

MANITOBA STANDARDS MANUAL
MEN ARE PART OF THE SOLUTION

April 2014

**Developed by the Family Violence Prevention Program and
Men Are Part of the Solution**

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Introduction: Men Are Part of the Solution Program

This section provides an overview of the Men Are Part of the Solution Program (MAPS). It contains information about the program, the development of standards, funding agreements and quality assurance activities.

Program Overview

Community-based men's programming is one of the interventions that aim at stopping family violence. The men's programs target men who choose to change. The programs challenge men to confront their unhealthy beliefs and behaviours and help them to learn and practice healthy alternatives. While men's programs are an option in a continuum of services, they are not a substitute for the involvement of the criminal justice system. Men who are violent against their partners have to take responsibility and be held accountable for their actions. Men's programs must not jeopardize the safety of the partners and children of the men who participate in the program/s.

Men Are Part of the Solution Program

In 1997, a Community Health Needs Assessment initiated by the Burntwood Regional Health Authority found that a majority of residents in Northern Manitoba believe their communities are unsafe and that family violence is a widespread problem. Due to factors such as remoteness, lack of access to services, and social isolation, many communities in Northern Manitoba are at risk of experiencing high rates of family violence.

In the late 1990s, a group of concerned citizens formed a partnership with service providers to develop practical solutions to address the domestic violence in Northern Manitoba communities. In 2000, the YWCA of Thompson initiated a series of public meetings where community members came together to discuss a strategy for dealing with domestic violence. A community committee of service providers, Aboriginal groups, citizen volunteers, correctional services and labour organizations was formed. The community committee concluded that the traditional residual approaches to dealing with domestic violence were not effective. A new approach was needed - one that embraced an overall preventive focus built on increased public awareness and community capacity building.

Members of the community committee formed MAPS for the purpose of empowering men toward healthy alternatives to abuse in their relationships. MAPS believes that, as the consequences of domestic violence affect entire communities, it is the community that is responsible for providing an environment where true healing can occur. This approach emphasizes that treatment must occur within a particular context where the community participates in the treatment, service is based on a holistic healing model, and the community will hold men accountable for their abusive behaviour.

Family Violence Prevention Program

In 1984, the Government of Manitoba assigned responsibility for the funding and coordination of services for abused women to the Department of Community (Family) Services. The Family Violence Prevention Program (FVPP) was created in 1985. FVPP promotes the elimination of intimate partner violence through the development and support of a continuum of community-based services. In November 2012, the FVPP mandate was expanded to include those who experience abuse by family members who are not intimate partners.

FVPP provides policy and program direction to services for women, their children and men affected by family violence, and is responsible for monitoring and reviewing the quality of these services and ensuring accountability in the use of public funds allocated to agencies delivering programs in this field.

In 1998, FVPP organized a working group consisting of community representatives who developed "Principles of Practices for Agencies and Programs Providing Services to Domestic Violence Offenders." These principles apply to all service providers that work with non-mandated men with abusive behaviours. The manual is based on these principles.

Program Purpose

The purpose of the MAPS program is to empower men toward healthy alternatives to abuse in their relationships.

Program Goals

MAPS:

- provides supportive services to men experiencing stress related to historical, situational, or developmental factors, to decrease the likelihood that the man will act in a self- or other-destructive manner;
- offers preventative services to men who may be at risk to incur stress related to historical, situational, or developmental factors, to decrease the likelihood that the man will act in a self- or other-destructive manner, and;
- helps to better understand their own abusive behaviour and the abusive behaviour of others;
- helps men to identify and integrate alternatives to violence or to identify strategies in which they can use to keep themselves physically and/or emotionally safe;
- helps men to understand and be aware of the impact of domestic violence on their children, their relationship and the community;
- provides men with the opportunity to volunteer so that other men may benefit from the peer support.

Program Description

MAPS provides therapeutic interventions including individual counselling and support groups to men who have behaved abusively towards an intimate partner. Individual and group counselling needs are determined through the intake and assessment process and on-going assessment.

The program services are based on the unique needs of men in the region, responsive to men's individual circumstances, and delivered in a manner that is respectful of the individual's right to privacy and confidentiality, cultural background, language, religious beliefs and sexual orientation. Program participants are entitled to be informed of their rights and to participate in decisions affecting those rights. Participation in all MAPS services is voluntary.

Services include:

- intake and assessment;
- referrals to other community agencies and services;
- individual and group counselling;
- workshops and presentations;
- networking with other service providers and community organizations;
- outreach activities to promote awareness of domestic violence and available services;
- providing resource information; and,
- providing practical supports.

Departmental Funding

The Department of Family Services (Department), through FVPP, allocates funds to MAPS for administration and counselling services.

Development of Standards

The development of standards was prompted by the belief, shared by the Department and MAPS, that standards are necessary to ensure the quality of services for men with abusive behaviours.

Service Purchase Agreements

The Department requires Service Purchase Agreements (SPAs) with community-based non-profit agencies receiving public monies.

The general purpose of these agreements is to clarify and formalize the relationship between external agencies and the Manitoba Government through defining the rights, responsibilities and expectations of each party.

Quality Assurance

FVPP uses the following accountability measures to ensure adherence with established expectations and standards:

- agency adherence reviews
- program consultations
- monitoring of adherence to SPAs

Agency Adherence Reviews

FVPP will conduct an agency adherence review (AAR) every second year, unless there are changes to the standards manual that require updating of agency policy and procedures. FVPP will endeavour to contact MAPS at least four weeks prior to a site visit for the purpose of an AAR. Once a date is set, FVPP will provide written confirmation to the agency. Note that FVPP will request a complete copy of the agency's policies and procedures prior to the review to facilitate the process.

The review may include but is not limited to one or more of the following:

- examining agency policies and procedures, financial statements, and other documents required by the standards;
- engaging in discussions with service personnel to determine their knowledge of the standards and agency policies;
- touring the service provider's premises; or
- where applicable, examining permits and other documents issued to service providers pursuant to any federal, provincial or municipal regulations or by-laws.

Effects of Non-Adherence

Where there is evidence of non-adherence to the standards, FVPP may undertake one or more of the following steps:

- negotiate terms and conditions with service providers to re-establish adherence to standards;

- request in writing that the service provider initiate negotiated remedial measures within a specified period of time;
- initiate a service review and / or funding audit and evaluation;
- negotiate revised reporting requirements as part of an existing SPA;
- suspend or terminate an existing SPA and enter into a time-limited agreement determined by FVPP; or
- suspend or terminate an existing SPA and decline to enter into a new one.

Program Consultations

FVPP will conduct an agency program consultation (APC) every second year, unless there is a significant change in leadership, requiring that a consultation be conducted more frequently. FVPP will endeavour to contact the agency at least four weeks prior to a site visit for the purpose of an APC. Once a date is set, FVPP will provide written confirmation to the agency. During this consultation, FVPP may interview members of the board, the director, counsellors and / or other staff persons. The areas of discussion include but are not limited to the following:

- agency board operations;
- community relationships;
- operational and strategic planning;
- client evaluations;
- human resource management;
- counselling services; and
- collaboration with collateral agencies.

Use of the Manual

This section provides information about the development of this manual, its content and structure, and distribution and maintenance procedures. Comments on the development of the manual include a statement of its purpose and objectives.

Manual Development

This manual outlines minimum requirements for all agencies, including MAPS, that are in receipt of public funds in the form of core grants allocated by the Department. It contains standards both MAPS and the Department believe are appropriate for governance, administration, facilities and services.

Purpose and Objectives

The public continues to demand high quality and accountability in the delivery of social services. The purpose of the standards for men's services is to ensure the delivery of quality services to clients while recognizing and respecting the autonomy of the community agencies.

The development of this manual addresses the demand for quality services through the following objectives:

- Program direction to assist MAPS in the management and operation of the agency.
- A comprehensive set of standards in one manual to use in staff orientation and training.
- A manual readily accessible to staff in MAPS, the Department and other organizations.
- A statement of minimum expectations for program planning and evaluation by MAPS and the Department and for communication with the public.
- A statement of provincial requirements to be used in quality assurance activities by MAPS and the Department.
- Clarification of authority, responsibility and accountability within and between MAPS and the Department.

Standards, Policies and Guidelines

The standards set out minimum requirements for the operation of MAPS. Applicable provincial policies and guidelines are stated, or referred to, in the text or in specific standards. The manual appendices include these policy statements and guidelines in their entirety.

Distribution and Maintenance

This manual is a public document. It may be distributed to other organizations requesting information on program standards and is available on the FVPP web site.

Manual holders are encouraged to identify concerns and make suggestions for improving or revising the manual by writing or contacting:

Director
Family Violence Prevention Program
Manitoba Family Services
4126 – 300 Carlton Street
Winnipeg MB R3B 2K6
Telephone: 204-945-1709
E-mail: fvpp@gov.mb.ca

Definitions

This section defines key terms used throughout the manual.

Accompaniment and Practical Support

involves accompanying and providing practical support for men who are attempting or planning to access other resources.

Agency

refers to an agency receiving core funds from the Department, and, in this document, is used interchangeably with the term Service Provider.

Board

is the community volunteers duly elected as the governing body of the agency and, in this document, is used interchangeably with the term Organization.

Child Witness

is a child who lives with a man/woman who has been abused by an intimate partner or other family member.

Client

is any person who has been admitted in any service offered by an agency.

Department

is the Department of Family Services.

Family Violence

is actual or threatened physical or sexual violence, and / or psychological, emotional, and financial abuse directed toward a family member. It includes intimate partner abuse, as well as abuse that is directed to others in a family relationship, such as so-called honour-based violence.

“Honour”-Based Violence

is where a person is being punished by their family or community for actually or allegedly undermining what they believe to be the correct code of behaviour. By not conforming, it may be perceived that the person may have brought shame or dishonour to the family. This type of violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and / or collusion from the family and / or community.

Intimate Partner Abuse

is actual or threatened physical or sexual violence, and / or psychological, emotional, and financial abuse directed toward a spouse, ex-spouse, current or former common-law, or current or former dating partner. Intimate partners may be of the opposite or same sex. Some of the common terms used to describe intimate partner abuse are domestic abuse, spouse abuse, domestic violence and battering.

Man with Abusive Behaviour

is any man who has abused his partner or family member physically, psychologically, emotionally or sexually.

Policy

is a general plan of action adopted by the Department or an agency in relation to operations or service goals; a formalized statement describing the guiding principle or philosophy adopted by a service provider in relation to a specific Standard.

Principle

is a comprehensive and fundamental law, doctrine, value or assumption; a rule or code of conduct or service.

Procedure

is a mode of performing a task or way of carrying out an activity; in the context of “policy and procedures”, the method and manner by which the policy will be implemented; preferred or required practices.

Standard

is a minimum level of performance expressed in precise measurable terms; a mandatory requirement used as a basis for review or audit; a concise statement of expectations requiring adherence to clearly defined practices or procedures, and resulting in measurable outputs or outcomes.

Trans (or transgendered or transidentified)

includes transsexuals and other variations and combinations of gender identity and expression. Trans is an umbrella term that embraces people who cross socially constructed gender boundaries with a gender identity, presentation or behaviour not

typically associated with their perceived, actual or biological sex. People who describe themselves as trans may not feel, look, dress or behave in a way expected of women (or men) in their culture. Please note: It may be sexual harassment to ask questions about intimate physical details (e.g., Have you had surgery?). (Definition adapted from: Trans Inclusion Policy for Women's Organizations, Darke and Cope for the Women / Trans Dialogue Planning Committee and the Trans Alliance Society, Winter 2002).

Part 1: Governance and Administration

Part 1 of the manual articulates standards related to governance and administration. Many provisions in this section of the manual are reflective of the reporting requirements for all agencies receiving public monies through the Department. Established in 2006, the Financial Reporting Requirements (FRR) replace the Agency Reporting Requirements and summarize the information agencies are requested to provide and the time lines for reporting.

The FRR can be found on the Department's web site at <http://www.gov.mb.ca/fs/about/frr.html>.

1.1 Incorporation and By-Laws

This section contains standards related to MAPS incorporation and by-laws. Manitoba policies require that agencies receiving funding from the province have legal status as non-profit entities under *The Corporations Act*.

The FRR is referenced as applicable.

1.1.1 Service Provider Identifying Information

MAPS maintains service provider identifying information as outlined in the FRR.

1.1.2 Notification of Changes

The board notifies the FVPP in writing within 14 working days of any changes in organizational structure, board membership or senior staff positions.

1.1.3 Agency Incorporation

MAPS is incorporated as a non-profit organization under *The Corporations Act*. MAPS provides the Agency Accountability Support Unit with a copy of the original "Articles of Incorporation" and the corporation by-laws upon request.

1.1.4 Registration Renewals

MAPS renews its registration annually and within the prescribed time with the Companies Office, Manitoba Jobs and the Economy.

1.1.5 Agency By-Laws

Agency by-laws comply with *The Corporations Act* and regulations and are consistent with provincial legislation and policies relevant to an agency's operations and services.

Copies of consolidated by-laws are forwarded to AASU upon request and amendments must be submitted as part of each year's Service Provider Identifying Information. Any changes should indicate the date of approval by the membership.

1.1.6 Annual Reports

The board submits a copy of the Annual Report within six months of fiscal year end. If no formal report is prepared, the minutes of the annual general meeting should be submitted along with the following information: (i) comments relating to the year's activities, (ii) a report on the achievement of program and service results, (iii) use of volunteers (see the FRR for detailed information requirements).

1.2 MAPS's Board

This section contains standards related to the organization and function of boards of directors, and to conflict of interest.

The board of directors is independently incorporated as the legal entity with authority to govern the agency. The board is ultimately responsible for the operations and management of the agency. The by-laws provide a framework within which the board meets its management obligations to develop internal policies in matters such as finances and budgeting, fund raising, personnel management, program development and public relations. *The board involves the MAPS director and staff in the planning and development of services and programs for men with abusive behaviours.*

The manual entitled *The Roles, Responsibilities and Functions of a Board*, developed by the Department of Family Services, is an excellent resource and reference guide.

1.2.1 Board Membership and Composition

The by-laws of the organization define the requirements for the election of board members, board size and composition, committees of the board, and the roles and

responsibilities of members and officers in governing the agency. The organization will have an open call for board members, minimally once per year.

1.2.2 Board Orientation and Training

The organization has written policies and procedures to orient and train board members. Orientation and training are carried out at least annually and usually during the month following the summer recess.

1.2.3 Accountability and Delegation

The board is accountable for the overall management of the agency and develops written service and personnel policies.

The board delegates authority for specific matters related to the daily operation of the program and the implementation of policies to the director, consistent with the director's position description.

The agency director attends board meetings in an advisory capacity and as a non-voting member.

1.2.4 Conflict of Interest

The board and staff adhere to the Conflict of Interest Requirements in the SPA (Appendix 3 in the SPA).

It is the responsibility of the board to ensure that the conflict of interest policy is communicated to all board members and to employees of the agency, and to establish procedures for ensuring compliance with the policies and guidelines.

1.3 Organizational Development

This section contains information and standards related to strategic and operational planning within the context of service goals and objectives.

This section also includes standards related to personnel policies -management agreements. The provisions of an active labour-management agreement in the agency supersedes the minimum requirements set out in these standards.

Strategic Planning

Strategic Planning is an important management practice that results in a written plan setting out the long-term direction for the agency. Planning occurs through a

collaborative effort, led by the board of directors and actively involving the agency director and staff. A strategic plan may look ahead three to five-years.

A strategic planning process usually includes:

- an environmental scan identifying key internal and external issues, needs, opportunities, or problems facing the agency;
- a review of the agency's vision and mission statements; and
- the identification and prioritization of goals and key strategies.

Operational Planning

Operational planning enables the board and staff of the agency to convert the strategic plan into a shorter term plan that focuses on the day-to-day operation of the agency. An operational plan usually looks ahead one year.

In order to meet the reporting requirements of the Department, reference to the schedules of the SPA is essential to the process. Each schedule or cost centre describes the required service activities and expected outcomes of those activities. From this framework, the agency can plan its service activities, define any resource needs and / or adjustments and then attach a cost.

An operational plan usually includes:

- a ranked list of program and operational objectives for the fiscal period;
- a description of desired outcomes for each objective, their measurement criteria, and performance indicators to form the basis for consistent reporting systems;
- a list of all activities and tasks necessary to achieve operational objectives and produce the desired outcomes;
- the identification of the resources assigned to the activities and tasks, and the individuals who are responsible and accountable for the successful completion of the activities and tasks;
- a costing of associated staff and other resources needed to accomplish each activity or task (a detailed budget);
- the time frames or completion dates for developmental tasks or projects; and

- to facilitate reporting, operational plans may include a column that reports on the progress on each objective and is updated throughout the year.

1.3.1 Mission Statement

The organization has a written mission statement that identifies the client group to be served and articulates the overall purpose of the agency.

1.3.2 Goals and Objectives

The organization has written statements of service goals and objectives. These goals and objectives are stated in measurable terms and identify the programs and services to be provided, and are consistent with the organization's SPA with the Department.

1.3.3 Operational Planning

The board, in collaboration with agency staff, formally conducts an annual planning process for the coming fiscal year, and develops written strategies based on identified program and financial needs and priorities.

The operational plan is submitted with the service provider identifying information.

1.3.4 Organizational Structure

The board maintains a current organizational chart showing the structure of the organization and setting out the relationships between the board, committees of the board, the director, program staff and volunteers.

1.3.5 Staff Recruitment and Hiring

The organization has written policies defining the recruitment and screening procedures for all potential employees and volunteers. Screening includes a criminal record check (including Vulnerable Sector Verification), a child abuse registry check, and an adult abuse registry check. In addition, the organization has a policy defining the number of years after which every employee's criminal record and child abuse registry check should be updated.

1.3.6 Human Resource Management

The organization has written personnel policies that outline expectations of personnel, including a code of conduct, working conditions, staff training, labour-management relations where applicable, benefits and entitlements, grievance procedures, and disciplinary procedures.

These policies are readily accessible to all employees and are part of the orientation of new employees at the point of hiring.

1.3.7 Labour-Management Agreements

If a formal labour contract or collective agreement is in place, a copy is provided to FVPP upon ratification or request.

1.3.8 Position Descriptions

The organization develops and keeps current written position descriptions defining the duties and responsibilities of each employee. A copy is provided to FVPP upon request.

1.3.9 Fair Employment Practices

The organization complies with applicable federal and provincial laws and regulations governing fair employment practices and contractual relationships with staff.

1.4 Financial Management

The standards in this section reflect financial controls and procedures for agencies receiving core funding from the Department.

Service Purchase Agreements

It is the policy of the Manitoba government to fund external agencies on the basis of a negotiated SPA. An SPA is a written contract requiring each party to perform certain obligations or deliver specific services. These Agreements clarify and formalize the relationship between the agency and the government.

The Budget Process

The financial viability of the agency depends on the budgeting process to establish direct correlation between service planning and delivery, and committed financial resources. The control of agency finances is maintained through collaborative efforts of the board of directors and management staff, with the board having ultimate responsibility.

The budget process is an opportunity to ensure that the services that the board has agreed are essential and are provided within the funds available. The outcome of the budget process is compatible with the terms outlined in the SPA signed by the agency and the Department.

The budget process is an opportunity to accomplish the following:

- compile a list of programs and activities;
- determine the costs associated with each program and activity;
- determine the revenues that are, or can be, realistically expected;
- compare costs and revenues;
- set priorities based on client and administrative needs and costs, and the availability of funds; and
- balance, monitor and adjust the budget, so that a financial deficit is not incurred.

Budget Documents

Budget documents provide a written record of the budget process and include the following components (see the FRR for details):

- a balanced Annual Operating Budget presenting the budget for the current year, the proposed budget, the variance between these two budget years as well as an explanation of significant variances;
- a budgeted staffing report reconciled to the budget; and
- a board signature.

The board ensures that planning flows from the agency's mission statement and that budget documents reflect the overall goals and purpose of the organization.

1.4.1 Service Purchase Agreement

The board of directors and the Department have a current and duly signed SPA.

1.4.2 Financial Controls and Reporting

The agency maintains financial statements and records in accordance with the [FRR](#).

The agency employs acceptable accounting practices, and maintains financial statements and records in accordance with relevant legislation (e.g., Revenue Canada).

1.4.3 Statistical Reports - Units of Service

Statistical reports are compiled on the prescribed form and enumerate units of service in each program area funded by FVPP.

The agency submits monthly statistical reports to FVPP by the 30th day of the month following the period being reported.

1.5 Administrative and Client Records Management

This section contains standards concerning the management of both administrative and client service records.

1.5.1 Record Storage and Access

The agency develops, implements and updates as needed a policy and procedures intended to ensure that records, including those of persons interviewed but not admitted to the program, are protected from loss and unauthorized removal or access. This standard applies to both paper and electronic records.

1.5.2 Record Retention and Destruction

The organization has a written policy governing record retention and written procedures for record destruction - for both paper and electronic records - that safeguards against any breach of client confidentiality.

This policy complies with applicable federal and provincial laws and regulations governing the management of both administrative and client records, including the *Freedom of Information and the Protection of Privacy Act* (FIPPA) and the *Personal Health Information Act* (PHIA).

As per section 8.04 of the SPA, records are to be preserved and available for seven years following the end of the fiscal year to which the record pertains.

1.5.3 Client Record Contents

The agency maintains one record for each client admitted for counselling services. The record includes:

- the completed intake and assessment form;
- case notes outlining the client's expressed needs, services provided by MAPS and by other resources;
- documentation of requests for other agency involvement, including written consent forms;
- documentation of outcomes of service; and
- departure interview.

Where a service record does not contain a completed departure interview form, the designated worker notes the circumstances of the client at departure.

1.5.4 Client Record Maintenance

The organization has a policy that appropriate agency staff keep the record current for each client from the point of intake to termination of services. All case notes are initialled and dated by the author, and, in accordance with standard 2.1.3, are shared with MAPS personnel on a need to know basis only.

1.5.5 Confidentiality of Client Records

The agency has written policies and procedures stating that client records, including paper and electronic records, are:

- stored in a secure manner;
- strictly confidential;
- the property of the agency; and
- only disclosed to other parties with the informed and written consent of the client who is the subject of the record or in accordance with the law.

More detailed information is included in Appendix 2 of the SPA.

1.5.6 Client Access to Records

The organization has written policies and procedures ensuring that clients have clearly defined right of access to their record, except where precluded by law, and the right to request corrections to personal information, and are informed of these rights.

More detailed information is included in Appendix 2 of the SPA.

1.6 Physical Facilities

The organization operates and maintains the physical facility in accordance with minimum health and safety standards as set out by other departments or levels of government.

1.6.1 Adherence to Legislation and Regulations

The agency ensures that its premises and equipment conform to all applicable health, safety, building and fire codes, by-laws, regulations and legislation (see Appendix A).

1.6.2 Local Codes and By-Laws

The agency acquires copies of city or municipal codes or by-laws that apply only to their locale.

1.6.3 Annual Fire Inspection

The organization requests and undergoes a fire safety inspection annually. The organization is required to:

- provide FVPP with the date of inspection, and
- forward the final report to FVPP within three days of its receipt.

The organization will implement basic fire prevention principles, such as keeping walkways free of obstacles and keeping miscellaneous items away from boilers and vents.

Part 2: MAPS Program Services

Introduction

Part 2 of the manual articulates standards related to men's services. Major sections in Part 2 include Protection of Rights, Client Safety and Health, Admission Criteria and Process, Services and Resources, and Service Monitoring and Evaluation.

The agency is encouraged to refer to the current SPA for additional information on service activities and expected outcomes.

Service Principles

Community-based programs in Manitoba, which are provincially-funded and offer services to non-mandated men who are abusive toward their partners, are based on a number of principles.

General Principles

- Individuals have a right to be informed of alternatives and to make self-determined choices within the context of their own life situation.
- Individuals have a right to receive services that are sensitive to and respect their cultural and linguistic heritage, religious beliefs and sexual orientation.
- Services are provided in a manner that respects client confidentiality and the right to privacy.

- Clients are entitled to be informed of their rights and to participate in decisions affecting those rights.

Principles Specific to Men's Programs

- The safety of the partners, children, and family members of the program participants is the highest priority throughout all aspects of the program design and delivery.
- The men's programs accept only men who are positively motivated toward change and who admit to and accept responsibility for their abusive or violent acts.
- Agencies ensure that men do not use their participation in the program as a means of avoiding criminal justice sanctions.
- Agencies do not advocate for men in legal proceedings.
- Agencies consult and share information with other agencies, women's advocates, and the survivors of family violence. Mutual referral and case consultation ensure program accountability and the safety of men's partners, children, and family members.
- Wherever possible and feasible, agencies inform the partners / former partners of their partner's / former partner's attendance in the program, including notification of enrollment, completion and discontinuance. Agencies are cautious in communicating expectations for change in men's behaviour so as not to bias the abused individual's self-protective decision-making.
- The program counsellor informs the partners of program participants, if s/he considers them to be in imminent danger or at risk for being assaulted or abused. In these situations, the program counsellor may report to the police.
- If a program participant offends while in the program, his continuation in the program is reassessed. The reassessment involves consultation with the abused family member, the justice system, and any other collateral agencies involved.
- Couples counselling is discouraged as an initial intervention, but may be appropriate at a later stage and under specific circumstances.
- Agencies use assessment techniques and have a policy of excluding men who clearly cannot benefit from the program. Agencies may refuse the participation of men who actively use addictive substances.

- Usually, a two person, male/female team, leads the men's groups.
- The agencies use persons of specific cultures to lead culturally-specific programs that incorporate culturally-based material into standard treatment.
- Usually, agencies use a combination of cognitive behavioural and re-socialization approaches. Changing sexist attitudes without skill development will likely be inadequate. Use of anger management strategies without emphasizing power and control issues and the need for more equality in relationships may increase the risk of more sophisticated abusive behaviour. Programming is enhanced when it is complemented with a range of other services and interventions.
- Men's programs employ ongoing evaluation components to monitor the program effectiveness and ensure feedback.

Program Goals

Program goals include:

- providing supportive and preventative services to men experiencing stress, or at risk of experiencing stress, related to historical, situational, or developmental factors, to decrease the likelihood that the man will act in a self- or other-destructive manner;
- helping men to better understand their own abusive behaviour and the abusive behaviour of others;
- helping men to identify and integrate alternatives to violence or to identify strategies in which they can use to keep themselves physically and/or emotionally safe;
- helping men to understand and be aware of the impact of domestic violence on their children, their relationship and the community; and
- providing men with the opportunity to volunteer at the agency so that other men may benefit from the mutual support amongst men.

2.1 Protection of Rights

This section contains standards related to the rights of MAPS clients.

2.1.1 Human Rights

The agency has a written policy stating that MAPS services are extended to all men regardless of age, race, faith, socio-economic status, physical or mental capabilities or sexual orientation. This policy also applies to transgendered clients.

2.1.2 Right to Service

The agency has a written policy stating that MAPS services are accessible on a voluntary basis.

2.1.3 Right to Privacy

The agency has a written policy statement defining the client's right to privacy. This policy should include but is not limited to the following measures:

- depending on the expressed preference of the client, private space or offices are available for interviewing or counselling at intake and throughout the duration of the woman's stay;
- information concerning clients is shared among MAPS personnel on a need-to-know basis only (see also standard 1.5.5 on client confidentiality and standard 2.2.1 on client safety); and
- clients are protected from invasion of their privacy except where there is reasonable cause to believe that the safety of the client, his individual family members, or third parties is jeopardized due to such possible threats as the presence of fire hazards, substance abuse, concealed weapons, or other life threatening concerns.

More detailed information is included in Appendix 2 of the SPA.

2.1.4 Consent to Release Information

The agency has a written policy stating that information recorded or known about a client will not be shared with outside agencies without the written consent of the client except when required to do so by legislation, Court order, or a medical crisis. Written consent of the client should be time limited and indicate with whom the information may be shared.

2.1.5 Right to Appeal - Client Complaints

The organization has written procedures that guarantee clients the right to register a complaint regarding any aspect of services received in the agency and the right to have the complaint heard in an impartial forum.

The Right to Appeal procedures clearly outline the steps to be taken and include the right of appeal to the board of directors.

2.1.6 Right to Services with Cultural Sensitivity

The organization ensures that men can receive services that are sensitive to, and respect, their cultural and linguistic heritage, religious beliefs and sexual orientation. The agency will make efforts to reflect community diversity in its staff and board complement.

2.2 Client Safety and Health

This section contains standards related to client safety and child protection. For easy reference, the [Manitoba Guidelines on Identifying and Reporting a Child in Need of Protection](#), as well as a map indicating the division of the province by [Designated Intake and Emergency After-Hours Agencies](#) can be found on the Department web site. (http://www.pacca.mb.ca/pdf/revised_guidelines_on_identifying_and_reporting.pdf , http://www.gov.mb.ca/fs/childfam/dia_intake.html).

2.2.1 Confidentiality of Clients

The agency has a written policy intended to protect client confidentiality upon admission.

The policy includes the following components:

- as a general rule, agency staff do not confirm admission or disclose the whereabouts of a client admitted to the agency for service;
- addresses with the clients the exceptions to this general rule when required to disclose due to legislation, judicial order or medical crisis;
 - the agency may inform the abused by the client partner or family members of the client's attendance in the program, including notification of enrollment, completion and discontinuance;
 - the agency may inform the police and/or the abused by the client partner or family members, if the agency considers them to be in imminent danger of being assaulted or abused by the client.
- clarifies that the purpose of the policy is to protect the client and his family, and does not limit contact to other support services;

- articulates the procedure for cooperating with police inquiries, including verification of the police officer's identity before further discussion with the inquiring officer;
- follows a process of signed "release of information" when consulting with another service that the man may be or had been involved with.

More detailed information is included in Appendix 2 of the SPA.

2.2.2 Special Precautions

The agency has written policies and special precautions to be used when MAPS staff or clients have received threats or there is concern for their safety. These procedures should include the identification of responsibilities of staff and a designated place of safety in the event of a need for evacuation.

2.2.3 Children in Need of Protection

The agency has a written policy and procedures requiring staff to report suspected cases of children in need of protection to a child and family service (CFS) agency, notwithstanding that the information on which the belief is founded is confidential.

Except in rare circumstances, which are left to the discretion of management, it is the practice of the agency to discuss with the client the exact nature of the concerns prior to contacting a CFS agency. Where deemed appropriate and provided there is no breach of the law, the client is given the opportunity to report the information to CFS on their own volition. The client must request CFS confirm the report with agency staff, who will determine whether a case management meeting with CFS is required.

Agency staff record the date and time of the identification or disclosure of suspected abuse or neglect, and the date and time of the report to CFS on the client's service file. The agency staff responsible for the report affixes her signature to the recording on the client's service file.

2.2.4 Critical Incidents

If there is a critical incident, the service provider will inform FVPP and the Chair or designated board member within 24 hours. If a life-threatening incident should occur, the Chair and FVPP should be contacted within three hours.

Within seven working days of the incident, a written Critical Incident Report ([Appendix C](#)), signed by a designated service provider, must be submitted to FVPP.

2.2.5 Communicable Disease Policy

The agency has a written policy outlining hygienic procedures to be followed to prevent the spread of communicable diseases and parasites in the facility. Communicable diseases are transmitted from one person to another and include those contracted through the exposure to blood and / or body fluids of an infected person (e.g., HIV, Hepatitis B), and those contracted through exposure to airborne droplets (e.g., Tuberculosis, Meningococcal disease).

The use of universal precautions in all such cases is required, though specific measures will vary depending on the disease. Universal precautions (also known as routine practices) have been developed by the World Health Organization and interpreted and applied by Manitoba Health ([Appendix B](#)).

2.2.6 Technology and Safety

The organization has a written policy that governs the use of technology for the purpose of ensuring the safety and privacy of clients and staff.

Staff has training on technology and interpersonal safety. Clients are informed about online safety risks such as computer monitoring and spyware.

2.2.7 Health and Safety of Clients with Allergies

The agency has a written policy to protect clients who have allergies to food, scent, etc. This policy may include the identification of clients with allergies upon admission and a procedure to ensure their health and safety while on the agency's premises. Procedures may include creating individual health and safety plans that include both preventative measures to help avoid accidental exposure to allergens and emergency measures in case of exposure.

2.3 Admission Criteria and Process

2.3.1 Admission Criteria

The agency has written admission criteria that reflect the organization's mandate.

2.3.2 Exception Policy: Counselling Services

The agency has a written policy stating the circumstances under which a man is excepted from receiving counselling services. In these cases, the agency ensures that men not accepted for counselling services are referred to other resources and assisted to access those resources as needed.

The policy includes the rationale for the exception.

2.4 Services and Resources

This section begins with a list of key service components of the MAPS program, funded by the Department. Standards are related to requirements in specific service areas.

Core Services and Resources

- intake and assessment;
- referrals to other community agencies and services;
- individual and group counselling;
- workshops and presentations;
- networking with other service providers and community organizations;
- outreach activities to promote awareness of domestic violence and available services;
- providing resource information; and,
- providing practical supports.

2.4.1 Intake and Assessment

The agency establishes, in written policy, an intake and assessment process that includes the use of a structured intake form.

MAPS staff follow and complete the intake and assessment process for men requesting the agency's services.

2.4.2 Orientation to MAPS Services

The agency has written policies that agency staff provide the man with an orientation to services available through MAPS at intake or through the drop-in-counselling program, if available.

2.4.3 Client-Centred Planning

The agency has a policy that staff and the man develop a client-centred plan. This plan should clearly identify the man's expectations of counselling services, his goals, ways to meet those goals during his participation in the services, and ways to measure achievement of goals.

2.4.4 Men's Counselling

The agency has a written policy which states that MAPS staff provide individual counselling to men requesting this service.

All counselling services are provided on a voluntary, private and confidential basis.

2.4.5 Community Outreach Services

The agency has a written policy stating that resource centre staff offer community outreach services to men in the community.

2.4.6 Peer Assistance Program

The agency has a written policy stating that the agency will deliver the peer assistance program which will include training and ongoing monitoring of men who will provide peer support to other men living in the community, or who are receiving services at the agency.

2.4.7 Information and Referral

The agency has a written policy that it offers information and referral services for men in their community.

2.5 Service Monitoring and Evaluation

This section includes standards for client evaluation of service and overall service monitoring and evaluation.

2.5.1 Client Evaluation of Service

The organization has a written policy and procedure to obtain a written evaluation from each client at departure, and to review these evaluations on a regular basis.

2.5.2 Monitoring of Client Files

The agency has a written policy and procedures in place to internally audit client records at least annually to determine whether services provided are compatible with the goals and objectives of the program and the needs of clients.

APPENDIX A: LIST OF LEGISLATION, REGULATIONS, CODES AND BY-LAWS FOR PHYSICAL FACILITIES

LIST OF LEGISLATION, REGULATIONS, CODES AND BY-LAWS FOR PHYSICAL FACILITIES

The Buildings and Mobile Homes Act

The Manitoba Building Code

The Fire Prevention Act

City of Winnipeg By-Laws

Sanitation Regulations:

Reg. 325/88-P210

Reg. 328/88-P210

Dwellings and Buildings Regulation:

Reg. 322/88-P210

City of Winnipeg Maintenance and Occupancy By-Law No. 763/74

City of Winnipeg Untidy and Unsightly Premises By-Law No. 762/74

City of Winnipeg Food Services By-Law No. 2920/81

Province Wide Legislation and Regulations

Sanitation Regulations:

Reg. 325/88-P210

Reg. 328/88-P210

Dwellings and Buildings Regulation

Reg. 322/88-P210

The Environment Act

Manitoba Regulation (Food and Food Handling)

Reg. 339/88-P210

Workplace Safety and Health Act

APPENDIX B: COMMUNICABLE DISEASE CONTROL

COMMUNICABLE DISEASE CONTROL

The following are universal precautions or routine practices. The basic principle behind routine practices is that all individuals are potential carriers of any number of infectious agents. Note that these practices do not eliminate the need for other category or disease specific practices.

Hand Washing

Careful hand washing is indicated after every physical contact with another individual or any object potentially contaminated. Hand washing is also recommended after each change of gloves.

It is further advisable to wash hands:

- at the beginning and end of the work period;
- before and after eating;
- before and after rest periods;
- after handling dishes and utensils;
- after handling other individuals' articles, dirty linens, and garbage; and
- before and after using the washroom

It is further recommended that employees keep their nails trimmed and avoid nail biting.

Gloves and Protective Wear

It is recommended that protective gloves be worn when there is physical contact with another (potentially contaminated) individual. Hands must be washed immediately after the gloves are removed.

To prevent possible cross-infection, gloves should be removed following any personal contact.

Staff having open skin are strongly advised to wear protective gloves. Staff with allergies to latex are encouraged to use substitution gloves.

Disposable gloves shall be removed properly after each use because failure to do so can result in contamination of the skin which renders precaution useless.

Masks and gowns shall be worn when any body substances are likely to splash the skin, mucous membrane or clothing.

Soiled reusable items, linen and garbage shall be contained securely enough to prevent leakage. Double bagging is recommended but not necessary unless the outside of the bag is visibly soiled or known to be contaminated.

Ventilation Devices

Micro-shields are recommended if a staff person is required to perform mouth-to-mouth resuscitation.

APPENDIX C: CRITICAL INCIDENT REPORTING PROCEDURES AND FORM

CRITICAL INCIDENT REPORTING PROCEDURES FOR SERVICE PROVIDERS

INTRODUCTION

Agencies delivering services that are funded by the Family Violence Prevention Program (FVPP) are responsible for providing services which promote the health, safety and welfare of the clients being served. This responsibility requires service providers to demonstrate that their service delivery is consistent with relevant legislation, regulations, standards and policy.

Along with other reporting requirements between agencies and FVPP, Critical Incident reporting provides both parties with an effective means of monitoring the appropriateness and quality of their service delivery. It also allows for the ongoing review of service provider practices, procedures, and training needs.

As such, FVPP requires that agencies, funded to provide services to abused women and their families, report all critical incidents within 24 hours. In addition, service providers are required to submit a Critical Incident Report. The following procedures include descriptions of roles and responsibilities, reporting templates, and the steps required to promote a consistent approach to Critical Incident reporting and related follow-up actions.

DEFINITION

Critical incidents to be reported by the service provider to FVPP are defined as follows:

- Any death of a client which occurs while participating in a service¹.
- Any serious injury to a client which occurs while participating in a service, including:
 - any injury caused by the service provider;
 - a serious accidental injury received while in attendance at a service provider setting, and / or in receiving service from the service provider; or
 - an injury to a client which is non-accidental, including self-inflicted, or unexplained, and which requires treatment by a medical practitioner, including a nurse or dentist.
- Any alleged abuse² or mistreatment of a client, which occurs while participating in a service. This includes all allegations of abuse or mistreatment of clients against staff or volunteers.
- Any situation where a client is missing and the service provider considers the matter to be serious.

¹ In the event of death, a medical examiner must also be notified.

² Abuse includes physical harm, sexual molestation or exploitation, not providing medical treatment when required, and psychological, verbal, emotional, financial abuse or mistreatment.

- Any disaster, such as a fire, on the premises where a service is provided.
- Any complaint made by, or about, a client, or any other Critical Incident concerning a client that is considered by the service provider to be of a serious nature.
- Any event that caused a substantial damage of equipment or facilities.

Note: Within the parameters of the preceding definitions, the service provider is responsible for determining whether an incident is a Critical Incident as defined by these procedures and whether, therefore, it should be reported to FVPP. As a general rule, when in doubt whether an event is a Critical Incident or not, WRCs are advised to discuss it with their External Agency Coordinator.

REQUIREMENTS

Instruction of Staff

Service providers are expected to develop internal policies for instructing staff regarding critical incidents. At a minimum, these policies must address:

- the identification of critical incidents;
- the immediate response procedures to a critical incident; and
- the expected steps in reporting a critical incident.

Critical Incident Response – Immediate Actions by Service Provider

Actions to be taken, if a critical incident has occurred or is suspected, include the following:

- The client will be provided with immediate medical attention when warranted.
- Appropriate steps will be taken to address any continuing risks to the client's health or safety. (The need for the same or similar steps to address the health and safety of other clients should also be considered, as appropriate.)
- Ensure that the local medical examiner is notified immediately in all cases involving death, regardless of location (e.g. hospital) or circumstances (e.g. "Do Not Resuscitate" order was in effect, or death not considered questionable).
- The staff or any other person witnessing, or having knowledge of the occurrence, will report the matter to the person designated by the service provider to conduct Critical Incident inquiries.
- The designated person will immediately begin a Critical Incident inquiry in accordance with the following steps. The purpose of the inquiry is to gather information regarding the actual or alleged occurrence(s).
- All persons having knowledge of the occurrence will be asked to remain on the premises

until the designated person has interviewed them or indicated that there is no need for their involvement at that point.

The inquiry information gathered by the designated person will form the basis of the Critical Incident Report Form below, and therefore should include as many of the following details as possible at this time:

- description of the incident
- client's allegation (if applicable);
- date, time, place where it occurred;
- time the incident was reported;
- reason for the incident (if known);
- people involved;
- action taken;
- current status;
- parties notified - medical examiner in all cases of death; police / Child & Family Services (as applicable); parents and others, as appropriate; and
- further action recommended - specific to immediate situation, or related to potential underlying factors (e.g. review of particular internal policy / procedure, review of program / treatment plan for client, staff training need, modification to physical plant, etc.).

If on the basis of the inquiry there is reason to suspect that a client has been abused (and / or in need of protection, in the case of a child), the designated person shall ensure immediate contact with:

- police and / or Child & Family Services as appropriate in the case of a child. (Note: It is the person who has reasonable grounds to suspect that a child is or may be in need of protection who is legally obligated to make a report to the CFS.)
- police, as appropriate and in accordance with applicable service provider policies / practices.

Reporting Process – Within 24 Hours

The service provider will inform FVPP and the Chair or designated board member within 24 hours when a Critical Incident is deemed to have taken place.

Reporting Process – Within Seven (7) Days

After the initial notification to FVPP, the written Critical Incident Report, signed by a designated service provider representative, must be submitted to FVPP within seven (7) working days. The report shall identify any clients involved by their first name and the first initial of their last name. Any other party should be referenced in as non-identifying terms as possible (e.g. first and last initials only, staff A / staff B, etc.)

Note: The primary focus of the Critical Incident Report is the record of service provider actions from an accountability perspective (i.e. were the actions taken appropriate, complete, consistent with legislation / policy, etc.). However, it is possible that not all desired information can be obtained, or incident review / follow-up actions completed, within the required seven-day period.

As such, service providers are requested to always submit the Critical Incident Report within the seven-day period, even if they have incomplete information and / or actions that have yet to be completed. In such cases, an explanation should be included, along with a clear indication that a supplementary follow-up report to FVPP will be forthcoming.

Upon reviewing the Critical Incident Report, FVPP may request additional information or a further review by the service provider of the incident. The service provider is then expected to submit any related follow-up or outcome report(s) to FVPP in accordance with approved timelines. If required, FVPP may also initiate its own, or other departmental reviews.

Ongoing Monitoring

The service provider is expected to monitor the agency’s performance on an ongoing basis with respect to the reporting, management, and follow-up of critical incidents.

CRITICAL INCIDENT STEPS & RESPONSIBILITIES SUMMARY	
Immediate actions	Address health & safety of client(s) Notify medical examiner for any death; police or CFS as applicable; family and / or others as appropriate Conduct Critical Incident inquiry
Within 24 hours	Notify FVPP
Within 7 days	Submit Critical Incident Report to FVPP
Following submission of Critical Incident Report	Provide follow-up review(s) and information updates to FVPP as requested
Ongoing	Monitor Critical Incident related issues / trends and conduct follow-up actions in a timely manner

CRITICAL INCIDENT REPORT

Agency	Address		
Director / Senior staff	Telephone Number		
Board Chair	Date & Time of Occurrence	Date & time information received by person completing report	
Name of person(s) involved (First name & initial of surname)	Age	<u>Type of serious occurrence</u>	
Staff member in-charge at the time of the incident		<input type="checkbox"/> death <input type="checkbox"/> serious injury <input type="checkbox"/> alleged abuse / maltreatment <input type="checkbox"/> missing person <input type="checkbox"/> disaster on premises <input type="checkbox"/> Other _____	
Who was notified?	Verbal Rpt	Written Rpt	Date
Chair / designated member	<input type="checkbox"/>	<input type="checkbox"/>	_____
FVPP	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Description of the Critical Incident (attach details)
Please print legibly, using black ink

What happened? (*Who, what, where, when, why, & how. Include names of staff who were involved or who witnessed the incident.*)

When was the incident reported? To whom? By whom? Time of call? Response time? (*i.e. Police, emergency services, doctor, etc.*)

Action taken:

Current status / Condition:

Further immediate, or future action proposed (include measures taken or planned to prevent similar incidents in the future):

Is this expected to be the only / last report submitted for this occurrence? Yes No

Report completed by: (Printed name)	 (Signature)	Date report completed	Time
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To be completed by the Family Violence Prevention Program

Date FVPP notified:	Time	Written report received:
Assigned to: Further service provider action required <input type="checkbox"/> Yes <input type="checkbox"/> No Further FVPP action required <input type="checkbox"/> Yes <input type="checkbox"/> No Briefing / Advisory Note written <input type="checkbox"/> Yes <input type="checkbox"/> No Explain current status and additional action to be taken: FVPP Signature _____ Date _____		