



Facilitator/Class Observation Site Visit

GCFV designated monitor:	Date:
Program:	Location:
Class time:	Class type:

Facilitator Information

Facilitator Name	Certified		Trainee		Completed GCFV 6 Hours?		Completed 36 Observation Hours?		Observer		Completed GCFV 6 Hours?	
	✓	×	✓	×	Yes	No	Yes	No	✓	×	Yes	No
1.												
2.												
3.												
4.												
At least one certified facilitator present?	Yes	No										
Was the facilitator(s) listed for this class on the portal?												

Class Structure

	Yes	No	Notes
Class duration a minimum of 90 minutes?			
Were administrative duties conducted during class time?			
Was class same gender?			
Were victims present?			
Approved facilitator to participate ratio?			
Maximum of 16 participants?			

Did participants arriving late or leaving early receive class credit?	<input type="checkbox"/>	<input type="checkbox"/>	
Were Principles of Practice visibly displayed in classroom or facility?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the facilitator enforce participant rules?	<input type="checkbox"/>	<input type="checkbox"/>	

Class Content			
Was observable curriculum used?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Curriculum used:			
Observable lesson plan for day:	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
Lesson plan:			
Did the facilitator:	Yes	No	Notes
Victim blame?	<input type="checkbox"/>	<input type="checkbox"/>	
Justify abuse?	<input type="checkbox"/>	<input type="checkbox"/>	
Collude?	<input type="checkbox"/>	<input type="checkbox"/>	
Minimize abuse?	<input type="checkbox"/>	<input type="checkbox"/>	
Cease to hold the participant accountable?	<input type="checkbox"/>	<input type="checkbox"/>	
Suggest DV is primarily the result of anger management?	<input type="checkbox"/>	<input type="checkbox"/>	
Suggest DV is primarily the result of substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	
Suggest DV is primarily the result of mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	
Suggest DV is primarily the result of trauma?	<input type="checkbox"/>	<input type="checkbox"/>	
Suggest couples counseling as a solution to DV?	<input type="checkbox"/>	<input type="checkbox"/>	
Involve the victim in any way? (via homework assignments or exercises, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Treat the class as counseling or therapy?	<input type="checkbox"/>	<input type="checkbox"/>	
Discriminate against the participate on basis of his or her race, class, age, religion, educational attainment, ethnicity, national origin, handicaps, sex, gender identity, sexual orientation, or economic condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Correct a facilitator trainee who engaged in any of the above behavior?	<input type="checkbox"/>	<input type="checkbox"/>	

Intake and Participant Notes			
	Yes	No	Notes
Did the facilitator assess for participant future use of violence?			
Did the facilitator require candidates to provide copies of police reports, protection orders, probation condition, and any other court orders?			
Did the facilitator assess participant candidate for accessibility requirements?			

Deficiencies Observed			
Deficiency	Rule #	Repeat Violation?	
		Yes	No
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Recommendations and Best Practices

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Summary of Discussions and Feedback

By signing, I certify that I have reviewed and understand the information presented in this document and will ensure that any required corrective actions will be implemented and enforced. I understand that additional findings may be added through a file review and documented in a Notice of Deficiency.

Facilitator Name (print)

Facilitator Signature

GCFV Monitor Name (print)

GCFV Monitor Name Signature

Date

Date



Program Site Visit	
GCFV designated monitor:	Date:
FVIP:	Location:
Program owner, operator, or designee:	

Record Access			
	Yes	No	Notes
Did the operator provide files for all participant files requested?			

Currently Enrolled Participant				
Participant Name:				
Date of Enrollment:				
	Yes	No	N/A	Notes
Does the file contain record of participant's attendance?				
Was the participant absent more than 3 classes without documented approval from referral source?				
Did the participant attend class more than once in a given week?				
If the participant was late three times, did he/she receive an absence?				
Does the participant file contain record of payment per class?				
Did the class fee exceed \$60 per class?				
Does the participant file contain record of an initial orientation or intake?				
Was the orientation/intake counted as a class?				
Was the participant charged more than \$150 for the orientation/intake?				
Does the participant file contain orientation materials that outline <ul style="list-style-type: none"> <input type="checkbox"/> all program rules and policies, <input type="checkbox"/> fee payment, <input type="checkbox"/> enrollment program standards, <input type="checkbox"/> discharge and completion requirements? 				

If the designated intake individual, did the operator assess for candidate/participant future use of violence?			
If the designated intake individual, did the operator require candidates to provide copies of police reports, protection orders, probation condition, and any other court orders?			
If the designated intake individual, did the operator assess participant candidate for accessibility requirements?			
Does the participant file contain a signed participant contract?			
Does the participant contract contain all GCFV requirements (including removal of weapons used to threaten victim?)			
Does participant file contain record of a victim contact request to VL within 5 calendar days of participant's enrollment?			
Did the operator enter the participant into the GCFV Portal?			
Did the operator enter the participant by the 10 th of the following month?			

Other			
	Yes	No	Notes
Did the operator prominently display a copy of the Principles of Practice?			
Does the operator have any overdue invoices?			
Were the class times, locations, and facilitators listed on the portal accurate?			

Deficiencies Observed

		Repeat Violation?	
Deficiency	Rule #	Yes	No
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10.			

Recommendations and Best Practices

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Summary of Discussions and Feedback

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Program Representative Name (print)

Program Representative Signature

GCFV Monitor Name (print)

GCFV Monitor Name Signature

Date

Date



Program Site Visit

GCFV designated monitor:	Date:
FVIP:	Location:
Program owner, operator, or designee:	

Record Access

	Yes	No	Notes
Did the operator provide files for all participant files requested?			

Completed Participant File

Participant Name:				
Date of Enrollment:				
Date of Completion:				
	Yes	No	N/A	Notes
Does the file contain record of participant's attendance?				
Was the participant absent more than 3 classes without documented permission from referral source?				
Did the participant attend class more than once in a given week?				
If completed, did the participant complete in under 24 weeks?				
If the participant was late three times, did he/she receive an absence?				
Does the participant file contain record of payment per class?				
Did the class fee exceed \$60 per class?				
Does the participant file contain record of an initial orientation or intake?				
Was the orientation/intake counted as a class?				
Was the participant charged more than \$150 for the orientation/intake?				
Does the participant file contain orientation materials that outline <input type="checkbox"/> all program rules and policies, <input type="checkbox"/> fee payment,				

<input type="checkbox"/> enrollment program standards, <input type="checkbox"/> discharge and completion requirements?				
Did the operator assess for candidate/participant future use of violence?				
Did the operator require candidates to provide copies of police reports, protection orders, probation condition, and any other court orders?				
Did the operator assess participant candidate for accessibility requirements?				
Does the participant file contain a signed participant contract?				
Does the participant contract contain all GCFV requirements (including removal of weapons used to threaten victim?)				
Does participant file contain record of a victim contact request to VL within 5 calendar days of participant's enrollment?				
Does participant file contain record of a victim contact request to VL within 4 calendar days of participant's completion?				
Does the participant file contain record of referral source notification within 4 calendar days of a participant's completion?				
Did the employer issue a participant graduation certificate?				
Did the operator enter the participant into the GCFV Portal?				
Did the operator enter the participant's completion date into the GCFV portal?				
Did the operator enter the participant by the 10 th of the following month?				

Other			
	Yes	No	Notes
Did the operator prominently display of copy of the Principles of Practice?			
Does the operator have any overdue invoices?			

Deficiencies Observed

		Repeat Violation?	
Deficiency	Rule #	Yes	No
1.			
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4.			
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Recommendations and Best Practices

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Summary of Discussions and Feedback

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Program Representative Name (print)

Program Representative Signature

Date

GCFV Monitor Name (print)

GCFV Monitor Name Signature

Date



Program Site Visit

GCFV designated monitor:	Date:
FVIP:	Location:
Program owner, operator, or designee:	

Record Access

	Yes	No	Notes
Did the operator provide files for all participant files requested?			

Terminated Participant File Review

Participant Name:				
Date of Enrollment:				
Date of Termination:				
Reason for Termination:				
	Yes	No	N/A	Notes
Does the file contain record of participant's attendance?				
Was the participant absent more than 3 classes without documented permission from referral source?				
If the participant missed more than three classes without referral source approval, was he/she terminated?				
Did the participant attend class more than once in a given week?				
If completed, did the participant complete in under 24 weeks?				
If the participant was late three times, did he/she receive an absence?				
Does the participant file contain record of payment per class?				
Did the class fee exceed \$60 per class?				
Does the participant file contain record of an initial orientation or intake?				
Was the orientation/intake counted as a class?				

Was the participant charged more than \$150 for the orientation/intake?			
Does the participant file contain orientation materials that outline <ul style="list-style-type: none"> <input type="checkbox"/> all program rules and policies, <input type="checkbox"/> fee payment, <input type="checkbox"/> enrollment program standards, <input type="checkbox"/> discharge and completion requirements? 			
If the designated intake individual, did the operator assess for candidate/participant future use of violence?			
If the designated intake individual, did the operator require candidates to provide copies of police reports, protection orders, probation condition, and any other court orders?			
If the designated intake individual, did the operator assess participant candidate for accessibility requirements?			
Does the participant file contain a signed participant contract?			
Does the participant contract contain all GCFV requirements (including removal of weapons used to threaten victim?)			
Does participant file contain record of a victim contact request to VL within 5 calendar days of participant's enrollment?			
Does participant file contain record of a victim contact request to VL within 2 calendar days of participant's termination?			
Does the participant file contain record of referral source notification within 2 calendar days of a participant's termination?			
Did the operator enter the participant into the GCFV Portal?			
Did the operator enter the participant's termination date into the GCFV portal?			
Did the operator enter the participant by the 10 th of the following month?			

Other			
	Yes	No	Notes
Did the operator prominently display of copy of the Principles of Practice?			
Does the operator have any overdue invoices?			

Deficiencies Observed

		Repeat Violation?	
Deficiency	Rule #	Yes	No
1.			
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Program Representative Name (print)

Program Representative Signature

GCFV Monitor Name (print)

GCFV Monitor Name Signature

Date

Date