

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C12-9-004

APPLICANT: Children's Bureau Of New Orleans

PROJECT TITLE: Domestic Violence Counseling Program

PROJECT FUNDS :

FUND: \$ 52,200 80.00%

MATCH: \$ 13,050 20.00%

TOTAL: \$ 65,250 100.00%

PROJECT DURATION: 12 months

START DATE: 10/01/2012

END DATE: 09/30/2013

Continuation of C97-9-014

PROJECT SUMMARY:

Children's Bureau will provide individual, family and group therapy for caregivers and children residing in Orleans Parish who are victims of domestic violence. Families will be assisted with safety planning and with developing improved coping strategies related to the trauma of domestic violence. Through treatment, caregivers will be educated about the devastating effects of domestic violence and will be taught improved parenting skills so that they may provide a family environment that will facilitate a reduction in their children's traumatic symptoms related to domestic violence. As a result of treatment, children will demonstrate decreased emotional and/or behavioral symptoms resulting from living with domestic violence. Additionally, families will be assisted with accessing collateral community resources that may expedite stabilization (i.e. shelter and/or legal aid).

RECOMMENDATION : FUND X DENY   

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



**LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION  
OF CRIMINAL JUSTICE**

**CRIME VICTIM ASSISTANCE  
FORMULA GRANT PROGRAM**

CFDA #16.575

**FOR LCLE USE ONLY:**

Project ID: C12-9-004 CVA Purpose Area: 2

**1. TITLE OF PROJECT**

Domestic Violence Counseling Program

2.  NEW PROJECT

CONTINUATION PROJECT OF: C11-9-005

**3. PROJECT DURATION**

Total Length: **12** Months (*Not to exceed 12 Months*)

Desired Start Date: 10/1/2012

Desired End Date: 9/30/2013

**4. PROJECT FUNDS**

Federal Funds: \$52,200

Cash Match: \$9,956

In-Kind Match: \$3,094

Total Project: **\$65,250**

**5A. APPLICANT AGENCY INFORMATION**

Agency Name: Children's Bureau of New Orleans

Physical Address: 2626 Canal Street, Suite 201

City: New Orleans Zip: 70119-6410

Mailing Address: 2626 Canal Street, Suite 201

City: New Orleans Zip: 70119-6410

Phone: (504) 525-2366 FAX: (504) 525-7525

Email: pcarter@childrens-bureau.com

**5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY**

Authorized Official: Paulette Carter

Title: President/CEO

Agency Name: Children's Bureau of New Orleans

Address: 2626 Canal Street, Suite 201

City: New Orleans Zip: 70119-6410

Phone: (504) 525-2366 FAX: (504) 525-7525

Email: pcarter@childrens-bureau.com

07-22-2013

Fed Employer Tax Id: 72 - 0408916

DUNS: 164490781 -

CCR CAGE/NAGE: 50RK0

CCR Expiration Date: 4/17/2013

**6. IMPLEMENTING AGENCY**

Name: Paulette Carter, MPH, LCSW

Title: Pres/CEO

Agency: Children's Bureau of New Orleans

Address: 2626 Canal Street, Suite 201

City: New Orleans Zip: 70119-6410

Phone: (504) 525-2366 FAX: (504) 525-7525

Email: pcarter@childrens-bureau.com

**7. PROJECT DIRECTOR**

Name: Paulette Carter, MPH, LCSW

Title: Pres/CEO

Agency: Children's Bureau of New Orleans

Address: 2626 Canal Street, Suite 201

City: New Orleans Zip: 70119-6410

Phone: (504) 525-2366 FAX: (504) 525-7525

Email: pcarter@childrens-bureau.com

**8. FINANCIAL OFFICER**

Name: Robert Hienz

Title: Accountant

Agency: Hienz and Macaluso

Address: 2626 Canal Street, Suite 201

City: New Orleans Zip: 70119-6410

Phone: (504) 525-2366 FAX: (504) 525-7525

Email: pcarter@childrens-bureau.com

**9. BRIEF PROJECT DESCRIPTION: (Please do not exceed space provided below.)**

Children's Bureau will provide individual, family and group therapy for caregivers and children residing in Orleans Parish who are victims of domestic violence. Families will be assisted with safety planning and with developing improved coping strategies related to the trauma of domestic violence. Through treatment, caregivers will be educated about the devastating effects of domestic violence and will be taught improved parenting skills so that they may provide a family environment that will facilitate a reduction in their children's traumatic symptoms related to domestic violence. As a result of treatment, children will demonstrate decreased emotional and/or behavioral symptoms resulting from living with domestic violence. Additionally, families will be assisted with accessing collateral community resources that may expedite stabilization (i.e. shelter, legal aid).



**SECTION 100. PERSONNEL**

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

**FULL-TIME EMPLOYEES:**

| POSITION TITLE  | EMPLOYEE NAME      | FT | ACTUAL MONTHLY SALARY | TIME DEVOTED TO PROJECT | NUMBER OF MONTHS | TOTAL SALARY PAID BY GRANT | PAID WITH                           |                                     |
|---|--------------------|----|-----------------------|-------------------------|------------------|----------------------------|-------------------------------------|-------------------------------------|
|   |                    |    |                       |                         |                  |                            | F                                   | C                                   |
| Clinical Social Worker                                  | Rochelle Gauthier  | FT | \$2,960.42            | 100.00%                 | 12.00            | \$35,525.04                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Administrative Coordinator                              | Leah Ann Plaisance | FT | \$3,347.00            | 5.00%                   | 12.00            | \$2,008.20                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Pres/CEO  | Paulette Carter    | FT | \$7,500.00            | 5.00%                   | 12.00            | \$4,500.00                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Administrative Assistant                                | Mary Love          | FT | \$2,920.00            | 5.00%                   | 12.00            | \$1,752.00                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Director of Project LAST                                | Anita Francois     | FT | \$4,711.00            | 3.00%                   | 12.00            | \$1,695.96                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   |                    | FT |                       |                         |                  | \$0.00                     | <input type="checkbox"/>            | <input type="checkbox"/>            |
|   |                    | FT |                       |                         |                  | \$0.00                     | <input type="checkbox"/>            | <input type="checkbox"/>            |
|   |                    | FT |                       |                         |                  | \$0.00                     | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:</b> |                    |    |                       |                         |                  | <b>\$45,481.20</b>         | F = Fed Funds<br>C = Cash Match     |                                     |

**PART-TIME OR OVERTIME EMPLOYEES:**

| POSITION TITLE  | EMPLOYEE NAME | PT OT | ACTUAL EMPLOYEE HOURLY SALARY RATE | NUMBER OF HOURS | TIME DEVOTED TO PROJECT | NUMBER OF WEEKS | TOTAL SALARY PAID BY GRANT | PAID WITH                       |                          |
|---|---------------|-------|------------------------------------|-----------------|-------------------------|-----------------|----------------------------|---------------------------------|--------------------------|
|   |               |       |                                    |                 |                         |                 |                            | F                               | C                        |
|   |               |       |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|   |               |       |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|   |               |       |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|   |               |       |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|   |               |       |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|   |               |       |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|   |               |       |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
|   |               |       |                                    |                 |                         |                 | \$0.00                     | <input type="checkbox"/>        | <input type="checkbox"/> |
| <b>SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:</b> |               |       |                                    |                 |                         |                 | <b>\$0.00</b>              | F = Fed Funds<br>C = Cash Match |                          |

**VOLUNTEERS:**

| DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions. | NO. OF HOURS | VALUED RATE OF HOURLY PAY | IN-KIND TOTAL     |
|--|--------------|---------------------------|-------------------|
| Activities with child victims, advocacy, program support, activities to facilitate delivery of services to victims (i.e. scoring pre and post clinical assessments)                                | 309.40       | \$10.00                   | \$3,094.00        |
|  |              |                           | \$0.00            |
| <b>SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:</b>   |              |                           | <b>\$3,094.00</b> |

| <b>SECTION 100. PERSONNEL SUMMARY</b> |                 |
|---------------------------------------|-----------------|
| <b>FEDERAL FUNDS</b>                  | \$35,525        |
| <b>CASH MATCH</b>                     | \$9,956         |
| <b>IN-KIND MATCH</b>                  | \$3,094         |
| <b>PERSONNEL TOTAL</b>                | <b>\$48,575</b> |

**SECTION 100. PERSONNEL (Continued) – BRIEFLY EXPLAIN**

Yes  No Are job descriptions for each position attached? If not, explain:

Yes  No Are resumes for each position attached? If not, explain:

A) Need for each position shown above; justify need for overtime:

The Clinical Social Worker will provide direct clinical services to children and their caregivers who are victims of domestic violence. Direct services will include individual therapy, family therapy, and group therapy as needed.

The President/CEO monitors all agency grants and contracts to ensure that the agency is successfully fulfilling its obligations and monitors the evaluative components of all programs to ensure delivery of quality clinical services.

The Administrative Assistant/Data Input is responsible for receiving, screening and routing telephone calls to appropriate staff, assisting staff with administrative tasks, entering all client data, and running data reports.

The Administrative Coordinator is responsible for maintaining grant budgets, monitoring grant spreadsheets, inputting accounting data, and managing the administrative tasks for agency personnel.

The Director of Project LAST will provide weekly clinical supervision to the full-time Clinical Social Worker.

B) The basis for determining the salary of each position:

Clinical Social Worker - Experienced Social Workers, with clinical and leadership skills will hold these positions. Salary range is \$33,000 - \$48,000 depending on experience. Hourly range is \$22.00 to \$32.00 per hour.

President/CEO - Salary range is \$75,000 to \$95,000 per year.

Administrative Assistant/Data Input - Salary range is \$25,000 to \$35,000 per year.

Administrative Coordinator - Salary range is \$35,000 to \$45,000 per year.

Director of Project LAST - Salary range is \$50,000 to \$60,000 per year.

C) Project duties of each position requested:

Clinical Social Workers will provide direct services to children and their caregivers, including individual, family and group treatment; will recruit, monitor and work directly with volunteers; and will collaborate with community agencies and resources. The Social Workers will receive administrative and LCSW supervision. The case-load is to meet agency and grant standards (See job description entitled Clinical Social Worker).

President/CEO will monitor the grant budget, gather and analyze evaluative data, and ensure reports and paperwork required by the grantee are completed.

The Administrative Asst/Data Input is responsible for receiving, screening, and routing telephone calls to appropriate staff, assisting staff with administrative tasks, entering all client data, and running data reports.

The Administrative Coordinator is responsible for maintaining grant budgets, monitoring grant spreadsheets, inputting accounting data, and managing the administrative tasks for agency personnel.

The Director of Project LAST will provide weekly clinical supervision to the full-time Clinical Social Worker.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee was moved must be filled. If employee is same from the previous grant, indicate if the employee was originally hired for that position.]

Rochelle Gauthier, Paulette Carter, Mary Love, Leah Ann Plaisance and Anita Francois were originally hired for their positions.

**SECTION 200. FRINGE BENEFITS (Employer's Share Only)**

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check:  All Fringe Benefits Will Be Paid by Applicant Agency

Additional Fringe Benefits Will Be Paid by Applicant Agency

| EMPLOYEES' NAMES:  |                   |        |                               |                         | EMPLOYEES' NAMES: (Continued) |  |  |       |                               |                         |       |
|--|-------------------|--------|-------------------------------|-------------------------|-------------------------------|--|--|-------|-------------------------------|-------------------------|-------|
| SOCIAL SECURITY  |                   | RATE   |                               | SALARY                  | TOTAL                         | SOCIAL SECURITY  |  | RATE  |                               | SALARY                  | TOTAL |
| 1.   | Rochelle Gauthier | .062   |                               | \$35,525                | \$2,202                       | 5.   |  | .062  |                               |                         | \$0   |
| 2.   |                   | .062   |                               |                         | \$0                           | 6.   |  | .062  |                               |                         | \$0   |
| 3.   |                   | .062   |                               |                         | \$0                           | 7.   |  | .062  |                               |                         | \$0   |
| 4.   |                   | .062   |                               |                         | \$0                           | 8.   |  | .062  |                               |                         | \$0   |
| MEDICARE   |                   | RATE   |                               | SALARY                  | TOTAL                         | MEDICARE   |  | RATE  |                               | SALARY                  | TOTAL |
| 1.   | Rochelle Gauthier | .0145  |                               | \$35,525                | \$515                         | 5.   |  | .0145 |                               |                         | \$0   |
| 2.   |                   | .0145  |                               |                         | \$0                           | 6.   |  | .0145 |                               |                         | \$0   |
| 3.   |                   | .0145  |                               |                         | \$0                           | 7.   |  | .0145 |                               |                         | \$0   |
| 4.   |                   | .0145  |                               |                         | \$0                           | 8.   |  | .0145 |                               |                         | \$0   |
| HEALTH/LIFE INSURANCE<br>Provide monthly insurance rates |                   | RATE   | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL                         | HEALTH/LIFE INSURANCE<br>Provide monthly insurance rates |  | RATE  | MONTHS                        | TIME DEVOTED TO PROJECT | TOTAL |
| 1.   | Rochelle Gauthier | 380.00 | 12.00                         | 100.00%                 | \$4,560                       | 5.   |  |       |                               |                         | \$0   |
| 2.   |                   |        |                               |                         | \$0                           | 6.   |  |       |                               |                         | \$0   |
| 3.   |                   |        |                               |                         | \$0                           | 7.   |  |       |                               |                         | \$0   |
| 4.   |                   |        |                               |                         | \$0                           | 8.   |  |       |                               |                         | \$0   |
| WORKMAN'S COMPENSATION                                   |                   | RATE   |                               | SALARY                  | TOTAL                         | WORKMAN'S COMPENSATION                                   |  | RATE  |                               | SALARY                  | TOTAL |
| 1.   | Rochelle Gauthier | 0.017  |                               | \$35,525                | \$603                         | 5.   |  |       |                               |                         | \$0   |
| 2.   |                   |        |                               |                         | \$0                           | 6.   |  |       |                               |                         | \$0   |
| 3.   |                   |        |                               |                         | \$0                           | 7.   |  |       |                               |                         | \$0   |
| 4.   |                   |        |                               |                         | \$0                           | 8.   |  |       |                               |                         | \$0   |
| UNEMPLOYMENT TAX<br>Based on first \$7,000 or Less       |                   | RATE   | TYPE                          | SALARY                  | TOTAL                         | UNEMPLOYMENT TAX<br>Based on first \$7,000 or Less       |  | RATE  | TYPE                          | SALARY                  | TOTAL |
| 1.   |                   |        | CHECK TYPE:                   |                         | \$0                           | 5.   |  |       | CHECK TYPE:                   |                         | \$0   |
| 2.   |                   |        |                               |                         | \$0                           | 6.   |  |       |                               |                         | \$0   |
| 3.   |                   |        | <input type="checkbox"/> FUTA |                         | \$0                           | 7.   |  |       | <input type="checkbox"/> FUTA |                         | \$0   |
| 4.   |                   |        | <input type="checkbox"/> SUTA |                         | \$0                           | 8.   |  |       | <input type="checkbox"/> SUTA |                         | \$0   |
| PUBLIC/PRIVATE RETIREMENT                                |                   | RATE   |                               | SALARY                  | TOTAL                         | PUBLIC/PRIVATE RETIREMENT                                |  | RATE  |                               | SALARY                  | TOTAL |
| 1.   |                   |        |                               |                         | \$0                           | 5.   |  |       |                               |                         | \$0   |
| 2.   |                   |        |                               |                         | \$0                           | 6.   |  |       |                               |                         | \$0   |
| 3.   |                   |        |                               |                         | \$0                           | 7.   |  |       |                               |                         | \$0   |
| 4.   |                   |        |                               |                         | \$0                           | 8.   |  |       |                               |                         | \$0   |
| OTHER: Disability  |                   | RATE   |                               | SALARY                  | TOTAL                         | OTHER:   |  | RATE  |                               | SALARY                  | TOTAL |
| 1.   | Rochelle Gauthier | 0.01   |                               | \$35,525                | \$355                         | 5.   |  |       |                               |                         | \$0   |
| 2.   |                   |        |                               |                         | \$0                           | 6.   |  |       |                               |                         | \$0   |
| 3.   |                   |        |                               |                         | \$0                           | 7.   |  |       |                               |                         | \$0   |
| 4.   |                   |        |                               |                         | \$0                           | 8.   |  |       |                               |                         | \$0   |
| FRINGE BENEFITS TOTAL (A):                               |                   |        |                               |                         | \$8,235                       | FRINGE BENEFITS TOTAL (B):                               |  |       |                               |                         | \$0   |

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

**Fringe Benefits Total (A+B): \$8,235**

| SECTION 200. FRINGE BENEFITS SUMMARY |                |
|--------------------------------------|----------------|
| FEDERAL FUNDS                        | \$8,235        |
| CASH MATCH                           | \$0            |
| <b>TOTAL FRINGE BENEFITS</b>         | <b>\$8,235</b> |

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. *Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.*

| LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL   | MILEAGE RATE | TOTAL MILES | TOTAL COST | PAID WITH  |                          |                          |
|---|--------------|-------------|------------|--|--------------------------|--------------------------|
|   |              |             |            | F  | C                        | IK                       |
| NAME: Rochelle Gauthier<br>TITLE: Social Workers<br>PURPOSE: Direct service coordination (school, court visits) | \$0.51       | 1,961.00    | \$1,000.11 | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:   |              |             | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:   |              |             | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:   |              |             | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL FOR LOCAL TRAVEL:  |              |             | \$1,000.11 | <small>F = Federal Funds<br/>C = Cash Match<br/>IK = In-Kind Match</small> |                          |                          |

| NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL<br>(OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE)<br>NAME/POSITION TITLE/PURPOSE OF TRAVEL | TRAVEL DESTINATION | TRAVEL DATES: |            | PAID WITH                           |                          |                          |
|--|--------------------|---------------|------------|-------------------------------------|--------------------------|--------------------------|
|  |                    | FROM          | TO         | F                                   | C                        | IK                       |
| NAME: Rochelle Gauthier<br>TITLE: Clinical Social Worker<br>PURPOSE: Annual DV Conference  | Baton Rouge, LA    | 11/27/2012    | 11/29/2012 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:  |                    |               |            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:<br>TITLE:<br>PURPOSE:  |                    |               |            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

| CONTINUED FROM ABOVE TABLE                                    | MILEAGE RATE | TOTAL MILES | MILES COST | NO. OF DAYS | NO. OF MEALS | MEAL COSTS | AIRFARE COSTS | LODGING COSTS (Include Tax) | OTHER TRAVEL COSTS | TOTAL COSTS | PAID WITH  |                          |                          |
|---|--------------|-------------|------------|-------------|--------------|------------|---------------|-----------------------------|--------------------|-------------|--|--------------------------|--------------------------|
|   |              |             |            |             |              |            |               |                             |                    |             | F  | C                        | IK                       |
| NAME: Rochelle Gauthi   | \$0.51       | 170.00      | \$86.70    | 2           | 6            | \$82       | \$0           | \$192                       |                    | \$360.70    | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:   |              |             | \$0.00     |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME:   |              |             | \$0.00     |             |              |            |               |                             |                    | \$0.00      | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST: |              |             |            |             |              |            |               |                             |                    | \$360.70    | <small>F = Federal Funds<br/>C = Cash Match<br/>IK = In-Kind Match</small> |                          |                          |

| SECTION 300. TRAVEL SUMMARY |                |
|-----------------------------|----------------|
| FEDERAL FUNDS               | \$1,361        |
| CASH MATCH                  | \$0            |
| IN-KIND MATCH               | \$0            |
| <b>TRAVEL TOTAL</b>         | <b>\$1,361</b> |



**SECTION 500. SUPPLIES (Continued)**

**SECTION B:** Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

| TYPE                            | TITLE OF PUBLICATIONS/FILMS | QUANTITY | UNIT PRICE | TOTAL COST | PAID WITH  |                          |                          |
|---------------------------------|-----------------------------|----------|------------|------------|--|--------------------------|--------------------------|
|                                 |                             |          |            |            | F  | C                        | IK                       |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                 |                             |          |            | \$0.00     | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| SUBTOTAL OF SECTION B SUPPLIES: |                             |          |            | \$0.00     | <small>F = Federal Funds<br/>C = Cash Match<br/>IK = In-Kind Match</small> |                          |                          |

**BRIEFLY EXPLAIN:**

A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

| SECTION 500. SUPPLIES SUMMARY |                |
|-------------------------------|----------------|
| FEDERAL FUNDS                 | \$1,049        |
| CASH MATCH                    | \$0            |
| IN-KIND MATCH                 | \$0            |
| <b>SUPPLIES TOTAL</b>         | <b>\$1,049</b> |

**SECTION 800. OTHER DIRECT COSTS**

Itemize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

| TYPE OF OTHER DIRECT COST              | METHOD OF DETERMINING COST        | QUANTITY | UNIT PRICE | TOTAL COST        | PAID WITH   |                          |                          |
|--|-----------------------------------|----------|------------|-------------------|---|--------------------------|--------------------------|
|  |                                   |          |            |                   | F   | C                        | IK                       |
| Rent                                   | 320 sq. ft used at \$15/sq ft     | 1.00     | \$4,800.00 | \$4,800.00        | <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Telephone/Internet                     | \$40/month based on current rates | 1.00     | \$480.00   | \$480.00          | <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Printing                               | Based on current rates            | 300.00   | \$1.00     | \$300.00          | <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Conference for Rochelle Gauthi         | Conference registration fee       | 3.00     | \$150.00   | \$450.00          | <input checked="" type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                                   |          |            | \$0.00            | <input type="checkbox"/>                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>SUBTOTAL OF OTHER DIRECT COSTS:</b> |                                   |          |            | <b>\$6,030.00</b> | F = Federal Funds<br>C = Cash Match<br>IK = In-Kind Match |                          |                          |

**BRIEFLY EXPLAIN:**

A) Need for each type listed; and

Rent: Office space allows the employees under this grant space for desk, chair, file cabinet, copier, computer and other essential equipment to conduct crime victims' services. The above costs represents the rent costs for 1.8 Social Workers. Children's Bureau will cover the rent costs of the other employees under this grant. Square footage at the time of this subgrant will be 7,117. Usage is 320 SF per 1 employee/year @ \$15 per SF.

Telephone: Telephones are necessary to make contact with clients and other community agencies. The above costs represent the telephone costs for a 1 FTE. Children's Bureau will cover the telephone costs of the other employees under this grant.

Printing: Brochures are used for outreach to crime victims.

B) Its relationship to project.

See above.

Conference registration fees are also included under Other Direct Costs. It is required that all social workers receive 20 hours of continuing education in order to practice social worker; therefore, it is necessary that the Social Workers on this grant attend professional conferences. It is estimated that the Clinical Social Worker will attend 3 trainings with the average conference registration fee being \$150.

| SECTION 800. OTHER DIRECT COSTS SUMMARY |                |
|---|----------------|
| FEDERAL FUNDS                           | \$6,030        |
| CASH MATCH                              | \$0            |
| IN-KIND MATCH                           | \$0            |
| <b>OTHER DIRECT COSTS TOTAL</b>         | <b>\$6,030</b> |

## PROGRAM NARRATIVE

### A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. **Document the need, not the symptoms or solutions.** Be sure to include current **valid local data** to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

Domestic Violence is defined as a pattern of abusive behavior that is used by one partner to gain or maintain control over another intimate partner (US department of Justice, 2009). Family violence is defined as a crime against a person where the relationship to the offender is identified as within the family (FBI Uniform Crime Reports: The Structure of Family Violence: An Analysis of Selected Incidents). Domestic violence victims are often exposed repeatedly to threats, violence, intimidation, and physical, emotional, and psychological abuse (National Center for Victims of Crime, 2008). Perpetrators of these forms of violence make use of numerous forms of abuse to control their victims including: emotional abuse, stalking, battering, rape, and kidnapping or abduction. The frequency and severity of domestic violence usually escalates over time, and can result in serious injury or even death (Louisiana Coalition Against Domestic Violence). Carlson (2000) maintains that conservative estimates conclude that 10% - 20% of American children are exposed to domestic violence each year. Based on US census data, (US Census Bureau, 2000) this would indicate that approximately 7 to 14 million children are exposed to domestic violence each year. Studies have shown that children exposed to domestic violence are more likely to exhibit higher levels of anxiety and depression, low self-esteem, poor school performance, lower cognitive functioning, fearfulness, social withdrawal, aggressiveness, oppositional behavior, difficulties with attachment, and regressive behavior (The National Clearinghouse on Child Abuse and Neglect Information).

According to Violence Policy Center's report, *When Men Murder Women: An Analysis of 2007 Homicide Data* published in 2009, Louisiana ranked first in the nation in the rate of women killed by men; a rate that is nearly double the national average. These statistics are from the FBI's unpublished Supplementary Homicide Report, which is released each year to coincide with Domestic Violence Awareness Month. As reported by the Louisiana Coalition against Domestic Violence in its findings from a Domestic Violence Fatality Review, underway since 2005, 99% of these homicides were committed by someone known to the victim; 55% by the victims' current or former intimate partner – such as a husband or boyfriend.

2. Describe gap in community resources and how the gap was identified. Explain what need is created by this gap in services/programs.

Although many people think that 100 percent of victims of domestic violence are women, half the residents of battered women's shelters are children (Human Services Policy Center, Daniel J. Evans School of Public Affairs University of Washington). In their study, *What Happens to Children When Their Mothers Are Battered? Results from a Four City Anonymous Telephone Survey* (Journal of Family Violence, 2007), Lyungai, Mbilinyi, Edleson & Hagemeister & Beeman found that over a third of the respondents reported their children were accidentally injured during an incident of adult domestic violence, and over a quarter reported the abusive partner intentionally injured their children when the child intervened to stop abuse of their mother. Almost half of the mothers said they were intentionally injured trying to stop the abuser from hurting her child, and almost a quarter of the mothers reported their children being made by the abuser to watch her being physically or sexually abused.

Researchers and services providers have long known that the negative stigma surrounding domestic violence prevents many victims from seeking supportive for themselves. However, it has become apparent that many of these women are more likely to seek intervention for their children when they identify the detrimental effects that the violence is having on them. It has been shown that counseling increases safety in the home (through safety planning), strengthens emotional well-being of the child and the mother, and provides a safe place to process the impact that violence has had on the family.

This proposal seeks funding so that Children's Bureau can continue to address the needs of children who are living in homes where intimate partner violence is occurring. This proposal requests the equivalent of 1 social worker to serve this population.

## B. GOALS

**GOALS:** The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

The project goals are as follows:

Goal #1: To assist thirty-five (35) identified children and their families in increasing their safety and coping ability related to the trauma of domestic violence.

Goal #2: To assist children exposed to domestic violence and their caregivers in alleviating negative behaviors and/or mental health symptoms related to the exposure.

## C. OBJECTIVES

**OBJECTIVES:** Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

Goal 1, Objective 1: 80% of caregivers (28 families) will develop safety plans for themselves and their children.

Goal 1, Objective 2: 80% of all treatment goals will be attained (estimated 84 out of 105).

Goal 2, Objective 1: Provide counseling to at least thirty-five (35) identified children and their families who have experienced domestic violence.

Goal 2, Objective 2: Eighty percent (80%) of child participants (28 children) will show an improvement in behavior and/or mental health over the course of treatment as measured by pre and post tests.

Goal 2, Objective 3: Provide parenting education to 35 caregivers (target percentage 100%).

## D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

- Assess and improve safety of the child and non-abusing parent including: proximity of the offending parent; history of violence; severity and frequency of violence; threats to child's safety (e.g., kidnapping); child's perception of violence; absence of support or safe havens for the child; and history of direct abuse of the child.
- Develop, complete, and routinely update a written safety plan for each client
- Assessments to determine child's functioning will be conducted including: The Achenbach Child Behavior Checklist; UCLA PTSD Index; and Moods and Feeling Questionnaire
- Establish a safe therapeutic relationship with the family
- Provide parent education regarding trauma symptoms experienced by the child, child development, and the developmental impact of trauma, and domestic violence
- Establish and track treatment goals established by the therapist with family with periodic review of goals throughout treatment. Goals met at a minimum of 50% will be considered attained
- Teach positive parenting skills to 100% of caregivers (35 caregivers) who are participating in treatment
- Provide non-abusing parent with support, guidance, and information that can enhance her capacity to parent her child; including advocacy and case management as critical components as needed
- Help the child place traumatic experience in perspective and return to normal living

One of the major benefits of intervention is to provide activities that promote a child's competence and self-esteem. This is done by:

- Identifying the child's skills or talents.
- Providing activities that allow the child to demonstrate competence.
- Supporting other caregivers in their efforts to promote the child's competence and self-esteem.

The following demographic and quantitative data will be collected quarterly:

- Number of hours of therapy and counseling provided
- Number of goals set/met for each client
- Number of information/referral contacts made to the project
- Number of collateral contacts and referrals made on behalf of victims by the project therapist and/or volunteers
- Number and types of services provided by paid and volunteer staff to families served by the project

Client records will include documentation of client assessments (Opening Summary), therapeutic progress (Progress Notes and Interim Summary), termination record (Closing Summary and assessments), and evaluative data.

Timeline:

- October 1, 2012 – September 30, 2013: Provide office and school-based counseling services to 35 families (approximately 105 individuals)
- October 1, 2012 – September 30, 2013: Outreach to schools and community domestic violence service agencies
- October 1, 2012 – September 30, 2013: Administer pre-test to every parent and child receiving services, and post-test to every parent and child who completes treatment.
- January 10, 2013: Quarter 1 report due.
- April 10, 2013: Quarter 2 report due
- July 10, 2013: Quarter 3 report due
- October 10, 2013: Quarter 4 report due

## D-2. TRAINING PROJECTS

Complete this page in lieu of Section D – Activities/Methods. This page is to be completed only if this application is for the training of individuals involved in the criminal justice system. DO NOT use this for in-house training.

1. Training Curriculum (topics to be included):

N/A

2. Type of personnel to be trained:

3. Number of personnel to be trained:

4. Geographical locations of trainees (who will be invited):

5. Dates and hours of training:

6. Location of training:

7. Explanation supporting the effectiveness of the training program including how the program will meet the identified need.



**H. PRIOR RESULTS (For Continuation Projects Only)**

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

Goal #1: To assist thirty-five (35) identified children and their families in increasing their safety and coping ability related to the trauma of domestic violence.

Objective 1: 80% of caregivers (31 families) will develop safety plans for themselves and their children.

Results: As of 6/30/12, 100% (31 families) have developed safety plans for themselves and their children.

Objective 2: 80% of all treatment goals will be attained (estimated 84 out of 105 treatment goals)

Results: As of 6/30/12, of those families who have completed therapy services, 91% of treatment goals have been obtained.

Goal #2: To assist children exposed to domestic violence and their caregivers in alleviating negative behaviors and/or mental health symptoms related to the exposure.

Objective 1: Provide counseling to at least thirty-five (35) identified children and their families who have experienced domestic violence.

Results: As of 6/30/12, 46 children have received services through this program.

Objective 2: Eighty percent (80%) of child participants (28 children) will show an improvement in behavior and/or mental health over the course of treatment as measured by pre and post tests.

Results: As of 6/30/12, 88% of children who have completed therapeutic services have shown an improvement in behavioral and/or mental health over the course of treatment.

Objective 3: Provide parenting education to all caregivers (target percentage 100%, approximately 30 caregivers).

Results: 100% of caregivers (31 caregivers) have been provided parenting education.

2. Did the project work as expected? Explain.

The project is working as expected as the results show that we have exceeded or are very close to the targeted numbers and percentages.

3. Have the original goals and objectives been revised?  Yes  No

If Yes, explain what changes will be made in the continuation of this project and why?

## I. EVALUATION AND DISSEMINATION OF REPORTING

### A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.

1. From who will the data be collected – what is the source?

Data will be collected by the Clinical Social Worker from the children and families who participate in the Project LAST program.

2. When will the data be collected?

Data will be collected at the beginning and end of treatment.

3. Who will collect and analyze the data?

The Clinical Social Workers will collect the data, a designated staff person will input the data, and the Pres/CEO will provide an analysis of the data.

4. Who will be responsible for submitting the data for the Quarterly Progress Reports: State name and contact information.

Name: Paulette Carter

Phone: (504) 525-2366

Email: [pcarter@childrens-bureau.com](mailto:pcarter@childrens-bureau.com)

5. Following evaluation, who and how will updating or revising of the project's strategy be accomplished?

The President/CEO will conduct and review the quarterly data analysis to determine if the program is on target for meeting its objectives. The analysis will not only include a count of the number of children and families who have received services, but also on whether or not children who have completed services are showing improvement. Program changes will be made based upon the findings from this analysis.

Children's Bureau operates under a framework in which practice informs the research and the research informs the practice, resulting in a theoretically grounded yet practical interventions for "real world" settings. Our Grief and Trauma Intervention model was developed under this framework, and there are 3 published articles from peer-reviewed journals that demonstrate this:

Salloum, A., and Overstreet, S. (2011). Grief and trauma intervention for children after disaster: Ex;olirng coping skills vs. narration. *Behavior Research and Therapy*, 49(1), 169-179.

Salloum, A. (2008). Group therapy for children experiencing grief and trauma due to homicide and violence: A pilot study. *Research on Social Work Pracitce*, 18(3), 198-211.dio:10.1177/1049731507307808.

Salloum, A. and Overstreet, S. (2008). Evaluation of individual and group grief and trauma interventions for children post disaster. *Journal of Clinical Child and Adolescent Psychology*, 37(3), 495-507. doi:10.1080/15374410802148194

Salloum, A., Garfield, L., Irwin, A., Anderson, A., & Francois, A. (2009) Grief and trauma group therapy with children after Hurricane Katrina. *Social Work with Groups*, 32(1-2), 67-79. doi: 10.1080/01609510802290958

6. Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

Recipients who will receive the project's results are: Louisiana Commission on Law Enforcement, Jefferson Parish Community Justice Agency, Children's Bureau's Continuous Quality Improvement Coordinator, and Children's Bureau Board of Directors.

Children's Bureau conducts an quarterly data analysis for the periods of January-March, April-June, July-September, and October-December. Children's Bureau will submit quarterly and expenditure reports to LCLE as specified at award time.

## J. CONTINUATION

- Yes  No Do you plan to continue this project at the conclusion of federal support?  
Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

The United Way, Office of Public Health, local and national foundations dealing with children's mental health, corporations and other local and federal funding sources will be approached or have been approached for continued funding to enhance the core direct services of this project.

## K. RESOURCES

Describe the facilities and additional resources available to this project. Include the physical facility where services are provided. If applicable, list other resources available to this project, i.e. equipment, supplies, staff, etc.

Children's Bureau maintains its office space at 2626 Canal Street, Suite 201, in the New Orleans. Children's Bureau occupies a space of 7117 square feet. Therapists and volunteers have access to all areas of equipment of Children's Bureau which include play therapy rooms, a conference room, locked file rooms, computers, fax machines, telephones, and other necessary office equipment. A benefit of our current location is its easy accessibility by public transportation.

## L. AUDIT REQUIREMENTS

All applications **must** check one:

- This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) **AND MUST SUBMIT THE FOLLOWING INFORMATION:**

- |   |                    |
|---|--------------------|
| 1. Date of last audit                         | 10/21/11           |
| 2. Dates covered by last audit:               | 7/1/2010-6/30/2011 |
| 3. Date of next audit:                        | 10/21/2011         |
| 4. Dates to be covered by next audit:         | 7/1/2011-6/30/2012 |
| 5. Date next audit will be forwarded to LCLE: | 11/1/12            |

- This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

## M. VOLUNTEERS

- Yes  No Are you using volunteers as match?  
If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

- Yes  No Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

A total of 309.4 volunteer hours (match) will be used to assist the crime victims served under this grant. Safe at Home volunteers are recruited from local universities and professional organizations. Volunteers cofacilitate work with child clients (70% of time), provide criminal justice support to victims (5%), provide supportive program activities such as maintenance of data and scoring assessments (5%), and conduct initial intake assessments (10%). Volunteers also provide administrative services that benefit the entire program including analysis of evaluative data (10%). The Board of Directors comprise a second group of volunteers and plan for agency services and/or functions that benefit victims and secure ongoing support for agency programs.

## N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

All potential clients (adults) are given informational brochures from the Crime Victims Reparations Board which details the Crime Victims Reparations Act (Act 250 of 1982). Further assessment is done with each client to determine if they are eligible for benefits under this act. If so, the social worker encourages them to apply for reimbursement funds and aids the client in completing the application process. The first step in that process is to directly contact the Louisiana Crime Victims Reparations Program. To ensure that each client receives this information, Crime Victims Reparations Program Brochures are kept with bank LAST files that are used when new client agrees to services.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

Children's Bureau will refer adult victims to other existing domestic violence resources for additional support groups/individual treatment. In addition, Children's Bureau will continue to work with other crime victims' assistance programs and the local district attorney's office in order to advocate for victims of domestic violence. The Safe at Home therapist is a member of the Mayor's Advisory Committee for DV and regularly attends those meetings. She also attends monthly meetings hosted by Tulane "School of Social Work and Tulane Law School about ending domestic violence in the community.

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

All victims will be encouraged to report acts of domestic violence, stalking, or threatening behavior to the proper authorities to increase safety for themselves and their children. Victims will be encouraged to avail themselves of the services and protections they are entitled under the law, and to work with law enforcement officials in their own best interest and in the interest of the community. As mandated reporters, Children's Bureau will report any suspected incidents of child abuse, maltreatment, and/or neglect to the proper authorities.

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees, **NOT** reporting instances of child abuse.

Children's Bureau is in compliance with the LA Child Protections Act (LRS:15:587.1) and other laws regarding professional contact with children. The Agency utilizes the services of Confidential Research Services, LLC, which is recognized by the LA State Police as an "approved authorized agency", to conduct background screenings for all candidates for employment. Candidates for employment are required to sign authorizations for Confidential Research Services, LLC to obtain his/her statewide and parish criminal history records. Confidential Research Services, LLC also conducts a search of records covering forty-nine (49) states to determine whether or not the candidate for employment has been convicted of a sexual crime. The criminal records of any individual who has been convicted of a criminal act, including criminal acts against children or those of any individual who has been convicted of sexual misconduct [with children] will be reported to Children's Bureau through its current agreement with Confidential Resources, LLC. The agency will continue its policy of total compliance with the Act in its activities in the Project LAST program.