needs assessment to determine what others involved with child custody litigation and domestic violence in our community feel about this. As part of our needs assessment process, we are asking a number of key individuals to take a few moments and complete this survey. Your cooperation will greatly assist us in our effort to determine whether our community could benefit from a program providing monitored exchange to families involved in child custody litigation and affected by domestic violence.

1. What is your position or title? ____________________________________________

2. What agency or organization do you work for?

3. Do you know what “monitored exchange” is? □ Yes □ No

4. How would you rank the need for monitored exchange services in our community?
   □ High □ Medium □ Low □ Don’t Know

4. How is monitored exchange currently made available in our community?
   □ Monitored by a relative or friend
   □ Exchange at police department or public place (Wal-Mart)
   □ Monitored at the local child welfare agency
   □ Use of a guardian ad litem or CASA volunteer
   □ Privately paid exchange monitor
   □ Other, please specify ____________________________________________
5. Which of the following services do you feel should be provided locally? (Check all that apply)

☐ Monitored exchanges

☐ One-on-one monitored exchanges (one monitor to one family)

☐ Group monitoring (one exchange monitor to several families)

☐ Other service, please describe  

6. Please rank order from the most important monitored exchange service listed above to the least in terms of services you would like to see available in the next year.

7. How often do you think monitored exchange services should be available locally?

☐ Monday through Friday afternoon and evenings

☐ Friday and Sunday all day

☐ Friday and Sunday afternoons only

☐ Some part of each day all week

☐ Other time, please specify

9. Which of the following topics should exchange monitors receive training in prior to observing exchanges? (This will assist us in staff development plans). Indicate all the topics you feel are important for exchange monitors to have. Then rank order from the most important to the least.

☐ Child maltreatment issues (child neglect, physical abuse, emotional abuse, sexual abuse)

☐ Overview of domestic violence

☐ Child development

☐ Parental mental illness and its impact upon children

☐ High conflict families

☐ Culturally diverse families

☐ Requisite skill base for providing monitored exchange
Documenting service provision

Working with the court, child welfare agencies, domestic violence center staff and others

Communication skills

Operational procedures

Recognizing ethical dilemmas involved in monitored exchange

Safety considerations

10. In domestic violence cases, when do you feel it is appropriate to provide or to offer monitored exchange services?

- When the temporary injunction is ordered by a judge
- When the permanent injunction is ordered by a judge
- While the batterer is attending a batterers’ intervention program
- While the victim is in shelter
- If either the victim or the batterer desires it
- Not in cases involving an Injunction for Protection Against Domestic Violence
- Other time, please specify

11. Which of the following possible security measures should be instituted at a new monitored exchange program? (Indicate all that may be appropriate and then rank order from the most important to the least.)

- Law enforcement present for all exchanges
- Staff required to have documented training on specific security topics
- Metal detector available for use when parents come into the exchange building
- Video camera used inside the building
- Video camera used outside the building
- All exchanges videotaped
- Only paid staff (not volunteers) monitor exchanges
One monitor per family

Alcohol screening done of parents prior to exchange

12. Would you be willing to assist the local effort in establishing a monitored exchange program by volunteering to do any of the following?

- Serve on the board of directors
- Help identify others to serve as advisory committee members or board members
- Provide training to staff and volunteers
- Donate equipment or supplies
- Review program policies and procedures to ensure cultural sensitivity
- Identify community or civic groups who might want to “adopt” this effort
- Volunteer in another capacity, please specify ______________________________

Thank you for your assistance in completing this survey. If you would like to have a copy of our results, please include your mailing information below. If you would like to share other ideas or concerns about monitored exchange, please feel free to write them below or call us at 123/335-5678.
Equipment for a Monitored Exchange Program

A monitored exchange program may need the following equipment:

Office equipment
- Desks
- Chairs
- Computer and printer
- Copy machine
- Storage cabinets for supplies
- File cabinets that lock
- Telephone
- Fax machine
- Television to record exchanges
- Videotape player
- Moveable cart for the television and videotape player
- Videotape rewinding machine
- Surveillance monitors and cameras for outdoors and indoors

Office supplies
- Paper
- Pens
- Pencils
- Printer ink
- Telephone message pads
- Rubber bands
- Paper clips
- Files
- File labels
- File prongs
- Dividers for file cabinets
- Blank videotapes
- Envelopes of several sizes
- Postage
- Return address labels
- Name tags for staff

Waiting room and exchange room supplies
- Chairs
- Tables
Monitored Exchange Program Records

Management

The program should review its contracts for providing services in order to follow contract provisions regarding records. Monitored exchange programs should keep all records for a period of at least 5 years from the last recorded activity, or until the child reaches the age of majority, whichever occurs first.

Types

There are several types of records a monitored exchange program should maintain.

Personnel

The monitored exchange program should have a written personnel record for each employee and each volunteer, including, but not limited to:

1. application and/or resume;
2. job title/description;
3. law enforcement records check results;
4. copy of photographic identification recognized in this state for the purpose of indicating a person’s true name and age;
5. documentation of employee or volunteer’s satisfactory completion of minimum training requirements;
6. employment references;
7. performance evaluations; and
8. any other documents obtained or created by the program pertaining to the employee or volunteer.

Client and Case

The program should have the following written information regarding the clients and their cases:

1. parent and child information including:
   - name;
   - address (street, city, county, zip code);
• date of birth;
• race;
• gender;
• phone numbers;
• attorneys names, phone numbers, and addresses;
• income of parents;
• employer’s name and phone number;
• safety and medical concerns;
• relationship of each adult to the children;
• whether the biological parents are married, divorced, separated, or never married;
• last 4 digits of Social Security number;
• whom the children are residing with, the caretaker’s contact information, and relationship to the child;
• photo identification;
• professional assessments and evaluations when available (alcohol, drugs, domestic violence, risk, parenting, mental health);
• certificates of completing treatment programs;
• criminal background information regarding parents
• who is authorized to transport a child or be their alternate custodian for drop off and pick up; and
• photograph of alternate custodian, except authorized agent of the Department of Children and Family Services.

2. case information, including:
• case name;
• case number;
• division of the court;
• reason for referral;
• court orders; and
• referral form.

3. written correspondence, phone notes, back up materials from parents for excused absences

4. information generated by the monitored exchange program, such as:
• observation reports of exchanges;
• notices of cancellations and no-shows;
• summaries of attendance and nonattendance;
• notices of suspension or termination; and
• payment of fees for services.
Videotapes
The monitored exchange program should have a procedure in place for videotaping exchanges when it is court ordered to record them. There must also be a protocol for copying them and providing copies to parents and their attorneys, as well as for storing them in a locked cabinet.

Program Data
The Clearinghouse gathers case data from supervised visitation and monitored exchange programs in Florida. Programs are asked to input data on a monthly basis. The data is confidential.

Financial Records
The monitored exchange program should maintain appropriate and accurate financial records and follow generally accepted accounting principles.

Operational Policies and Procedures
The program have written operating policies and procedures available for review, upon request as discussed previously.
Model Letter of Agreement for Monitored Exchange Programs & the Court

This Letter of Agreement outlines specific criteria to be used by the 2nd Judicial Circuit, DCF, and Sunshine Monitored Exchange Program.

The Second Judicial Circuit agrees to the following:

1. To work with staff of Sunshine Monitored Exchange Program to establish policies and guidelines.

2. To authorize Sunshine Monitored Exchange Program staff to accept or decline referrals. Programs shall decline to accept a case for which they can not reasonably ensure the safety of all clients, program staff, and volunteers, including but limited to the following reasons:
   a. The volatile nature of the case or client.
   b. Monitored exchange supervisors are not adequately trained to manage issues identified in the intake.
   c. Facilities are not adequate to provide the necessary level of security.
   d. Insufficient resources.
   e. Conflict of interest.

3. To establish a timely mechanism for review of cases referred to Sunshine Monitored Exchange Program.

4. To establish protocols for appropriate communication between the court and the monitored exchange program.

5. To pay for any services needed to accommodate a family’s language barriers, including sign language interpreters, and foreign language interpreters.

Sunshine Monitored Exchange Program agrees to the following:

1. Insure that all staff who monitor exchanges have specific training, documented in personnel files.

2. Accept only those referrals in which staff have the requisite case background material, training, and security in place to safely monitor exchanges.

3. Decline referrals when staff lack necessary training or education, when background material has not been received, or there is a lack of appropriate security.

4. Establish guidelines for staff to utilize in monitored exchanges.

5. Develop policies for handling and reporting of critical incidents.

6. Develop and enforce rules for cases.

7. Suspend exchanges in cases when an exchanging parent engages in inappropriate behavior or violates exchange rules.

Judge’s Signature or Court Administrator                                            Date

Program Director’s Signature                                                                  Date
Sample Interagency Agreement

THIS AGREEMENT, made and entered into on this 5th day of March, 2006, by and between the Florida College University School of Social Work and the Sunshine Exchange Program.

WITNESSETH:

WHEREAS the Sunshine Exchange Program provides a neutral setting in which monitored exchanges can occur pursuant to court order in family court and dependency cases.

WHEREAS the Sunshine Exchange Program has relied since May, 1995, on the Florida College University School of Social Work to provide training of exchange monitors and for Social Work students to volunteer at the Sunshine Exchange Program.

NOW THEREFORE, the parties hereby agree as follows:

1. The Florida College University School of Social Work (hereinafter referred to as the “School”) agrees to train exchange monitors hired by The Sunshine Exchange Program through June 30, 2007. The training shall include the following subjects: parenting skills, parental alienation, child development, child abuse and neglect, cultural diversity, crisis intervention, confidentiality, security procedures, emergency procedures, dynamics of divorce, substance abuse, mental health profiles, observation and recording of exchanges, and dynamics of domestic violence.

2. The School will continue to participate in the drafting of policies and procedures governing the program.

3. The School will continue to provide a liaison faculty member to ensure that information regarding the training of exchange monitors is provided on a regular basis to the Director of the Sunshine Exchange Program.

4. The School will provide the Program Director office space and space for the monitored exchanges at 200 Sunshine Street, Sunnyside, FL, throughout 2006 and 2007.

ATTEST:

________________________________________________________ Jane Smith, PhD.
Dean
School of Social Work
Florida College University

________________________________________________________ Michael Jones
Director,
Sunshine Exchange Program
THIS AGREEMENT, made and entered into on this 5th day of March, 2006, by and between the Florida College University School of Social Work and the Sunshine Exchange Program.

WITNESSETH:

WHEREAS the Sunshine Exchange Program provides a neutral setting in which monitored exchanges can occur pursuant to court order in civil family and dependency cases.

WHEREAS the Sunshine Exchange Program has relied since May, 1995, on the Florida College University School of Social Work to provide training for its staff.

WHEREAS the School has agreed to provide the Program Director with office space and the Program with space for the monitored exchanges at 200 Sunshine Street, Sunnyside, FL, through June 30, 2007.

NOW THEREFORE, the parties hereby agree as follows:

1. Florida College University (hereinafter referred to as FCU) agrees to provide the utilities used by the Program at the building.

2. FCU agrees to provide regular, routine pest control services at the building, including indoor pest control as well as outdoor pest control for the lawn and parking lot areas.

3. FCU agrees to provide regular, routine maintenance of the Building and regular, routine cleaning services for the Building.

4. FCU agrees to provide regular, routine lawn services for the Building grounds.

5. The Program agrees to keep the FCU informed of things that need to be done to maintain the Building and grounds.

ATTEST:

______________________________  Jane Smith, PhD.
Dean
School of Social Work
Florida College University

______________________________  Michael Jones
Director,
Sunshine Exchange Program
List of Policies and Procedures

Examples of the policies and procedures which should be written are:

Program Structure/Administration:
• staff positions
• job descriptions/roles and responsibilities
• chain of authority

Types of Services
Include all services the program offers, such as:
• monitored exchange
• supervised visitation
• supervised telephone access

Referral Process
• sources of referrals that the program accepts
• documents required
• notification from referring source to program
• notification from program to source that case is accepting/declined
• what happens when a family is referred

Waiting List
• when is one used
• process for putting case on it: notification, how program keeps track of case
• length of time for case to be on it
• how a case moves into receiving services

Accepting and Declining Cases
• criteria for accepting
• criteria for declining
• case information required
• intake interviews
• who makes decision
• steps in decision making
• communicating decision to referral source and clients

Communication with the Court and Other Agencies
• what information must be communicated
• time frame of communicating
• method of communicating
• inappropriate communication (ex parte)
• who does the communicating
• reports
Rules for Client Behavior
• list of
• how notice is given to parents and children
• notification to court, attorneys, other agencies
• how rules are added or deleted
• intent of
• reasons for

Payment of Fees
• who pays
• how waived
• procedure for collecting
• how program will spend
• consequences of not paying, enforcement of
• amount of
• method for changing

Hours of Operation
• when program is open for services
• when program is open for administrative business
• process for notification of
• holidays
• emergency closings, notification of

Provision of Services
• for clients (children and adults) with disabilities
• for clients who speak languages other than English, including sign language: who pays for translators, how are they arranged for, staff and translator roles

Security
• type of
• job description: duties, responsibilities, skills, abilities
• training
• rules regarding
• devices
  • the building
  • information in files
  • funding and payment for

Emergencies
• roles of staff
• roles of volunteers
• expectation of clients, notification of
• procedures for evacuation
• security during
• types of (medical, weather, violence, fire and other natural emergencies)
• practice drills, frequency
• documentation regarding
Grievance
• who may file a grievance
• how to file a grievance, written, forms
• whom to file it with
• process for decision-making regarding it
• notification of decision
• consequences of for staff who is grieved against
• time limits

Confidentiality
• what records and communications are confidential
• release of records and process for release
• code to be signed by staff and volunteers
• consequences of violating
• laws and contract provisions governing

Records management (See Monitored Exchange Program Records above.)
• who is custodian of records
• what records will be kept
• how records will be kept, where
• how long records will be kept
• release of records and process for that (who, when, what, how, fee for copying and mailing)

Employment of Staff, Volunteers
• positions and descriptions of them
• qualifications
• recruitment
• training (who, what, where, when, how)
• retention
• termination: procedure for, reasons for

Data Collection
• staff designated to conduct
• participation in Clearinghouse database
• frequency of
• how conducted
• who gets information

Length of time a family is allowed to use the program

Discharge and termination of cases
• criteria for
• who decides
• notification to referral source and clients

Location
• handicapped accessible
• access to public transportation
• compliance with building and safety codes
• maps for clients
ORDER FOR MONITORED EXCHANGE AT THE SUNSHINE FAMILY PROGRAM

The court hereby orders that:

1. The parties participate in the Sunshine Family Program Monitored Exchange Program for the following children:

   Name: _______________________________ DOB: _______________________________

   Name: _______________________________ DOB: _______________________________

   Name: _______________________________ DOB: _______________________________

   Name: _______________________________ DOB: _______________________________

2. The Sunshine Family Program shall schedule a monitored exchange appointment for the parties to begin on (date) ______________________, or as soon thereafter as the Program has an opening.

3. The monitored exchange will take place (circle or fill in the blank):

   Biweekly _______________________________

   (other) _______________________________

   and continue until (circle or fill in the blank)

   further order of the Court _______________________________

   (give the date)

4. The exchanges shall take place at the Sunshine Family Program’s location at 200 Sunshine Street, Sunnyside, FL, 32356.

5. The parties shall contact the Program when this order is signed to be advised of an opening by the Program Director. The parties may call the Director at (123) 335-5678 or contact her by mail at P.O. Box 1234, Sunshine, FL 32356, to initiate the exchanges.
6. The cost of the monitored exchange is (circle one):

$20.00 per weekend waived

and shall be paid by (circle one): petitioner/respondent/both prior to the exchange. Checks are to be made payable to Sunshine Family Program. Mail to: Sunshine Family Program, P.O. Box 1234, Sunshine, FL 32356

7. Failure to pay the fee may result in the court issuing a judgment against the responsible party.

8. The parties are ordered to follow the directives of the staff of the Sunshine Family Program. The Program rules are attached.

9. The parties shall also follow the following terms and conditions specific to their case:

10. The Sunshine Family Program is authorized to cancel a monitored exchange and suspend or terminate the parties’ use of the Program when staff deems necessary.

11. The parties are ordered to notify the Sunshine Family Program at least 48 hours in advance if they cannot keep a scheduled appointment. Failure to do so will result in the parties being required to pay for the appointment. If two appointments are cancelled by either party, no additional appointments will be scheduled until further order of the court.

12. The custodial parent will be assessed a fee of $1.00 per minute for failure to pick up the child(ren) after the visit.

13. The Sunshine Family Program shall notify the court of parental noncompliance with the Program’s rules and procedures. The court may consider the parents’ noncompliance in making future decisions regarding the children and parents.

14. The parties must contact the Program to begin monitored exchanges within six months of the signing of the order, otherwise the order expires six months from the date it is signed.

15. If the noncustodial parent, (print name), who is required to return the child to the custodial parent through a monitored exchange fails to do so, law enforcement authorities, including, but not limited to The Sunshine Police Department and the Sun County Sheriff’s Department, are hereby directed and authorized to return the child, (print child’s name), to the custodial parent, (print custodial parent’s name), or, if that parent is not immediately available, to the Sunshine Family Program.

DONE AND ORDERED at Sunshine, Sun County, Florida, this ___ day of ___, ___.

__________________________________________________________________________ Circuit Judge

Copies furnished to: Sunshine Family Program, Attorney, Attorney, Petitioner, Respondent
Conflict of Interest Checklist

When deciding to accept or decline a referral, the monitored exchange program should consider if any of the following conflicts of interest exist:

- staff knows any of the clients,
- staff has worked for any of the clients,
- clients have worked for any of the staff,
- staff is serving as a volunteer guardian ad litem on the family’s case, and/or
- staff has any kind of relationship with the client, such as friendship, romantic relationship, kinship.
Procedure for Termination of an Exchange

The monitored exchange program will need a procedure for refusing to allow an exchange or terminating one. The following procedure could be used.

- Refusal of an exchange to the visiting person upon arrival at the building shall be the decision of the director or case supervisor. The reason for refusal shall be noted in an incident report and signed by the security officer and director or case supervisor.

- Checklist for initial screening of noncustodial parent including, but not limited to:
  a. smell of alcohol;
  b. staggering;
  c. speech slurred;
  d. conversation impaired or inappropriate;
  e. eyes glossy or bloodshot;
  f. behavior belligerent, confrontational or bizarre; and/or
  g. carrying a weapon.

- In crisis situations during the exchange, either the director, case supervisor, exchange monitor, or the security officer may unilaterally terminate the exchange.

- In difficult, but non-crisis, situations, the monitor should use the following progressive method:
  a. warn the parent about a specific behavior;
  b. if it continues, involve the security officer, director, and or case supervisor; and
  c. the director, and/or case supervisor in consultation with the security officer if needed, terminate the exchange, and record the incident stating the reason for termination.

- The parent should be taken out of the child’s presence to address the inappropriate behavior, if necessary.
Security staff should also have the following skills and abilities:

- ability to deal effectively with individuals, including children and adolescents;
- ability to recognize signs of fear/intimidation in adults and children;
- ability to recognize dangerous or potentially dangerous situations;
- ability to investigate suspicious or unusual events;
- ability to respond calmly in an emergency situation and to determine proper course of action;
- ability to manage violent individuals;
- ability to communicate effectively;
- ability to read, interpret, and apply regulatory materials;
- ability to work without close supervision and to make independent decisions regarding security issues; and
- skill in the use and care of firearms.
APPENDIX

Operational Forms
Intake Interview Sheet

Parent’s Name: ____________________________________________________________

Check one: □ custodial parent     □ noncustodial parent

Names of children who will be exchanged: ______________________________________

Why did the court order you to use a monitored exchange program? ________________

List any open court cases involving you, the other parent, and your children (juvenile
dependency, delinquency, criminal, Injunction for Protection Against Domestic Violence,
dissolution of marriage, paternity, other):

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

When, where, and under what circumstances was the last time the visiting child saw/spent time
with the visiting parent?

_________________________________________________________________________

_________________________________________________________________________

Give a brief history of the relationship between the each parent and the children involved, in-
cluding past frequency of contact, caretaking, etc.:

_________________________________________________________________________

_________________________________________________________________________

How do you feel about your child’s relationship with the other parent?

_________________________________________________________________________

Is the child likely to be comfortable or become comfortable with the exchanges?

_________________________________________________________________________

Are there any issues that may arise during the exchanges?

_________________________________________________________________________

To what extent has the child been exposed to conflict between you and the other parent?

_________________________________________________________________________
Does either parent have a criminal history?


Are any of the following present in this case?

- [ ] Domestic violence
- [ ] Drug abuse
- [ ] Mental illness
- [ ] Alcohol abuse
- [ ] Abduction threats
- [ ] Physical abuse
- [ ] Neglect/abandonment
- [ ] Other _______________________

Have you ever, or are you currently attending any of the following:

- [ ] Parenting class
- [ ] Domestic violence support group
- [ ] Batterer’s intervention
- [ ] Alcoholics’ Anonymous
- [ ] Narcotics Anonymous
- [ ] Support group for families of abuse victims
- [ ] Counseling

Would you be interested in attending the above? If yes, which one?


Are you receiving support regarding this situation from any of the following:

- [ ] Friends
- [ ] Religious leaders
- [ ] Family members
- [ ] Co-workers
- [ ] Other _______________________

Is the visiting child receiving any of the following services?

- [ ] Psychological counseling
- [ ] Group treatment
- [ ] Play therapy
- [ ] Support group
- [ ] Other _______________________

What agencies are involved in this case?

- [ ] Dept. of Children and Family Services
- [ ] Child Protection Team
- [ ] Other _______________________

How do you think the monitored exchange program will help you?


What is your current relationship to the child’s other parent?

- [ ] married
- [ ] divorced
- [ ] separated
- [ ] never married

If divorced or separated, for how long? _______________________

Are you currently engaged or remarried? If yes, give partner’s name:


Sunshine Monitored Exchange Program Rules

1. I will be scanned with a metal detector by a deputy each time I come to the center.
2. I will arrive for and end all monitored exchanges on time.
3. I will not bring anyone not listed in the court order to the monitored exchange.
4. I will present proper identification (a driver’s license or identification card) each time I come to the center.
5. I understand I must show my valid driver’s license to the security staff before I will be allowed to pick up my child(ren).
6. I will not bring guns, knives, or any other weapon to the center.
7. I will not smoke at the center.
8. I will not bring a cell phone, beeper, camera, recorder of any type, or any other electronic device into the center.
9. I will not attempt to exchange any items with the other parent at the center, such as money or child support. (what about items the child needs for the weekend?)
10. I will not bring food or beverages other than sealed bottled water into the center.
11. I understand that if I arrive under the influence of alcohol or drugs, or am suspected of being under the influence, my exchange will be terminated.
12. I will call The Sunshine Visitation Program by 10 a.m. the Thursday prior to the scheduled exchange in the event that I must cancel the exchange.
13. I understand that if I am classified as a “no show” for two (2) consecutive exchanges, my exchanges will be terminated, pending a new court order and a letter will be sent to the judge. A “no show” is defined as an unexcused failure to attend the exchange. If I cancel two (2) exchanges within a thirty (30) day period this same procedure will be followed. May or may not want to include that.
14. I will pay all fees prior to each exchange. All fees paid to The Sunshine Visitation Program are nonrefundable. Checks should be made out to Sunshine Visitation Program.
15. I will not use corporal punishment at the center.
16. I may designate an alternate custodian for the drop off of my child if I am the nonresidential parent; however, I must pick the child up myself.
17. I may designate an alternate custodian for the drop off and retrieval of my child if I am the residential parent only after I have completed the required paperwork.
18. I understand that if my child(ren) are of an age that the law requires them to ride in a car seat and I do not bring a car seat to the exchange, the child will be returned to the other parent and no exchange will take place. If I do not bring a car seat to the exchange more than once, my use of the program may be terminated.
19. I will inform the program of any changes in my address or phone number.
20. If the nonresidential parent is more than 15 minutes late, the exchange will be canceled.
21. On the return exchange, if the residential parent does not arrive to pick up the children before the center closes, the children will go home with the noncustodial parent.
22. I understand that exchanges will be documented as well as no-shows, cancellations, and tardiness.

23. I agree to bring and return all of the children’s needed items, such as medication, eye glasses, school supplies, homework, etc.

I have read and fully understand the above rules. Any violations of these rules or other policies announced by the staff can result in termination of the exchange and/or from the program.

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<tr>
<th>Print name</th>
<th>Parent’s signature</th>
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<tr>
<th>Print name</th>
<th>Witness’s signature</th>
<th>Date</th>
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June 1, 2008

The Honorable Judge Redfield
Sun County Courthouse
Sunnyside, FL  24305

RE:  Clark/Clark, Sun County Case No. 1234

Dear Judge Redfield,

Per our letter of agreement between The Sunshine Family Program and the Second Judicial Circuit, we have determined that the Program cannot provide monitored exchange services in this case for the following reasons:

__________________________________________________________________________

or

__________________________________________________________________________

Per our letter of agreement between The Sunshine Family Program and the Second Judicial Circuit, we have determined that the Program can provide monitored exchange services in this case.

Sincerely,

Michael Jones, Program Director

Copies to:
☐ Custodial parent
☐ Noncustodial parent
☐ Custodial parent’s attorney
☐ Noncustodial parent’s attorney
☐ Guardian ad Litem
☐ Court file
June 1, 2008

Mr. Clark
222 Evan Lane
Sunnyside, FL  24305

RE: Clark/Clark, Sun County Case No. 1234

Dear Mr. Clark,

On May 25, 2005, the Honorable Judge Redfield ordered that you participate in a monitored exchange of your children. You are scheduled to bring the children to the exchange site at 200 Sunshine Street, Sunnyside, FL  24305 (see enclosed map) on:

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
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You are to pick up the children at the end of the visit on:

<table>
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<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
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</table>

If you do not pick up the children before the site closing, the children will be sent home with the nonresidential parent. The exchange of the children will then have to take place at the Sheriff’s Department at a later time to be arranged by you.

If you cannot keep the scheduled appointment, you must notify the Sunshine Family Program as soon as possible at (123) 335-5678.

Enclosed for you to read are the following:

· Sun Monitored Exchange Program rules
· Map to exchange site

Please follow all rules and court orders. You need to call the office at (123) 335-5678 by 3:00 p.m. on the Thursday before the date of the exchange to confirm your appointment. We look forward to seeing you on your scheduled date.

Sincerely,

Michael Jones, Program Director
June 1, 2008
Mrs. Clark
222 Evan Lane
Sunnyside, FL 24305

RE: Clark/Clark, Sun County Case No. 1234

Dear Mrs. Clark,

On May 25, 2005, the Honorable Judge Redfield ordered that you participate in a monitored exchange of your children. You are scheduled to pick up the children at the exchange site at 200 Sunshine Street, Sunnyside, FL 24305 (see enclosed map) on:

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<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
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You are to return the children at the end of the visit on:

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<th>Day</th>
<th>Date</th>
<th>Time</th>
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It is mandatory that you arrive on time. If you are more than 15 minutes late, it will be necessary to send the children home with the residential parent.

If you cannot keep the scheduled appointment, you must notify the Sunshine Family Program as soon as possible at (123) 335-5678.

Enclosed for you to read are the following:
- Sun Monitored Exchange Program rules
- Map to exchange site

Please follow all rules and court orders. You need to call the office at (123) 335-5678 by 3:00 p.m. on the Thursday before the date of the exchange to confirm your appointment. We look forward to seeing you on your scheduled date.

Sincerely,

Michael Jones, Program Director
Exchange Day Information Form

Children ages birth to 12 years

Child’s Name: ____________________________________________________________

Date: ________________________________________________________________

Meals and food: _______________________________________________________

____________________________________________________________________

Naps: _________________________________________________________________

____________________________________________________________________

Diaper changes/Toilet training: __________________________________________

____________________________________________________________________

Medications: ___________________________________________________________

____________________________________________________________________

Illnesses: _____________________________________________________________

____________________________________________________________________

Homework or extracurricular activities that need to be complete: ______________

____________________________________________________________________

Clothing: ______________________________________________________________

____________________________________________________________________

Belongings that need to be returned: ______________________________________

____________________________________________________________________
Exchange Day Information Form

Children ages 13 to 18 years

Child’s Name: ________________________________________________________________

Date: ________________________________

Meals and food: ______________________________________________________________

__________________________________________________________________________

Medications: ________________________________

__________________________________________________________________________

__________________________________________________________________________

Illnesses: ________________________________

__________________________________________________________________________

__________________________________________________________________________

Homework or extracurricular activities that need to be complete: __________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Clothing: ________________________________

__________________________________________________________________________

__________________________________________________________________________

Belongings that need to be returned: ____________________________________________

__________________________________________________________________________
Notice of Termination of Monitored Exchange

The Sunshine Family Program

Address
Phone

To: ____________________________________________ parent or custodian

__________________________________________ parent

From: ____________________________________________ Director Date: __________

RE: Case no. ________________________________ RE: Termination of Monitored Exchange

This is to notify you that the monitored exchange between ______ and _______ at the

__________________________________________ Program was terminated on __________ (date) for the
following reasons (or attach Critical Incident Report). Therefore, all future exchanges have been
suspended until further court order. If you do not seek to challenge this suspension by returning
to court, your exchanges will be terminated, and your file will be closed effective thirty days
from the date of this suspension.

Notices sent to:

☐ Judicial Assistant (Judge’s Office)
☐ Court file (Clerk of Court)
☐ Guardian ad Litem
☐ Mother
☐ Mother’s Attorney
☐ Father
☐ Father’s Attorney
☐ Other ____________________________________________
Critical Incident Report

Name of person filing out form: ____________________________________________

Date of incident: _________________________________________________________

Case name and number: _________________________________________________

Put explanation lines after each.

_____ Arrival / Departure  ________________________________________________

_____ Bringing weapons onsite  _____________________________________________

_____ Trying to elicit information about the other parent ____________________

_____ Confrontational / uncooperative with staff ____________________________

_____ Property damage  ___________________________________________________

_____ Inappropriate language  _____________________________________________

_____ Under the influence of alcohol or drugs ______________________________

_____ Other  ____________________________________________________________

Did the incident result in termination of the exchange? (If yes, attach this form to the Notice of Termination)

______________________________________________________________________

Describe where the incident took place, what staff did to intervene, and name any witnesses:

______________________________________________________________________

Signature and title of person preparing report        Signature of program director
Sunshine Family Program
Monitored Exchange Attendance Sign In & Check List

PHASE I OF EXCHANGE

Appointment Date: _________ Case Name: _______________ Appointment Time: _________

Visiting Party – Picking Up Child(ren)

Name: ____________________________ relationship to child(ren) ________________________

Arrival Time: ______________ (this time is entered by the program)

Party’s signature: ________________________________

I hereby acknowledge the above stated time is my time of arrival at the SFP

CONTACTS

Person calling / Time: Information taken by: SFP Record of Information:

<table>
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<tr>
<th>Time:</th>
<th>Person calling /</th>
<th>Information taken by:</th>
<th>SFP Record of Information:</th>
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Custodial / Party – Dropping Off Child(ren)

Name: ____________________________ relationship to child(ren) ________________________

Arrival Time: ______________ (this time is entered by the program)

Party’s signature: ________________________________

I hereby acknowledge the above stated time is my time of arrival at the SFP

CONTACTS

Person calling / Time: Information taken by: SFP Record of Information:

<table>
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<tr>
<th>Time:</th>
<th>Person calling /</th>
<th>Information taken by:</th>
<th>SFP Record of Information:</th>
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SFP PERSONNEL: ________________________________
### Sunshine Family Program
### Monitored Exchange Attendance Sign In & Check List

**PHASE II OF EXCHANGE - return of children**

<table>
<thead>
<tr>
<th>Appointment Date:</th>
<th>Case Name:</th>
<th>Appointment Time:</th>
</tr>
</thead>
</table>

**Visiting Party – Returning Child(ren)**

Name: ___________________________ relationship to child(ren) ______________________

Arrival Time: ________________ (this time is entered by the program)

Party's signature: ___________________________

*I hereby acknowledge the above stated time is my time of arrival at the SFP*

#### CONTACTS

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<th>Time:</th>
<th>Person calling / Information taken by:</th>
<th>SFP Record of Information:</th>
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**Custodial / Party – Picking Up Child(ren)**

Name: ___________________________ relationship to child(ren) ______________________

Arrival Time: ________________ (this time is entered by the program)

Party's signature: ___________________________

*I hereby acknowledge the above stated time is my time of arrival at the SFP*

#### CONTACTS

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<tr>
<th>Time:</th>
<th>Person calling / Information taken by:</th>
<th>SFP Record of Information:</th>
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**SFP PERSONNEL:** _____________________________
I hereby certify that I will keep all information regarding persons who participate in The Sunshine Family Program confidential. I will not disclose, or participate in the disclosure of, confidential information relating to a case, child, or family to any person who is not a party to the cause, except in Exchange Reports and as provided by law or court order. I will abide by all protections of confidentiality provided to victims of domestic violence. I understand that a violation of confidentiality may result in disciplinary action, up to and including termination. I further understand that I could be subject to legal action.

Signature of Exchange Monitor  Date

EXCHANGE MONITOR CODE OF CONDUCT

The Sunshine Family Program exchange monitor must maintain high standards of conduct in carrying out his or her duties and obligations. The exchange monitor must:

1. diligently use best practices in the monitoring of all families;
2. resist influences and pressures that interfere with impartial monitoring;
3. report honestly and impartially in the Exchange Reports what occurs during exchanges;
4. respect the privacy of the child and the family and hold confidential all information obtained in the course of service as a staff member or volunteer with The Sunshine Family Program, as required by law and Program standards;
5. decline to monitor cases in which he or she may have a conflict of interest;
6. attend pre-service training, and in-service trainings when the monitor has been with the Program long enough for that to be required;
7. not practice, condone, facilitate, or participate in any form of discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical handicap, or any other preference or personal characteristic, condition, or status; and
8. comply with all Program policies.

Failure to comply with the Code of Conduct may result in discipline or discharge. The exchange monitor hereby acknowledges that he/she does not have a right to serve as a volunteer at The Sunshine Family Program, but that he/she serves at the program director’s discretion.

Signature of Exchange Monitor  Date
List any and all active pending criminal law suits in which you are named as a party (Give case name, county name, judicial circuit, and case number):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any and all active pending civil law suits in which you are named as a party (Give case name, county name, judicial circuit, and case number):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Affiant

Sworn to and subscribed before me this ________ day of ________________, ________

My commission expires NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant’s identification has been validated by
The Sunshine Family Program
Exchange Monitor Training Record

Exchange Monitor’s Name: ___________________________________________________________

<table>
<thead>
<tr>
<th>Training Topic</th>
<th>Date</th>
<th># of Hours</th>
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<tbody>
<tr>
<td>Child abuse</td>
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<td>Child development</td>
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<tr>
<td>Child neglect</td>
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<td>Substance abuse</td>
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<td>Mental illness</td>
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<td>Cultural diversity</td>
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<td>Crisis intervention</td>
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<tr>
<td>Dynamics of divorce</td>
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<td>Parental alienation</td>
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<td>Parenting skills</td>
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<td>Domestic violence</td>
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<td>Orientation Training</td>
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<td>Program policies and procedures</td>
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<tr>
<td>Practice</td>
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<td>Use of forms</td>
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<td>Confidentiality</td>
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<tr>
<td>Levels of supervision at the program</td>
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<td>Security and emergency procedures</td>
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<td>Observation techniques</td>
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<tr>
<td>Recording observations</td>
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Signature of Person Conducting Training: ___________________________________________
Affidavit of Good Moral Character

State of Florida, County of SUN.

Before me this day personally appeared Marcus Student who, being duly sworn, deposes and says: I am an applicant for employment as a caretaker with: The Sunshine Family Program. By signing this form, I am swearing that I have not been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also attest that I do not have a delinquency record that is similar to any of these offenses.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes.

Chapters/Sections: Relating to:

Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults
Section 741.30 domestic violence and injunction for protection
Section 782.04 murder
Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.71 vehicular homicide
Section 782.09 killing an unborn child by injury to the mother
Section 784.011 assault, if the victim of offense was a minor
Section 784.021 aggravated assault
Section 784.03 battery, if the victim of offense was a minor
Section 784.045 aggravated battery
Section 784.075 battery on a detention or commitment facility staff
Section 787.01 kidnapping
Section 787.02 false imprisonment
Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011 sexual battery
Section 794.041 prohibited acts of persons in familial or custodial authority
Chapter 796 prostitution
One of the following statements must be made:
Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding $1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position.

Signature of Affiant

or
To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

__________________________
Signature of Affiant

or

For teachers and non-instructional personnel in lieu of fingerprint submission:

I swear that I have been fingerprinted under Chapter 231, Florida Statutes, when employed as a teacher or non-instructional employee and have not been unemployed from the school board for more than 90 days. I swear the findings of that background check did not include any of the above offenses and that I meet the standards of good character for this caretaker position.

__________________________
Signature of Affiant

or

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

__________________________
Signature of Affiant

Sworn to and subscribed before me this _________ day of _____________ , _____________

__________________________
My commission expires NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant’s identification has been validated by
List of Steps for Conducting a Criminal Background Check on Volunteers and Staff

1. Obtain the following from the person:
   a. a completed fingerprint card for background checks regarding children’s caretakers. The person must follow the instructions printed on the back of the card for completing it, such as only use black ink to write on the card. The sheriff’s department, or city or university police department can make the fingerprints on the card the monitored exchange program provides to the person,
   b. the names and contact information for at least 2 former employers or references and a release of information in case the employers require one,
   c. the person’s first, middle, and last name; social security number; and date of birth on a local criminal history request form to be submitted to local law enforcement, and
   d. an Affidavit of Good Moral Character which is signed by the person and notarized.

2. contact The Florida Department of Law Enforcement to obtain Fingerprint/Name Search Submission forms and an account number for billing;

3. send the completed fingerprint cards and Fingerprint/Name Search form in to FDLE. FDLE will conduct the statewide check and send in the information for the FBI check;

4. contact the employers and ask the questions contained in the Sample Employer Reference Check Form,

5. read the background results as they come in to make sure the person doesn’t have any convictions prohibited by law on the Affidavit of Good Moral Character,

6. contact the DCF screening employee with any questions, and keep all of the results confidential in a file for each staff/volunteer.
The Sunshine Family Program
Staff and Exchange Monitor Employment Reference Form

Please give the information for 2 employers. If you have never had an employer, please write that on the form. If you have only had 1 employer, please give the information about that employer and then in the space for the second employer, write “have none.”

Monitor’s full name: ________________________________

Date form is completed and given to director: ________________

1. Name of employer: ______________________________________

Name of supervisor, if different than employer’s name: __________________________

Employer’s address: ______________________________________

___________________________________________________

Employer’s phone number: ________________________________

Time period during which you were employed (month, year): from ________________

to ________________

Title of position you held: ______________________________________

2. Name of employer: ______________________________________

Name of supervisor, if different than employer’s name: __________________________

Employer’s address: ______________________________________

___________________________________________________

Employer’s phone number: ________________________________

Time period during which you were employed (month, year): from ________________

to ________________

Title of position you held: ______________________________________
Date:

To: (Business you are requesting employment information from)

I have direct contact with children and parents at The Sunshine Family Program. The law requires that the Program conduct background screenings of staff and volunteers who participate in the Program. Part of the required background screening is checking 2 employment references.

I hereby authorize you to release employment information regarding me to The Sunshine Family Program, 200 Sunshine Street, Sunnyside, FL 24305.

Attached is a form regarding the information the Program needs, please complete it and mail or fax it to the address for The Sunshine Family Program given below, or you may also call Michael Jones at 406-222-0002.

__________________________________________  ______________________________________
Print name                                         Social Security Number

__________________________________________   ______________________________________
Signature                                          Dates of employment

Please return the attached, completed form to:

    Mr. Michael Jones
    The Sunshine Visitation Program
    200 Sunshine Street
    Sunnyside, FL  24305
    Fax number (406) 222-0003
Local Criminal History Request

Name: ____________________________________________

First     Middle     Last

Alias (If you have any other name you have been known by):

____________________________________________________

Social Security Number: ______________________________

Date of Birth: ______________________________________

Agency Requesting:

The Sunshine Visitation Program
200 Sunshine Street
Sunnyside, Fl 24305
Phone: 222-0002

Please mail the results to the program in the attached, stamped envelope.

Requested By:

Michael Jones, Director

Date Submitted To Local Law Enforcement Agency: ______________________________
Exchange Monitor Employer Reference Check Form

Exchange Monitor’s Name: __________________________________________

Date form completed: ____________________________

Individual completing form: ________________________________________

Organization contacted: ____________________________________________

Person contacted & title: ____________________________________________

Telephone number of person contacted: ______________

Dates of employment were from ____________ to ____________

Verify: ☐ yes ☐ no

Were you monitor’s immediate supervisor? ☐ yes ☐ no

If no, give working relationship: ______________________________________

Position monitor held with employer: ________________________________

Verify: ☐ yes ☐ no

Major duties performed in the job: ________________________________

_______________________________________________________________

_______________________________________________________________

Was monitor’s work performance satisfactory? ☐ yes ☐ no

Explain: _______________________________________________________

_______________________________________________________________

_______________________________________________________________

Did monitor have an absentee record that affected his/her performance or productivity?

☐ yes ☐ no Explain: _______________________________________________________

_______________________________________________________________

_______________________________________________________________

Did monitor receive any awards or honors if you have any? ☐ yes ☐ no

Explain: _______________________________________________________

_______________________________________________________________

_______________________________________________________________
Did monitor ever receive any disciplinary action? If yes, what was nature of offense and what action was taken? Provide date of action.

______________________________________________________________________________

Why did monitor leave your organization?

______________________________________________________________________________

Would you rehire? □ yes □ no Explain, if no:

______________________________________________________________________________

Are you aware of any information that might negatively affect this individual’s suitability to work in direct contact with developmentally disabled individuals, the elderly, or children?

□ yes □ no Explain, if yes:

______________________________________________________________________________

______________________________________________________________________________
How To Make a 911 Call

- Stay calm
- Inform 911 operator there is a disturbance
- Agency/type of agency, who is in building (kids, clients, staff)
- Tell what the problem is
- Give address (this should be posted on all phones) and phone number, especially if you are calling from your cell phone. They won’t know anything if you are on your cell. A land line phone will usually display your address for 911.
- Officer or no officer on site (security guard)
- If officer on site give name and badge number (keep a list of badge numbers by phone)
- Describe what is happening. If officer there and down – “assist officer”. They need to know: threats made, physical contact, weapons, knife, shots fired, fight with officer…….

If things are escalating 911 needs to know – they are updating info to responding officers as you talk. Tell operator how many people are in the building, where they are and if they are safe.

- Stay on the phone as long as you safely can and leave it off the hook if you must leave that area, it will record whatever is going on in the background = evidence.

- Describe escalated person
  - Name
  - DOB
  - Age
  - Height
  - Weight
  - Race/ethnicity
  - Hair color
  - Clothing
  - Identifying marks/items
  - Tattoos
  - Mustache/beard
  - Eye wear
  - Birthmarks

- Give further instructions on your location in building, on perpetrator’s location, how to enter and where, are doors locked and need to be unlocked for the officers. Having a floor plan available is advisable in the event of a hostage situation.