# THE PERFECT MATCH
A Toolkit for Collaboration Between
Florida’s Colleges and Universities
&
Supervised Visitation Programs

# TABLE OF CONTENTS
FOR WEB-BASED FORMS

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Initial Contact Letter</td>
</tr>
<tr>
<td>B</td>
<td>Florida’s Public Colleges and Universities</td>
</tr>
<tr>
<td>C</td>
<td>Florida’s Accredited Social Work Education Programs in Private Colleges/Universities</td>
</tr>
<tr>
<td>D</td>
<td>Florida’s Public Community Colleges</td>
</tr>
<tr>
<td>E</td>
<td>Interagency Agreements</td>
</tr>
<tr>
<td>F</td>
<td>Match Documentation Form</td>
</tr>
<tr>
<td>G</td>
<td>Class Description</td>
</tr>
<tr>
<td>H</td>
<td>Syllabus for A Supervised Visitation Class</td>
</tr>
<tr>
<td>I</td>
<td>Code of Confidentiality</td>
</tr>
<tr>
<td>J</td>
<td>Affidavit of Good Moral Character</td>
</tr>
<tr>
<td>K</td>
<td>Affidavit of Disclosure</td>
</tr>
<tr>
<td>L</td>
<td>Training Record</td>
</tr>
<tr>
<td>M</td>
<td>Employer Reference Form</td>
</tr>
<tr>
<td>N</td>
<td>Release</td>
</tr>
<tr>
<td>O</td>
<td>Local Criminal Background Check Form</td>
</tr>
<tr>
<td>P</td>
<td>Employer Reference Check Form</td>
</tr>
<tr>
<td>Q</td>
<td>Intern Agreement</td>
</tr>
</tbody>
</table>
February 10, 2005

Ms. Jane Smith, Ph.D.
Dean of the School of Social Work
Florida College University
Sunnyside, FL 24305

RE: The Sunshine Visitation Program

Dear Dean Smith,

Since 1995, the Sunshine Visitation Program has been providing supervised visits for nonresidential parents and their children in juvenile dependency, dissolution of marriage, and injunction for protection against domestic violence cases. The program’s mission is to provide a safe, structured place for children to interact with their parents when the court orders that their contact is to be monitored.

The Sunshine Visitation Program would like to explore the possibility of collaborating with the University in its provision of these services. There are many roles the University could play in the Program, from providing a building for visits to having a class in which students would be trained to monitor the visits. Such a relationship would benefit the University in many ways, for example, by giving its students hands-on experience with a variety of issues concerning families in crisis or by providing research opportunities.

I would like to meet with you to discuss the possibility of collaborating. Please call me at 222-0002 to arrange a date and time that is convenient for you. I am available to answer any questions you may have.

Sincerely,

Michael Jones
Director
APPENDIX B

FLORIDA’S PUBLIC COLLEGES AND UNIVERSITIES

FLORIDA AGRICULTURAL & MECHANICAL UNIVERSITY
Tallahassee, FL 32307 • (850) 599-3796 • http://www.famu.edu

Colleges/Departments: Department of Social Work
(850) 599-3456 • Fax: (850) 599-3215

FLORIDA ATLANTIC UNIVERSITY
777 Glades Road P.O. Box 3091 * Boca Raton, FL 33431 * (561) 297-7300 • http://www.fau.edu/

Colleges/Departments: School of Social Work
(561) 297-3234 • Fax: (561) 297-2866
Karen Slattery Educational Research Center for Child Development
(561) 297-2342 • Fax: (561) 297-0065

Other campus: Fort Myers, FL 33965-6565 • (239) 590-7825 • Fax: (239) 590-7842

FLORIDA INTERNATIONAL UNIVERSITY
University Park Campus • 11200 S.W. 8th Street • Miami, FL 33199 • (305) 348-2000 • http://fiu.edu/

Colleges/Departments: School of Social Work
(305) 348-5880 • Fax: (305) 348-5313

FLORIDA STATE UNIVERSITY
Tallahassee, FL 32306 • (850) 644-2525 • http://www.fsu.edu

Colleges/Departments: Department of Psychology
(850) 644-2040 • Fax: (850) 644-7739
Family and Child Sciences/Florida State University College of Human Sciences
(850) 644-3217 • Fax: (850) 644-3439
School of Social Work: (850) 644-4751 • Toll-Free: (800) 378-9550 • Fax: (850) 644-9750

Other Campus:
Panama City • 4750 Collegiate Drive • Panama City, FL 32405-1099 • (850) 872-4750
Toll-free: (866) 693-7872 • Email: http://www.pc.fsu.edu/

UNIVERSITY OF CENTRAL FLORIDA
4000 Central Florida Blvd. • Orlando, FL 32816 • (407) 823-2000 • http://www.ucf.edu/

Colleges/Departments: Psychology Department • (407) 823-2216 • Fax: (407) 823-5862
School of Social Work • (407) 823-2114 • Fax: (407) 823-5697

UNIVERSITY OF NORTH FLORIDA
4567 St. Johns Bluff Rd. S. • Jacksonville, FL 32224 • (904) 620-1000 • http://www.unf.edu/

Colleges/Departments: Child Development Research Center • (904) 620-2372
UNIVERSITY OF SOUTH FLORIDA
4202 Fowler Avenue • Tampa, FL 33620 • (813) 974-2011 • http://www.usf.edu/default/

Colleges/Departments: Psychology Department
(813) 974-2492 • Fax: (813) 974-4617
School of Social Work
(813) 974-2063 • Fax: (813) 974-4675

Other campuses:
St. Petersburg: 140 7th Ave. S., St. Peterburg, FL 33701 • (727) 553-4873
Email: http://www.stpt.usf.edu/
Sarasota/Manatee: 5700 N. Tamiami Trail, Sarasota, FL 34243 • (941) 4200
Email: http://www.sarasota.usf.edu/
Lakeland: 3433 Winter Lake Road, Lakeland, FL 33803 • (863) 667-7000
Email: http://lkld.usf.edu/

UNIVERSITY OF WEST FLORIDA
11000 University Parkway • Pensacola, FL 32514 • (850) 474-2000 • http://uwf.edu/uwfMain/

Colleges/Departments: Department of Social Work
(850) 474-2381
APPENDIX C

FLORIDA’S ACCREDITED SOCIAL WORK EDUCATION PROGRAMS IN PRIVATE COLLEGES AND UNIVERSITIES

SAINT LEO UNIVERSITY
Social Work Department/School of Education and Social Services
P.O. Box 6665 • MC-2067 • Saint Leo, FL 33574 • (352) 588-8308 • Fax: (352) 588-8289
Accredited BSW Program

BARRY UNIVERSITY
School of Social Work • 11300 N.E. 2nd Avenue • Miami Shores, FL 33161
(305) 899-3900 • Fax: (305) 899-3934 • http://www.barry.edu/socialWork/
Accredited MSW and BSW Programs

SOUTHEASTERN COLLEGE
Social Work Program • Lakeland, FL 33801-6034 • (863) 667-5163 • Fax: (863) 667-5200
http://www.secollege.edu/
Candidacy for Accreditation BSW Program

For other college/universities in your area, consult your phone book or the Internet.
APPENDIX D

FLORIDA’S PUBLIC COMMUNITY COLLEGES

BREVARD COMMUNITY COLLEGE
1519 Clearlake Road • Cocoa, FL 32922-6597 • (407) 632-1111

Colleges/Departments: Child Development Early Intervention/Early Childhood Education
Contact Helen Smith, Coordinator Child Development Center
(407) 433-7623 • Email: smith@brevardcc.edu
or Gail Buchanan, Coordinator of Parent Education • (407) 433-7624 • Email: BuchananG@brevardcc.edu

BROWARD COMMUNITY COLLEGE
225 E. Las Olas Blvd. • Fort Lauderdale, FL 33301 • (954) 761-7400

Colleges/Departments: Child Services Department
Contact Zack Gilson • (954) 201-6356 • Email: ZGilson@brovardcc.edu

CENTRAL FLORIDA COMMUNITY COLLEGE
P.O. Box 1388 • Ocala, FL 34478 • (352) 237-2111

CHIPOLA JUNIOR COLLEGE
3094 Indian Circle • Marianna, FL 32446-2053 • (850) 718-2761

DAYTONA BEACH COMMUNITY COLLEGE
P.O. Box 2811 • Daytona Beach, FL 32115-2811 • (904) 255-8131

Colleges/Departments: Allied Health/Child Development
Contact: Jill Rotney • Email: rotneyj@dbcc.edu • (904) 255-8131, ext. 5466

EDISON COMMUNITY COLLEGE
P.O. Box 60210 • Fort Myers, FL 33906-6210 • (941) 489-9300

FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE
501 W. State St. • Jacksonville, FL 32202-4030 • (904) 632-3000

FLORIDA KEYS COMMUNITY COLLEGE
5901 College Road • Key West, FL 33040-4397 • (305) 296-9081

GULF COAST COMMUNITY COLLEGE
5230 W. Highway 98 • Panama City, FL 32401-1044 • (850) 769-1551

HILLSBOROUGH COMMUNITY COLLEGE
P.O. Box 31127 • Tampa, FL 33631-2137 • (813) 253-7000
INDIAN RIVER COMMUNITY COLLEGE
3209 Virginia Ave. • Fort Pierce, FL 34981-5599 • (561) 462-4700
Child Development and Education Department

LAKE CITY COMMUNITY COLLEGE
Route 19, Box 1030 • Lake City, FL 32025-8703 • (904) 752-1822

LAKE-SUMTER COMMUNITY COLLEGE
9501 US Highway 441 • Leesburg, FL 34788-8751 • (352) 787-3747

MANATEE COMMUNITY COLLEGE
P.O. Box 1849 • Bradenton, FL 34206-1849 • (941) 755-1511

MIAMI-DADE COMMUNITY COLLEGE
300 N.E. Second Ave. • Miami, FL 33132-2297 • (305) 237-3316

NORTH FLORIDA COMMUNITY COLLEGE
1000 Turner Davis Drive • Madison, FL 32340 • (850) 973-2288

OKALOOSA WALTON COMMUNITY COLLEGE
100 College Blvd. • Niceville, FL 32578 • (850) 678-5111
*Colleges/Departments*: Children Development & Education Center
Contact Mary Lou O’Connor • (850) 729-6081 • Email: sandlinb@owcc.net

PALM BEACH COMMUNITY COLLEGE
4200 Congress Ave. • Lake Worth, FL 33461-4796 • (561) 439-8000
*Colleges/Departments*: Fundamentals of Childcare
Contact Luisa Hernandez • Phone: (561) 862-4716 • Email: hernandl@pbcc.edu

PASCO-HERNANDO COMMUNITY COLLEGE
36727 Blanton Road • Dade City, FL 33523-7599 • (904) 567-6701

PENSACOLA JUNIOR COLLEGE
1000 College Blvd. • Pensacola, FL 32504 –8898 • (850) 484-1000

POLK COMMUNITY COLLEGE
999 Avenue H, N.E. • Winter Haven, FL 33881-4299 • (941) 297-1000

ST. JOHNS RIVER COMMUNITY COLLEGE
5001 St. Johns Avenue • Palatka, FL 32177-3897 • (904) 312-4200
*Colleges/Departments*:
Early Childhood Education & Child Development Early Intervention • (386) 312-4211
ST. PETERSBURG JUNIOR COLLEGE  
P.O. Box 13489 • St. Petersburg, FL 33733-3489 • (813) 341-3600

SANTA FE COMMUNITY COLLEGE  
3000 N.W. 83rd St. • Gainesville, FL • (352) 395-5000  
**Colleges/Departments:** Child Development Program • (382) 395-5322  
Email: mary.jamerson@sfcc.edu or joan.campbel@sfcc.edu

SEMINOLE COMMUNITY COLLEGE  
100 Weldon Blvd. • Sanford, FL 32773-6199 • (407) 328-4722  
**Colleges/Departments:** Child Development  
Contact Katie Horan • (407) 328-2413, ext. 2413 • Email: horan@scc-fl.edu

SOUTH FLORIDA COMMUNITY COLLEGE  
600 W. College Drive • Avon Park, FL 33825-9399 • (941) 453-6661

TALLAHASSEE COMMUNITY COLLEGE  
444 Appleyard Drive • Tallahassee, FL 32304-2895 • (850) 922-8244

VALENCIA COMMUNITY COLLEGE  
P.O. Box 3028 • Orlando, FL 32802-3028 • (407) 299-5000

For other colleges/universities in your area, consult your phone book or the Internet.
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 Visitation Program.

WITNESSETH:

WHEREAS the Sunshine Visitation Program provides a neutral setting in which non-custodial parents can visit with their children pursuant to court order in civil family and dependency cases.

WHEREAS the Sunshine Visitation Program has relied since May, 1995, on the Florida College University School of Social Work to provide training and for Social Work students to staff the Sunshine Visitation 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 recruit and train students to provide supervision services at the 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 parent and child interactions, 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 visit monitors is provided on a regular basis to the Director of the Sunshine Visitation Program.

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

5. The Director of the Sunshine Visitation Program will inform the students of pertinent information about each family using the Program. The information will include current Injunctions For Protection Against Domestic Violence and any allegations concerning the family included in the court file (e.g., substance abuse issues, parental kidnapping, allegations of sexual or physical abuse, severe parental alienation, etc.)

ATTEST:

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

___________________________________________
Michael Jones, Director, Sunshine Visitation Program
INTERAGENCY AGREEMENT

Building Services

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 Visitation Program.

WITNESSETH:

WHEREAS the Sunshine Visitation Program provides a neutral setting in which non-custodial parents can visit with their children pursuant to court order in civil family and dependency cases.

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

WHEREAS The School has agreed to provide the Program Director with office space and the Program with space for the supervised visits 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 Visitation Program
**MATCH DOCUMENTATION FORM**

TO: Organization  The Sunshine Visitation Program

FROM: Donor Name  The School of Social Work, Florida College University

Address: Sunnyside, FL  24305

The following ____ space, ____ equipment, ____ goods/supplies, X services, is/are donated to this organization.

____ permanently (title passes to the organization)

____ temporarily, for the period __________________ to ______________________

(title is retained by the donor):

<table>
<thead>
<tr>
<th>Description and Basis for Valuation (See next page)</th>
<th>Value</th>
<th>Grantor Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Florida College University Social Work students as visit monitors. 20 students x 3 hrs./week x 44 weeks x $14.00/hr</td>
<td>$36,960.00</td>
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<td>(2) Building space at 200 Sunshine Street, Sunnyside, FL. 12 months x $1,500./month</td>
<td>$18,000.00</td>
<td></td>
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<tr>
<td>(3) Utilities for building at 200 Sunshine Street, Sunnyside, FL. $353./month x 12 months</td>
<td>$4,236.00</td>
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</table>

**TOTAL VALUE** $59,216.00

The above donation(s) is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it/they been previously purchased from or used as match for any state or federal contract or grant.

Donor Signature Date Contractor Signature Date

The grantor has reviewed the valuation of donated item(s) and has, in the space provided, indicated the valuation amount acceptable to the grantor for use in meeting a match requirement for contract number 99678. Donated items are subject to disallowance should they be found to be a current or previous cost or matching item of a state or federal grant or contract.

Grantor Contract Manager Date
BASIS OF VALUATION

Building/Space

1. Donor retains title:
   a. Fair rental value – substantiated in contractor’s records by written confirmation(s) of fair rental value by qualified individuals, e.g., realtors, property managers, etc.
   b. (1) Established monthly rental of space $1,500.00
       (2) Number of months donated during contract 12

       Value to project (b.1. x b.2.) $18,000.00

2. Title passes to contractor:
   Depreciation
   a. Cost of fair market value (FMV) at acquisition $ ________
      (excluding land)
   b. Estimated useful life at date of acquisition ________yrs.
   c. Annual depreciation (a-b) $ ________
   d. Total square footage ________sq.ft.
   e. Number of square feet to be used on contract number 99678 ________sq.ft.
   f. Percentage of time during contract period the project will occupy the building/space ________
   g. Value to project (e/d x f x c) $ ________

   May exceed 2% of (e/d x a x f)

Use allowance
   a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the contractor’s accounting records)
   b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.
   c.

   Equipment Personnel Services
   1. Donor retains title: 1. Staff of another agency:
      Fair rental value Annual salary
      $ ________ Number of hours
      2080 X to be provided $ _____

   2. Title passes to contractor:
      a. FMV at time of donation $ _____, or
      b. Annual value to project (not to exceed 6 2/3% x a) = __________
      2. Volunteer (indicate if volunteer is also an em-
         ployee a. FMV at time of donation $ _____, or
         b. Annual value to project (not to exceed
         6 2/3% x a) = __________

   Goods/Supplies
   FMV at time of donation
   Comparable annual salary $ _____
   Annual salary Number of hours
   2080 X to be provided $ _____
SOW 1234. Selected Topic: Dependency or Supervised Visitation (3).

TERMS OFFERED: FALL, SPRING & SUMMER

This selected topic course is an opportunity to be involved in conducting supervised visitation in conjunction with the Florida Department of Children & Families with the goal of providing a controlled, safe and supportive environment for children to visit with their non-custodial parent on a regular basis, thereby enabling an ongoing relationship between parent and child. The course is conducted in practicum format with training and mandatory weekly supervised visitation. Course participation will provide students an opportunity to: facilitate the interaction between these parents and children in a supervised setting; record their observations; analyze applicable child welfare policies and procedures; and, integrate theoretical understanding of domestic violence, substance abuse, sexual abuse, child abuse and/or neglect to families participating in the program.
This selected topic course is an opportunity to be involved in conducting supervised visitation in conjunction with the Florida Department of Children & Families. The goal of Supervised Visitation is to provide a controlled, safe and supportive environment for children to visit with their non-custodial parent on a regular basis, thereby enabling an ongoing relationship between parent and child. These families typically have experienced domestic violence, substance abuse, sexual abuse, child abuse and/or neglect. Course participation will provide students an opportunity to: facilitate the interaction between these parents and children in a supervised setting; record their observations; analyze applicable child welfare policies and procedures; and, integrate theoretical understanding of domestic violence, substance abuse, sexual abuse, child abuse and/or neglect to families participating in the program.

COURSE OBJECTIVES:

Upon completion of this course students are expected to:

1. Demonstrate an ability to understand and successfully carry out guidelines, procedures and policies of providing supervised visitation.
   Measurement: graded attendance and participation at orientation, training sessions and weekly supervised visitation sessions.

2. Identify and apply appropriate social work skills necessary to provide supervised visitation.
   Measurement: graded attendance and participation at orientation, training sessions and weekly supervised visitation sessions.

3. Analyze effective judicial, legislative and policy responses to families requiring supervised visitation.
   Measurement: graded attendance and participation at weekly supervised visitation sessions, law enforcement ride along and final research paper.

4. Observe judicial responses to families experiencing domestic violence through attendance at domestic violence injunction hearings.
   Measurement: graded attendance at domestic violence injunction hearings.

5. Acquire knowledge to document the need for such services and knowledge of varying arrangements for providing such services.
   Measurement: graded attendance and participation at weekly, supervised visitation sessions and final research paper.

6. Apply theoretical understanding of domestic violence, substance abuse, sexual abuse, child abuse and/or neglect to effective interactions with families participating in the program.
   Measurement: graded attendance and participation at weekly, supervised visitation sessions.
COURSE FORMAT:

This course is conducted in a practicum format. Attendance at and participation in orientation and training sessions, weekly supervised visitation sessions, injunction hearings, and the law enforcement “ride along” is mandatory. Absences, tardiness, and leaving early will result in the deduction of points from your grade.

Note: Course participants are required to undergo an extensive background screening, including a fingerprint check. This entails the timely completion and submission of a background screening packet to the Sunshine Visitation Program Director, Mr. Michael Jones, who will submit the packet to law enforcement. THE COST FOR THE BACKGROUND SCREENING IS $34.00, CHECKS ARE PAYABLE TO SUN COUNTY.

If, for any reason, your background check is returned suggesting a criminal offense, you will be unable to continue in this class and will not be refunded your class tuition. Therefore, if you believe, for any reason, that this may occur, please contact your instructor before the drop and add period ends.

TRAINING MATERIALS:


REQUIREMENTS:

1. Attendance at and participation in required orientation and training sessions.
2. Attendance at and participation in weekly supervised visitation sessions.
3. Attendance at one injunction hearing session. (90-minute sessions: call Pat Black at number listed below for dates, times, and location.)
4. Participation in “ride along” with Sunnyside Police Department or Sun County Sheriff’s Department on an evening or night shift.
5. Completion and timely submission of research paper.
6. Graduate students are expected to complete intakes and assist the adjunct with case assignments.
7. Graduate students will shadow the adjunct and assist with walk-throughs during visits, when not assigned a case.

Note: Research paper is to be between 4 and 6 pages in length. Students will integrate their work experiences at the Sunshine Visitation Program with researched material on supervised visitation.

GRADING:

Undergraduates | Graduates
--- | ---
1. Attendance at and participation in required orientation and training sessions. | Up to 10 points | Up to 10 points
2. Attendance at and participation in weekly supervised visitation sessions. | Up to 60 points | Up to 45 points
   (Up to 4 points for undergrads/ 3 points for grads per session) | | |
3. Attendance at injunction hearing session. | 10 points | 10 points
4. Participation in law enforcement “ride along.” | 10 points | 10 points
5. Completion and timely submission of research paper. | Up to 10 points | Up to 10 points
6. Assistance with Intakes, Case Assignments (Graduate Students) | Up to 10 points |
7. Assistance with Walk-throughs (graduate Students) | Up to 5 points |

Maximum: 100 points 100 points
GRADING SCALE:

A   =   93 – 100 points
A-  =   90 – 92 points
B+  =   87 – 89 points
B   =   83 – 86 points
B-  =   80 – 82 points
C+  =   77 – 79 points
C   =   73 – 76 points
C-  =   70 – 72 points
D   =   60 – 69 points
F   =   59 points and below

PHONE NUMBERS:

It is very important that the instructor have a current phone number for each student.

Sunshine Visitation Program Voice Mail: (406) 222-0002
Pat Black (injunction hearing information): (406) 222-7890
Sunshine Police Department (“ride along”): (406) 224-4200
Sun County Sheriff’s Department (“ride along”): (406) 224-3300

SCHEDULED SUPERVISED VISITATION SESSIONS:

Note: You are required to attend and participate in Supervised Visitation Sessions during midterm and final exam weeks and holidays. Attendance and participation is mandatory on all Tuesdays from 1/13 through 4/27/07, excluding 3/9. Absences, tardiness, and leaving early will result in the deduction of points from your grade.

SCHOOL OF SOCIAL WORK ELECTRONIC POLICY

It is the policy of the School of Social Work that technology applied to or used for a course and/or official School business cannot be used for any other purposes than those that directly relate to the curriculum and/or official School business. Technology includes but is not limited to electronic mail services (including electronic mailing lists), the Internet, software, and course web site shell programs. Furthermore, this policy applies to the use of all computer equipment owned by the School of Social Work.

Activities that are expressly prohibited under this policy include:

a. giving or selling e-mail addresses and/or other personal information regarding students, instructors, staff, or faculty to any outside person or organization;
b. using e-mail lists for students, instructors, staff, or faculty for commercial and/or solicitation purposes;
c. enabling anyone who is not registered for a particular course to access the system without permission and consent from the instructor for the course;
d. enabling anyone who is not authorized to use the University or School database to access the system without permission and consent from the supervisor;
e. utilizing the School’s electronic system for activities or purposes which do not pertain to course content and/or official school business, illegal activities, or for other activities not authorized by the School of Social Work; and,
f. installing (or allowing to be installed) “pirated”, i.e., copied unlawfully, software on any School computer or distributing software purchased with School (including grant) resources to persons for non-School related purposes.

Any person found in violation of this policy will be sanctioned by the School of Social Work according to the appropriate University policies.
ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

If any members of the class feel that they have a disability for which they wish to receive accommodation from the instructor, they are expected to advise the instructor of this request by the end of the first week of class. Students requesting accommodation must be registered with the FCU Student Disability Resource Center (SDRC) in most circumstances. Students must also provide written documentation of the disability and the desired accommodations to the instructor in order to develop the most effective and appropriate educational plans. The instructor will work with the SDRC and with students to provide reasonable accommodations to ensure that all have a fair opportunity to perform in class.

STANDARDS OF CONDUCT

Professional responsibility, ethical behavior, and integrity are central principles of the social work profession. Therefore, students are expected to conduct themselves in accordance with the standards of the School, the University, and the National Association of Social Workers. These standards are outlined in detail in the School of Social Work Bulletin, the FCU Bulletin, the FCU Student Handbook, and the NASW Code of Ethics; it is advisable for students to familiarize themselves with this information and to follow these guidelines accordingly.

The Academic Honor Code of FCU is based on the premise that each student has the responsibility (1) to uphold the highest standards of academic integrity in the student’s own work, (2) to refuse to tolerate violations of academic integrity in the University community, and (3) to foster a high sense of integrity and social responsibility on the part of the University community. Any student whose words or acts demonstrate a lack of respect for state and federal laws, Board of Regents’ rules or policies, the rights of others, or the health, safety, or welfare of members of the community shall be subject to disciplinary action by the University. Students who violate academic standards through plagiarism and other actions will be disciplined according to the procedures noted in the FCU Bulletin.
APPENDIX I

SAMPLE

THE SUNSHINE VISITATION PROGRAM
VISIT MONITOR’S CONFIDENTIALITY STATEMENT

I hereby certify that I will keep all information regarding persons who participate in The Sunshine Visitation 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 Observation 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 Visit Monitor Date

VISIT MONITOR CODE OF CONDUCT

The Sunshine Visitation Program visit monitor must maintain high standards of conduct in carrying out his or her duties and obligations. The visit 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 Observation Reports what occurs during visits;

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 Visitation 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 visit monitor hereby acknowledges that he/she does not have a right to serve as a volunteer at The Sunshine Visitation Program, but that he/she serves at the program director’s discretion.

_______________________________________             _____________
Signature of Visit Monitor Date
APPENDIX J

SAMPLE

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 Visitation 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.

Sections:  Relating to:
415.111  adult abuse, neglect, or exploitation of aged persons or disabled adults
741.30  domestic violence and injunction for protection
782.04  murder
782.07  manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
782.71  vehicular homicide
782.09  killing an unborn child byinjury to the mother
784.011  assault, if the victim of offense was a minor
784.021  aggravated assault
784.03  battery, if the victim of offense was a minor
784.045  aggravated battery
784.075  battery on a detention or commitment facility staff
787.01  kidnapping
787.02  false imprisonment
787.04(2)  taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
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
790.115(1)  exhibiting firearms or weapons within 1,000 feet of a school
790.115(2)(b)  possessing an electric weapon or device, destructive device, or other weapon on school property
794.011  sexual battery
794.041  prohibited acts of persons in familial or custodial authority
Chapter 796  prostitution
Section 798.02  lewd and lascivious behavior
Chapter 800  lewdness and indecent exposure
Section 806.01 arson
Chapter 812  felony theft and/or robbery and related crimes, if a felony
Sections 817.563 fraudulent sale of controlled substances, if the offense was a felony
825.102  abuse, aggravated abuse, or neglect of disabled adults or elderly persons
825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
825.103 exploitation of disabled adults or elderly persons if the offense was a felony
826.04 incest
827.03 child abuse, aggravated child abuse, or neglect of a child
827.04 contributing to the delinquency or dependency of a child
827.05 negligent treatment of children
827.071 sexual performance by a child
843.01 resisting arrest with violence
843.025 depriving an officer means of protection or communication
843.12 aiding in an escape
843.13 aiding in the escape of juvenile inmates in correctional institution
Chapter 847 obscene literature
Sections 874.05(1) encouraging or recruiting another to join a criminal gang
Chapter 893 drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was minor
Sections 944.35(3) inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
944.46 harboring, concealing, or aiding an escaped prisoner
944.47 introduction of contraband into a correctional facility
985.4045 sexual misconduct in juvenile justice programs
985.4046 contraband introduced into detention facilities

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
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
APPENDIX K

SAMPLE

THE SUNSHINE VISITATION PROGRAM
AFFIDAVIT OF DISCLOSURE

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
APPENDIX L

SAMPLE

THE SUNSHINE VISITATION PROGRAM
VISIT MONITOR TRAINING RECORD

Visit Monitor’s Name:  Marcus Student
Semester and Year of Class:  Spring 2007

<table>
<thead>
<tr>
<th>TRAINING TOPIC</th>
<th>DATE</th>
<th>NUMBER OF HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child development</td>
<td></td>
<td></td>
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<tr>
<td>Child neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse</td>
<td></td>
<td></td>
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<tr>
<td>Mental illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural diversity</td>
<td></td>
<td></td>
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<tr>
<td>Crisis intervention</td>
<td></td>
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<tr>
<td>Dynamics of divorce</td>
<td></td>
<td></td>
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<tr>
<td>Parental alienation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORIENTATION TRAINING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program policies and procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confidentiality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levels of supervision at the program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security and emergency procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recording observations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Person Conducting Training
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.”

Student’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 ____________

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 ____________
APPENDIX N

SAMPLE

RELEASE OF EMPLOYMENT INFORMATION

Date:  1/10/07

To:  Family Care Day Care Center

I am taking a class at The Florida College University in which I have direct contact with children and parents at The Sunshine Visitation Program. The law requires that the Program conduct background screenings of student/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 Visitation 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 Visitation Program given below, or you may also call Michael Jones at 406-222-0002.

Marcus Student  231-45-6789
Print name  Social Security Number

________________________________________  1/9/05-12/7/05
Signature  Dates of employment

Please return the attached, completed form to:
Mr. Michael Jones, Director
The Sunshine Visitation Program
200 Sunshine Street
Sunnyside, FL  24305

Fax number (406) 222-0003
APPENDIX O

SAMPLE

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: ________________________________
APPENDIX P

SAMPLE

THE SUNSHINE VISITATION PROGRAM
VISIT MONITOR EMPLOYER REFERENCE CHECK FORM

Visit 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:

________________________________________________________________________
The following is an agreement between Martin Student, Florida College University intern and The Sunshine Visitation Program.

The Intern will:

(1) report to work as scheduled. The intern is required to work 7 hours per week with the Visitation Program, to be completed on the weekends. Saturday hours include 8:30 p.m. – 12:00 noon. Sunday hours include 2:30 p.m. to 6:00 p.m.;

(2) notify the program coordinator 24 hours in advance and in writing (except in the case of emergency) of any absences/deviations from their assigned schedule. Any absences/deviations must be approved in advance. The Sunshine Visitation Program will only allow 2 deviations from the intern's assigned schedule during each semester;

(3) perform all duties as described to them in the Intern Job Description – both primary and secondary duties – as well as those duties defined by the Program Coordinator during the training phase of the internship;

(4) limit the scope of any conversation between themselves and the clients served so as to protect their own privacy as well as to remain focused on the purpose of their presence at the Visitation Program. The most innocent information you share with clients could potentially cause you harm; and

(5) dress appropriately and in accordance with the Sunshine Visitation Program's dress code.

The Sunshine Visitation Program will:

(1) provide the paid internship (subject to the Sunshine Visitation Program receiving grant monies) for no more than two semesters at a rate of $8.25 an hour for up to 100 hours per semester;

(2) provide guidance and direction as necessary throughout the internship;

(3) be flexible and understanding of the interns' school commitments but also set strong boundaries as to this flexibility;

(4) allow 2 deviations per semester from each intern's assigned schedule, providing makeup hours for those 2 deviations. Due to the fact that providing makeup hours becomes quite burdensome on the Sunshine Visitation Program's Director and Secretary, more than 2 deviations will mean a loss in hours without the ability to recoup those hours;

(5) send home any intern who is dressed inappropriately. Please refer to the Sunshine Visitation Program Dress Code.

Intern's Signature  Date

Program Director's Signature  Date