

Supervision Schedule

NAC 228.115 requires that the supervisor of treatment meet individually at least once each month with each provider of treatment he supervises. Mark an "x" under each month that you have met with each indicated provider.

| Name of Provider | Jan. | Feb. | March | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. |
|------------------|------|------|-------|-------|-----|------|------|------|-------|------|------|------|
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Explanations: If you have not met monthly with each provider, please explain below.

Telephone availability: NAC 228.115 requires that the supervisor be available by telephone to consult with each provider of treatment he supervises.

Are you available by telephone to consult with each provider you supervise? Yes No

10% Audit for Completeness of Client Files

NAC 228.115 requires that supervisors review a random sample of at least 10 percent of the records of the offenders who are receiving treatment from each provider of treatment he supervises. Complete this form each month, and attach all forms for the year to your renewal packet.

Month: _____

Number of offenders provided service _____ Number of files reviewed _____

Were 10 percent of the records from each provider reviewed? Yes No

File Review Results

| <u>Requirement:</u> | <u>100%-95%</u> | <u>95%<</u> | <u>Below 80%</u> |
|-------------------------------|-----------------|----------------|------------------|
| Consent to Service Signed | _____ | _____ | _____ |
| Treatment Plan Completed | _____ | _____ | _____ |
| Lethality Checklist Completed | _____ | _____ | _____ |
| Release to Judge Signed | _____ | _____ | _____ |
| Release to Partner/Collateral | _____ | _____ | _____ |
| Group Case Notes Completed | _____ | _____ | _____ |
| Homework in Client File | _____ | _____ | _____ |
| Court-Reports Mailed | _____ | _____ | _____ |
| Follow-up Form Completed | _____ | _____ | _____ |

Corrections: Detail how your program intends to address any deficiencies noted above.

Day/Time/Provider Team Information

| Provider Team | Days/Times/Type of Groups |
|----------------------------------|--|
| Example: John Smith and Jane Doe | Mondays 9 am (men) and 6 pm (women) Thursday 4 pm (Spanish men) |
| John Smith and Sarah Johnson | Wednesday 4 pm (men) |
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Supervisor Group Observation

NAC 228.115 requires that supervisors observe, at least once every three months, a group counseling session conducted by each team of two provider of treatment he supervises. Therefore, each team listed on page 5 of this application should have 4 group observation forms. **If for any reason, there are not 4 group observation forms for each team listed on page 5, you must attach a detailed explanation.**

Provider Team Names: _____ and _____

Topic of group: _____ Observation date: _____

Observation of providers while co-facilitating groups: How well do the providers adhere to NAC228 including degree of compliance with program content, avoidance of victim blaming, reinforcing perpetrator accountability? How effectively do the providers interact with each other? Attach additional sheets if necessary.

Group strengths:

Group weaknesses:

Suggestions for improvement:

Check this box if you have discussed the contents of this observation with the above providers.

**Supervisor's Annual Performance Report
Domestic Abuse Treatment Provider**

NAC 228.115 requires that the supervisor prepare an annual report concerning the performance of each provider of treatment he supervises.

Provider Information

Provider Name: _____

Date Provider Was Approved By Committee: _____

Does your agency have proof on file that this provider is qualified pursuant to NAC 228.110? Yes No
Has this provider completed 15 hours of continuing education units for this renewal period? Yes No
Proof of required continuing education attached.

Observation of provider while co-facilitating groups: How well does the provider adhere to the NAC228 including degree of compliance with program content, avoidance of victim blaming, reinforcing perpetrator accountability? How effectively does provider interact with co-facilitator? Attach additional sheets if necessary.

Goals:

Sensitivity to Survivor Issues:

Ability to address "labeling" issues:

Ability to address "collusion" issues:

| | |
|---|---------------|
| _____ Original Signature of Provider | _____ Date |
| _____ Original Signature of Program Supervisor | _____ Date |

CEU Log

Courses not yet approved by the Committee must be submitted for review on an **Application for Training Credits**.

NAC 228.210 does not allow credit to be given for taking the same course two years in a row.

Current year continuing education: List continuing education credits being used for this renewal application period (the twelve months preceding the date of the last application expiration).

Name of Provider or Supervisor _____

| Title of Course | Number of Credits | Date Course was Approved |
|-----------------|-------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name of Provider or Supervisor _____

| Title of Course | Number of Credits | Date Course was Approved |
|-----------------|-------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name of Provider or Supervisor _____

| Title of Course | Number of Credits | Date Course was Approved |
|-----------------|-------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Certificates for required continuing education must be attached.