



MEMBERSHIP STANDARDS

Updated 2/2020

Color Key:

White: Documents to be uploaded into the IYSA Database for desktop audit

Pink: To be completed by IYSA staff

Blue: To be completed on site

Green: Items to be updated in the IYSA database for desktop audit

Review of Compliance with Membership Requirements

Is your organization in compliance with the following Indiana state code IC 31-26-1 for accreditation?

(Documentation, as needed, should be provided for review by the entire peer review team for pages 2 and 3 of this document)

Yes	No	<u>I. Membership Requirements</u>
		1. Registration: Agency is registered with the Secretary of State as a nonprofit organization or governmental unit.
		2. Audit: Meets contract requirements in regards to audit and maintenance of all financial records and fiscal controls.
		3. Compliance: Comply with HIPAA (as applicable to health and mental health records) and all applicable federal, state and local laws, licensing requirements, and reporting requirements and conduct its business with high ethical standards.
		4. Four Core Roles: The agency has written policies and procedures which demonstrate agency programs designed to 1) support, represent and protect the rights of young people; 2) prevent juvenile delinquency; 3) maintain a referral system for youth; and 4) educate the community about youth issues and youth services.
	IYSA	5. Records: Keep satisfactory records of the youth served by the agency (reporting at least 20% of all youth served to include all YSB-funded youth), their activities, programs and attendance and outcomes and provide data in a timely manner in the IYSA database.
	IYSA	6. Participation: a. Designated agency representative meets expectations of contract regarding attendance at IYSA quarterly meetings and trainings. b. Agency staff actively participates in a board committee (75% of call participation, completion of task assignments, etc.)
		7. Background Checks: Agency conducts required federal, state, local, CPS and Sexual Registry checks for all staff and volunteers who come into contact with youth at the agency prior to employment and at subsequent state established intervals.
		8. Liability Insurance: Meets contract requirements in regards to all insurance requirements including liability insurance.
	IYSA	9. Organizational Assessment: a. Conduct, every second year, an organizational assessment and accreditation review in consultation with IYSA and utilizing its respective governing body, staff, and other appropriate entities. b. Participate as a Team Captain and team member in two agency peer reviews during the year the agency is not being reviewed. c. A Board member must participate in the peer review meeting.

Yes	No	Mandatory Practices
II. Safety and Accessibility – All organizations should develop a comprehensive safety and accessibility plan to make continued improvements in three key areas: <ul style="list-style-type: none"> ○ Safe daily operations and Crisis response preparedness ○ Safety planning and Strategic risk management planning ○ Accessibility and appealing to consumers 		
A. Safety		
		1. Review the organization’s safety and facility policies on a bi-annual basis <ul style="list-style-type: none"> a. Is the facility clean and sanitary? b. Is the facility safe and in good repair? c. Emergency drills are conducted on, at least, a quarterly basis when youth participate in programming on premises
Agency Policies and Procedures, Staff Handbook		2. Policy and procedures in place to maintain reasonable staff ratios (defined by licensure requirements, as applicable) and provide regular staff training on safety (Universal Precautions, First Aid/CPR)
Agency P & P, incident reports		3. Consistently document procedures, accidents and incidents Resolve all safety and health hazards within 24 hours of notice
Crisis/Disaster plan, Agency P & P, staff handbook		4. Maintain a current and realistic crisis response preparedness plan <ul style="list-style-type: none"> a. Crisis plan clearly delineates policies and procedures for possible disasters/crisis which may be encountered b. Crisis plan establishes a clear communication plan with a designated spokesperson to communicate with consumers, funders, media and community partners c. Crisis plan includes alternative placement of consumers (if needed) d. Crisis plan includes a back-up for all records and documentation e. Crisis plan includes a behavioral management safety plan, as applicable
		5. Agency maintains and post notices regarding: <ul style="list-style-type: none"> a. A Drug-Free Environment (with written policy related to the Drug Free Workplace Act of 1988 that is posted on the grounds.) b. A Smoke-Free Environment
B. Safety Planning and Review		
Agency P & P		1. Review existing and pending facility use agreements at least bi-annually, as applicable.
Agency P & P, Board job descriptions		2. There is an annual evaluation and update to the organization’s overall risk management strategy. This includes: <ul style="list-style-type: none"> a. a physical review of facilities and vehicles; b. a review of insurance coverage; and c. a review to ensure that the organization’s building(s) are up to city, state and federal codes and have all required inspections and certifications. d. Establish a realistic safety/facility budget (is appropriate within operating budget and facility depreciation)
C. Accessibility and Appealing Environment		
		1. The facility is located in an area that is easily accessible to the consumers it is designed to serve. <ul style="list-style-type: none"> a. Location is in residential or high-youth traffic area or near a transit stop, when possible b. Location is well marked and recognizable c. Location is within a safe neighborhood and/or is well-lit, free of external hazards, grounds are monitored, etc., to ensure safety of clients and staff
		2. The facility is designed and planned to be appealing to consumers while maintaining safety and security <ul style="list-style-type: none"> a. The facility enables staff to respect the youth’s right to privacy and at the same time provide adequate supervision b. The facility design and décor is welcoming and warm

Yes	No	Mandatory Practices
<p>III. Agency Administration – The overall administration of the agency should combine practical policies and procedures with a strategy to keep them current. These policies and procedures should cover:</p> <ul style="list-style-type: none"> • Agency mission and services based on community needs • Agency organization and leadership • Personnel, safety, fiscal controls and programming • Governing board and board committees • Strategic and long-range planning • Compliance with all federal, state and local regulations and requirements 		
<p>A. Overall Administration Policies and Procedures:</p>		
Mission Statement		1. The agency has a written mission statement that guides programs and service delivery and is shared with stakeholders (such as clients, staff, funders, service partners and the community) through any of the following: brochures, newsletters, website, social media, public service announcements, paid media coverage.
Org Chart		2. The agency maintains a current organizational chart that outlines all leadership, administrative and program staff.
		3. The agency prominently displays its memberships (including IYSA), certifications, permits, accreditations and licenses for public view and there is proof that the agency operates under all the appropriate regulations and inspections as required by the state.
Needs Assessment		4. The agency uses a specific and current process to determine the needs of the local area's youth (United Way or similar needs assessments).
Strategic Plan		5. The agency has a current strategic plan.
<p>B. Agency Leadership:</p>		
E.D./CEO Job Description		1. The job description of the chief executive officer reflects the governing body has delegated the responsibility and authority for administering the day-to-day business of the corporation/agency to him/her.
Hiring P & P, Board Job descriptions	By-laws,	2. The governing body utilizes a written process for hiring a qualified chief executive officer.
By-laws, evaluations		3. The governing body evaluates the chief executive officer on an annual basis.
Articles of or By-Laws	Incorporation	4. The governing body determines the purpose of the agency and these are contained in the Articles of Incorporation and/or the by-laws.
Board minutes, by-laws or Board job descriptions		<p>5. The governing body reviews and approves the written policies and procedures of the agency to include:</p> <ul style="list-style-type: none"> a. Personnel policies b. Review and evaluation of service delivery c. Assess the extent to which services meets the needs of youth and the community d. Fundraising, if applicable
Fiscal P & P		6. The agency has a policy and procedure to review and approve all contracts for service negotiated by the organization.
Board minutes		7. The chief executive officer or his/her designee attend all regular meetings of the governing board
Board minutes, by-laws or Board job descriptions		<p>8. The governing body participates in</p> <ul style="list-style-type: none"> a. Strategic/long range planning b. Reviews Program planning and annual strategic action plan

Yes	No	Mandatory Practices
C. Governing Board Policies and Procedures:		
By-laws		1. There is a mechanism for assuring that the agency's governing body is representative of the area that is being served by that agency and includes feedback from: <ol style="list-style-type: none"> a. Youth representation (24 or younger) and/or b. Consumer representation (in some advisory capacity)
Board job descriptions		2. There is a written statement that describes the organizational expectations of members of the governing body.
By-laws		3. There are written by-laws for the governing body which include the following: <ol style="list-style-type: none"> a. Quorum for votes b. Periodic changes of officers and membership of the governing body c. Established requirements for attendance and participation d. Terms of removal from the governing body e. Standing committees (with description of committee responsibilities) f. Appointment and maintenance of special committees as needed
Board minutes		4. The governing body: <ol style="list-style-type: none"> a. Meets on regularly scheduled basis b. Meets quorum as dictated by the by-laws c. Maintains minutes of all its meetings
Board orientation packet		5. Orientation and initial training is provided for all new members of the governing body.
IV. Personnel: Staff and Volunteers of High Character – An organization's overall standard of care should combine practical policies and procedures with a strategy to keep them current. A thorough screening, hiring, training and supervision process should be: <ul style="list-style-type: none"> • Legally compliant • Systematic and standardized • Match the level of screening with position-specific risks • Detailed recruitment and application processes • Provide an orientation for new employees or volunteers during an established provisional period • Detailed policies and procedures for maintenance of employee records • Ongoing training and professional development opportunities • Ongoing supervision 		
A. Hiring and Screening:		
Personnel P&P		1. There are up-to-date, written policies and procedures based on best practices in Human Resources that include: <ol style="list-style-type: none"> a. the organization's intent to be fair, consistent and nondiscriminatory, and to meet all legal requirements including fair employment, affirmative action and equal employment opportunities, as applicable. b. the consequences of providing false or misleading information and criminal or civil records that will automatically bar a person from employment or volunteer service; and c. the recruitment for staff vacancies are publicized to encourage applications from minorities and the disabled.
Job Descriptions		2. There are clearly written job descriptions for each staff and volunteer position that define: <ol style="list-style-type: none"> a. duties and responsibilities, b. education and experience, and c. professional and ethical conduct required for the position.

Yes	No	Mandatory Practices
Employment application		3. All staff candidates and volunteers, as applicable, are required to complete an application form that collects: a. information about an applicant’s work history, education and background. b. Includes a statement regarding EEO requirements
Personnel or Hiring P & P		4. There is a defined process to gather information needed to make informed hiring and selection decisions for staff and, as applicable for volunteers, including: a. a fair and consistent process to screen resumes; b. interview questions and rating that utilize a “Behavior-Based Interview and Selection” method to assure skills, knowledge and character needed to be successful in the position; c. selection based on meeting job requirements, core competencies and experiences which align to requirements of the job and work environment. d. notification of prospective employees who have been interviewed of hiring decisions
Employee File – on site		5. Policies and practices exist to ensure reference and other checks are done to gain insight into the candidate’s experience, skills and character: a. reference checks from past employers and/or supervisors; co-workers subordinates; and others, depending on the position are in personnel files b. Employees have all certifications and/or licenses required by the position they are hired to fill in the file (direct care – H.S. diploma or equivalent, therapists – Master’s degrees, etc.)
Personnel or Hiring P & P		6. There is a defined system to evaluate findings about criminal records or other concerns uncovered during the hiring process that includes: a. barrier crimes that automatically bar the person from consideration; b. a process for creating a review process to evaluate hiring recommendations of staff or volunteers with criminal records that take into account: i. seriousness of the crime; ii. length of time since last offense; iii. pattern of criminal activity; and iv. activities in which the applicant has been involved since the offense occurred.
B. New Hires:		
Personnel or Hiring P & P Code of Ethics, Employee File		1. A formal introductory period for staff and for volunteers, as applicable, is established that includes: a. an employment agreement, signed by the new staff or volunteer; b. emergency contact information for the employee or volunteer c. an organizational code of ethics signed by the new staff or volunteer to include policies on confidentiality of consumers, staff and volunteers d. a formal appraisal of performance at the end of the introductory period.
Personnel or Hiring P & P, Employment Offer letter, Employee file		2. The agency provides all newly hired and recruited volunteers (as applicable) with the following: a. a written copy of personnel policies and procedures b. a written job title and description with minimum qualifications, duties and responsibilities c. a written description of the employment benefit package and pay d. an outline of the disciplinary action process e. a description of the methods and procedural means whereby employees may separate from the agency including termination and resignation
Personnel or Hiring P & P		3. There are written personnel procedures which: a. discusses the promotion of staff b. describes the special conditions of a probationary period and the process for moving to regular employment status
Personnel or Hiring P & P. Employee file		4. There are procedures in place for new hire orientation and volunteer training, as applicable, which includes: a. Familiarization with the organization’s purpose, goals, objectives, structure, and mission statement b. Initial training on all topics required for licensing and certifications c. Completion of all licensing requirements such as health examinations, required shots and immunizations, etc. d. Job shadowing and/or training for the position to be filled
C. Ongoing Personnel Policies:		
Personnel or Hiring P & P		1. There are written policies and procedures for the maintenance of personnel files and documentation of staff time to include: a. Employee access to their personnel file and the opportunity to add material to their file.

Yes	No	Mandatory Practices
		b. Adequate method to document staff time. c. Parameters or measures that define the accrual and use of employee leave time (e.g. sick, vacation, personal days and holidays) d. Confidentiality and security of all personnel information such as records in locked files and stored in secure areas.
Personnel or Hiring P & P		2. There are written policies and practices for ongoing staff training and volunteer training, as applicable, to include: a. Ongoing in-service training and opportunities to participate, on the clock, in online or video training c. Support for attendance at conferences, classes and institutes d. Funds for staff and volunteer training and professional development included in the agency budget
Training checklist, Personnel files		3. Agency can demonstrate that staff and volunteers are trained in all concepts outlined in the Service Standards under V. Qualifications and documentation is included in personnel file to include: (If program staff are CYC credentialed this satisfies this item) a. Basic child development b. Family dynamics c. Effects of abuse/neglect d. Cultural competency e. Impact of poverty on family functioning f. Positive youth development g. Trauma-informed care h. Training in evidence-based program delivery (when applicable)
P & P, Employee file, Staff meeting minutes		4. There are written policies and practices for ongoing staff supervision and volunteer supervision, as applicable, to include: a. At minimum, annual employee reviews which allow employee/volunteer to provide written input b. Procedures in place which allow the employee/volunteer to dispute a poor performance review c. Regular staff meetings for discussion of program problems, policies and methods of practice
V. Ethics and Accountability – Building an organization committed to the highest ethical standards demands more than just following the law. It also requires fostering practices that create an environment of transparency, accountability and integrity.		
Ethics Policy, Conflict of Interest form		1. There is a board-approved ethics policy with a conflict of interest statement that is signed annually by all board and key management staff. The policy is supported by: a. training for all staff and for volunteers, as applicable; b. an appointed ethics officer or officer designated to review (i.e. Board Chair); c. whistle-blower protection; and d. a compliance, reporting and investigation policy.
Grievance policy		2. The agency has a grievance policy that applies to and is disseminated to all clients that includes: a. Anti-harassment policies and procedures b. Anti-discrimination policies and procedures c. Confidentiality and disclosure policies and procedures
Staff Handbook		3. The agency has a grievance policy that applies to staff and is disseminated to all personnel which must include the right to request a hearing before the governing body

Yes	No	Mandatory Practices
<p>VI. Financial Oversight – Successful financial management is a result of a strong joint initiative of the Executive staff and board and other YSB staff. As part of the financial management process, it is important for each person involved with the YSB to understand his/her role in the process. In addition, the board should understand how the YSB’s financial system works, since nonprofit organizations are run differently than for-profit institutions. Each organization should establish:</p> <ul style="list-style-type: none"> • Roles for the board members, Executive leadership staff and other staff, and YSB volunteers, • A system for planning, developing and monitoring budgets and cash flow, • A conflict of interest policy and sign-off procedure for board and for staff, as applicable, • A policy for managing investments, • A risk management strategy for financial, physical and other threats, • Financial management policies and procedures, to include conducting financial reviews • Policies which ensure donor requirements and financial reporting guidelines are met 		
<p>A. Financial Oversight Policies:</p>		
Board job or committee descriptions, Fiscal P & P		<p>1. There are clearly defined roles and responsibilities for how board and staff work together to assure that the organization’s finances meet all legal, ethical and business requirements.</p> <ul style="list-style-type: none"> a. The board protects the organization’s assets and provides oversight to financial systems, budget, policies, procedures, insurance, legal and donor requirements. b. Staff develop and implement financial systems and budgets and oversee day-to-day implementation of financial policies, practices and standards.
Board job or committee description		<p>2. There is an active board finance committee that:</p> <ul style="list-style-type: none"> a. develops and monitors financial policies and practices b. reviews financial statements and reports
Board job or committee description. Fiscal P & P		<p>3. The organization has policies, procedures and systems that are reviewed and monitored by the finance committee to assure sound financial practices. These include:</p> <ul style="list-style-type: none"> a. clear limits of authority b. internal controls over expenditures c. systems and procedures for: handling and processing income; collecting and reporting client data; participation and outreach data; and meeting donor, legal and financial spending and reporting requirements. d. controls to ensure restricted funding and endowments are accurately monitored and appropriately spent e. compliance with all local, state, federal, IRS and ERISA regulations f. current and regular income statements to fulfill its role of trusteeship of assets
<p>B. Financial Planning and Soundness:</p>		
Most recent budget		<p>1. An annual organizational budget is developed with staff participation and approved by the board to assure resources are allocated to meet organizational goals and objectives.</p>
Fiscal P & P		<p>2. The board develops and approves an investment management policy, as applicable, that assures:</p> <ul style="list-style-type: none"> a. investments are diversified and performance is closely monitored and b. a spending rate policy provides guidelines on maximum percent of principle to be used for operating.
Last complete fiscal year budget, current budget, financial reports, payroll	Will be marked in compliance with Audit	<p>3. The agency is fiscally sound as evidenced by:</p> <ul style="list-style-type: none"> a. meeting last year’s budget (or falling within a acceptable range given any extenuating circumstances) b. producing a periodic financial report c. insures payroll obligations are met (taxes, social security, etc.)
<p>C. Financial Policies and Record Keeping:</p>		

Yes	No	Mandatory Practices
Fiscal P & P, 501 c 3, 990, budget, contracts	Will be marked in compliance with Audit	1. There are written policies for the development and maintenance of financial documents, reports and record keeping to include: a. The accounting system provides information reflecting the current financial position of the organization b. Copies of the current Federal 990 report is kept on file c. Documentation of income, donations and other revenue as well as all expenditures are kept on file d. Contracts with vendors and subcontractors, if applicable, are current and on file
Database	IYSA	2. Monthly reports for the YSB fund are submitted in a timely manner
VII. Record Keeping – It is essential that information used to monitor performance and communicate the YSB’s reach, participation and impact be collected, organized and presented with a high level of accuracy and credibility. Each YSB must define a process for collecting, storing and organizing data and ensure the process is consistently implemented in every unit. Establish a system for collecting data by: <ul style="list-style-type: none"> determining the needed information and clearly defining the terms, developing a carefully thought-out system for collecting and recording data, training staff to collect the information, determining how information will be stored and how long it will be kept, and tracking and counting youth served in membership and through community outreach. 		
Database	IYSA	1. Indiana YSB Service Standards definitions are used consistently to count: a. funded youth b. total youth served c. youth served through community outreach d. units of service
attendance sheets, program application, client file		2. There is a tested, well thought-out system consistently applied throughout the organization for collecting and recording information about client/program participation on a daily basis. This system includes: a. a current client application form with a parent or guardian signature on file for every YSB program recipient b. a defined policy and practice for entering and exiting the building/program sites that includes recording attendance c. a written completed record of all attendance and program participation
Job descriptions		3. More than one program staff or financial/recordkeeping staff is trained in every aspect of the YSB’s polices and practices for tracking attendance and participation of youth served. a. The agency has a designated staff person responsible for managing and implementing this system. b. Roles for all staff are clearly defined and included in job descriptions and performance plans.
Information Management P & P		4. There is a defined policy and procedures for how information is stored that assures: a. all information can be easily retrieved by authorized staff b. there is a record retention policy of at least five years, or seven years for healthcare records, meeting all record keeping requirements (state, federal, etc.) c. all information is backed up d. all client data transferred electronically is encrypted
Information management P & P		5. Client records and files are stored in a safe, secure place. a. Hard copy files are kept in locked files. b. Policy that requires electronic files to be password-protected requiring a discrete login and password and stored on private networks.
Information management P & P		6. The agency has written policies and procedures to ensure client records and files are kept private and confidential. a. Policy includes limiting access to client files on a “need to know” basis for staff, clients and other parties. b. Client files include a release of information form that gives permission to share information with specified designated parties.
Information Management or Communication P & P		7. All data is repeatedly checked for accuracy before it is presented to anyone outside the YSB or used in any marketing material. This includes: a. an ongoing system for monitoring procedures to assure they are followed consistently at all units; b. two people reviewing the information; and c. the Executive Director and program supervisor approving all reports before information is presented outside the organization.

Yes	No	Mandatory Practices
Event forms, client notes, IYSA database	IYSA	<p>8. There is a tested, well thought-out system for collecting information and the agency used the IYSA database for recording youth served through community education on a monthly basis that is consistently applied by the YSB. This system includes:</p> <ul style="list-style-type: none"> a. a defined policy and practice for collecting and recording youth served through community outreach and advocacy b. collecting and recording information monthly into the IYSA database system to include: <ul style="list-style-type: none"> i. event name and program ii. attendance of youth and adults iii. date and location iv. materials distributed
Event forms, client notes, IYSA database	IYSA	<p>9. There is a tested, well thought-out system for collecting information and the agency used the IYSA database for recording youth served through advocacy efforts on a monthly basis that is consistently applied by the YSB. This system includes:</p> <ul style="list-style-type: none"> a. a defined policy and practice for collecting and recording youth served through community outreach and advocacy b. collecting and recording information monthly into the IYSA database system to include: <ul style="list-style-type: none"> i. event name and program ii. attendance of youth and adults iii. date and location iv. materials distributed
referral forms, IYSA database	IYSA	<p>10. There is a tested, well thought-out system for collecting information and referrals given and the agency used the IYSA database for recording referrals given to youth on a monthly basis that is consistently applied by the YSB. This system includes:</p> <ul style="list-style-type: none"> a. a defined policy and practice for collecting and recording information given and referrals made b. collecting and recording information monthly into the IYSA database system to include: <ul style="list-style-type: none"> i. demographic information of client ii. identified problem iii. referral or information given
<p>VIII. Programming – YSBs are required to provide services in the following four core roles to maintain accreditation status:</p> <ul style="list-style-type: none"> a. delinquency prevention b. youth advocacy c. community education d. information and referral <p>Programming should include the key components of positive youth development and trauma-informed care and be comprised of evidence-based practices and programs. Programs should be standardized, when possible, and implemented with fidelity to ensure the highest quality of services possible.</p>		
<p>A. Best Practices and Minimum Agency Requirements</p>		
Program description, treatment plan		<p>1. The agency can demonstrate (in service descriptions, case notes, staff training, etc.) utilization of evidence-based or evidence-driven practices and programs for delivery of delinquency prevention services.</p>
client surveys, treatment plans, program descriptions		<p>2. The agency can demonstrate utilization of a Positive Youth Development framework in service delivery as evidenced by the following:</p> <ul style="list-style-type: none"> a. youth are given a voice in programming through solicited feedback, client evaluations/satisfaction surveys, selection of program/activities b. youth are given positive and meaningful roles in programming through leadership or mentoring opportunities, community service or service learning projects of their choosing, participation in youth advisory councils or membership on agency board.
client files - treatment plans		<p>3. The agency can demonstrate utilization of a Trauma-Informed Care approach to service delivery as evidenced by the following:</p> <ul style="list-style-type: none"> a. care plans or service delivery plans are individualized b. youth are placed in programs and services that match their developmental needs c. youth are provided with opportunities to learn healthy, adaptive skills
Agency P & P, agency materials		<p>4. The agency can demonstrate cultural competency amongst its staff in service delivery as evidenced by the following:</p> <ul style="list-style-type: none"> a. written policies and procedures to ensure staff awareness and training b. diversity of staff, when possible c. agency material available in other languages, as determined by community need d. inclusive environment

Yes	No	Mandatory Practices
MOUs, referral forms, other agency reports		5. The agency maintains formal and/or informal organizational linkages with the community and other service providers as evidenced by MOUs, referrals, or case notes which may include: <ol style="list-style-type: none"> a. schools b. other youth organizations and/or service providers c. child protective services/Department of Child Services d. Juvenile probation/court/law enforcement
Program Manuals, P & Ps		6. The agency can demonstrate how the YSB-funded program/s meet all program minimum requirements as outlined in the YSB Service Standards
Program Descriptions, Treatment Goals/plans		7. The agency can demonstrate how the YSB-funded program/s serve to reduce one or more of the identified risk factors or increase one or more of the identified protective factors found in the YSB Service Standards.
B. Program Descriptions and Components–		
Program description/s		1. The agency has a written description of each of its programs and services, to include all four core roles, that is shared with stakeholders (such as clients, staff, funders, service partners and the community) through any of the following: brochures, newsletters, website, social media, public service announcements, paid media coverage.
Program descriptions		2. The agency has written policies for criteria for each direct care service program.
C. Case Management–		
On-site: client file		1. Client files include the following information: <ol style="list-style-type: none"> a. Demographic information b. Dates of service c. Case notes and progress reports on services delivered d. Contact logs of all phone and face-to-face contacts with youth/family e. Documentation of all assessments f. Goal and closure statements
On-site: client file		2. For the programs, as appropriate, the agency has a policy and/or procedure for case closure decisions and planning that includes participation of: <ol style="list-style-type: none"> a. Youth b. Parent/Legal Guardian, if applicable c. Referral source or other professional personnel involved with the youth (therapist, mentors, life coach), if applicable
D. Evaluation –		
CQI P & P		1. The agency has a formal policy and procedures for program evaluation plan in place that includes the input of the following: <ol style="list-style-type: none"> a. youth b. youth parent or legal guardian, when applicable c. referring agency, if applicable. (probation, DCS, schools, etc.) others, as applicable (therapists, psychiatrists, mentors, life coach, etc.), if applicable
CQI P & P, staff or board meeting minutes		2. Agency produces and reviews outcomes reports on a quarterly basis to ensure quality programming and performance improvements as needed demonstrated by the following as applicable: <ol style="list-style-type: none"> a. inclusion in staff meeting minutes b. inclusion in board meeting minutes c. documentation of changes to policies and procedures in programming when determined necessary on review of outcome results
Newsletters, Board minutes, Outcome reports		3. Agency shares outcome reports and solicits feedback from clients, staff, funders and community partners as demonstrated by any of the following: <ol style="list-style-type: none"> a. progress reports to board, staff and funders b. client and stakeholders satisfaction surveys and/or evaluations c. minutes or reports from focus groups d. newsletter articles/social media sharing

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