FAMILY DEVELOPMENT AND SELF-SUFFICIENCY (FADSS)
PROGRAM STANDARDS
SUMMARY AND GUIDE

State Fiscal Year 2022

**Iowa Department of Human Rights
Division of Community Action
Agencies**

Overview

This document sets forth a comprehensive guide to the Family Development and Self-Sufficiency Program (FaDSS) standards for service delivery for all eligibility groups and is designed for use by FaDSS programs to measure fidelity to the program model. The standards are presented in two formats: 1) a quick-reference, summary listing of each standard and 2) a detailed guide including criteria to meet each standard, method(s) of review, and evidence of compliance.

The standards are organized into the following categories:
1.   Pre-Enrollment *(Standards 1-2)*
2.   Enrolled *(Standards 3-18)*
a.   Initial Enrollment Activities
b.   Ongoing Service Provision
3.   Supervision and Training *(Standards 19-25)*
4.   Organizational *(Organizational Standards 1-15)*

The standards should be regarded as the minimum expectations of the Family Development and Self-Sufficiency Program (FaDSS). Each individual program may have stricter requirements.

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Summary of FaDSS Program Standards

	Pre-Enrollment (Standards 1-2)
1.	Services are available to help families maintain or strengthen child, individual, and family functioning.
2.	Families that are referred to the program are engaged promptly and responsively to identify needs and direct the family to appropriate services.

	Enrolled (Standards 3-18)
	Initial Enrollment Activities
3.	Family information is collected and entered into the FaDSS data collection system in a thorough, accurate and timely manner.
4.	Specialists will communicate program expectations, rights and responsibilities to families.
5.	Family files will contain a current Family Investment Agreement (FIA).
	Ongoing Service Provision
6.	Family files will contain a valid release of information when legally required.
7.	Specialists will successfully engage families in the first three months of enrollment.
8.	During the third month of enrollment, all family files will be staffed to determine the level of service intensity beginning in the fourth month.
9.	Any change in the level of service intensity addressed in the staffing of the family must be documented in the family file.
10.	After the first three months of enrollment, specialists will successfully engage families through program completion.
11.	All communication with the family or on behalf of the family will be accurately and thoroughly documented in the family file.
12.	Specialists will collaborate with third party programs/services that the family is involved with.
13.	Efforts are made to include all family members in home visits.
14.	Family issues are discussed, strategies developed and appropriate action taken.
15.	Assessment and screening tool(s) will be completed for all enrolled families.
16.	Family files contain written goals that have been developed, modified or reviewed at every visit and reflect the family issues and progress toward achievement.
17.	Family files will contain monthly PROMISE JOBS Summary for families receiving FIP and participating in PROMISE JOBS.
18.	Specialists will make every effort to attend Family Investment Agreement (FIA) appointments.

Supervision and Training (Standards 20-25)

19.	Specialists will be observed on a minimum of two home visits per year by their supervisor.
20.	Supervisors will address each specialist's entire caseload during a monthly one-on-one meeting.
21.	Supervisors will have a minimum of two contacts with each specialist per month.
22.	All files must be reviewed during the fourth month of enrollment and at exit.
23.	FaDSS staff are trained to fulfill their job responsibilities.
24.	All staff listed will have a state criminal background and child abuse records check completed prior to hire.
25.	Secure maintenance of family files.

Organizational (Standards 1-15)

1. Open and Transparent Operations
The organization operates in an open and transparent manner in accordance with applicable legal requirements and uses assets exclusively and effectively to serve the purpose for which it has been created.

2. Conflict of Interest
The organization prevents the enrichment of insiders and other abuses through the adoption and enforcement of a conflict of interest policy consistent with state laws and regulations.

3. Protection of Reporters of Suspected Misconduct
The organization prohibits employment-related retaliation against employees, and others affiliated with the organization, who come forward with information about suspected misconduct or questionable practices, and provides an appropriate, confidential channel for reporting such information.

4. Professional Conduct
The organization conducts business and delivers services in an honest, ethical, objective manner and is guided in making decisions by professional responsibility.

5. Protection of Rights and Ethical Obligations
The organization protects the legal and ethical rights of all clients.

6. Confidentiality and Privacy Protections
The organization protects the confidentiality of information about clients and assumes a protective role regarding the disclosure of confidential information.

7. Grievance Procedures
The organization maintains a formal mechanism through which applicants, clients, and other stakeholders can express and resolve grievances, including denial of service.

8. Personnel Development and Training
The organization's training and development program provides personnel with the information necessary to competently provide services.

9.	**Supervision**
	The organization has a system of supervision that promotes effective use of organizational resources and positive outcomes.
10.	**Leadership Endorsement of Quality and Performance Values**
	The organization's leadership promotes a culture that values service quality and continual efforts by the full organization, its partners and contractors to achieve strong performance, program goals, and positive results for service recipients.
11.	**Access to Case Records**
	Service recipients or designated legal representatives can access their case records, consistent with legal requirements.
12.	**Human Resources**
	A stable, qualified workforce contributes effectively and efficiently to consumer satisfaction and positive service delivery results.
13.	**Fiscal Management**
	The organization's financial accountability and viability are achieved through the application of sound financial management practices that accord with legal and regulatory requirements.
14.	**Governance**
	The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.
15.	**Research Protections**
	An organization establishes the right of individuals to refuse to participate without penalty and guarantees participants' confidentiality.

Comprehensive Standards Guide

The following guide sets forth each program standard including detailed descriptions of 1) the criteria to meet each standard, 2) the evidence of compliance with each standard, and 3) the method(s) of review used to determine overall compliance. *For Community Action Agencies only.

Key – Method of Review					
AR	Annual Report (Grantee)	**FC**	FaDSS Contract	**FR**	Fiscal Review
CSBG	Community Service Block Grant*	**FDR**	Fiscal Desk Review	**GR**	Grant Renewal
DR	FaDSS Desk Review	**FOS**	FaDSS Onsite	**Iowa FaDSS**	Iowa FaDSS

Definitions	
Contacts	
Home Visit	Home visits are contacts with a family that occur in the family's home environment. These visits must include goal setting (or reviewing) and may include some combination of assessment, screening and general strategizing to identify strengths and address barriers. Home visits may vary in length, but generally last an hour.
Quality Visit	Quality visits are contacts with a family that occur somewhere other than the family's home environment. These visits must include goal setting (or reviewing) and may include some combination of assessment, screening and general strategizing to identify strengths and address barriers. Quality visits may vary in length, but generally last an hour. Quality visits may occur in locations such as a library, park, office (such as the grantee's office) or other location requested by the family. Contact notes must document the rationale for conducting a visit outside of the family's home environment. Family Investment Agreement (FIA) appointments are considered quality visits. Virtual visits are considered quality visits. Must include discussion of goals.
Significant Contacts	Any contact with a family (other than home or quality visits) that involves information-sharing or follow-up that is specific to the family, including progress towards accomplishment of goals or other items of importance to the family that are not necessarily identified through goal-setting. The contact must include two-way communication for any method used unless the specialist is following up as a result of a prior conversation or request from the family. Contacts that exclusively address scheduling/verifying a visit or leaving a message asking a family to return the call are not considered significant. ● Substantive communication i.e. resource sharing or support ● Not a QV or HV ● May or may not include discussion of goals **Note:* mailed information may be considered a significant contact if one or more of the following criteria are met: 1) the information provided is the result of a conversation/request from the family, 2) the family responds to the mailed communication, 3) or as assessed by the reviewer.
Other Contacts	Other Contacts are not significant contacts. Contacts made with or to a family in which one or two-way communication is successful and are not significant contact should be documented as Other Contact. If a specialist calls a family and leaves a voice message to try to schedule a visit, it should be documented as Other Contact. If a specialist sends a text message, even if no

	response from the family is received, it should be documented as Other Contact. If a family contacts a specialist and connects or l leaves a voice message, it should be documented as Other Contact. Contacts made to schedule or attempt to schedule visits with a family should be documented as Other Contact. Other contacts are: ● Not Significant Contact ● May be one-way or two-way communication ● Includes sending a text, email, leaving a message, etc. Note: Sending a family's goals to them, through the Iowa FaDSS system or otherwise, does not need to be documented as a separate contact since the goal activity is already tracked in a contact.
Attempted Contacts	Attempted contact occurs when a specialist attempts to contact a family through any mode of communication and the attempt results in an error due to device malfunction or no-show. Attempted contacts may occur in any mode of communication (face-to-face, mail, phone, etc.). If a specialist arrives at a family's home for a scheduled home visit and there is no answer, this should be documented as an Attempted Contact (with the mode being Home Visit). If a specialist attempts to call a family for a scheduled Quality Visit and the family does not answer at the scheduled time, the specialist should document it as an Attempted Contact (with the mode being Quality Visit). If a specialist sends information via mail and the mail is returned due to incorrect address or other reason, it should be documented as Attempted Contact (with the mode being mail). If a specialist calls a family on the phone and the phone number is no longer in service, it should be documented as Attempted Contact (with the mode being phone). If a specialist calls the family on the phone and the family's voicemail box is full so the specialist is unable to leave a message it should be documented as Attempted Contact. Attempted Contacts are: ● Not Significant Contact ● No-call/no-show for scheduled visit ● Mail returned, phone number disconnected, etc.
Collaboration Contacts	Communication with professionals or other individuals supporting the family on behalf of the family. Example: contacting PROMISE JOBS to request the family's FIA.
Cancellation of Scheduled Visit	If a home or quality visit is canceled by either the specialist or the family prior to the visit, the specialist must determine if the contact was significant or other. If during the contact with the family other information-sharing occurs besides cancelling or

	rescheduling a visit, the contact should be documented as a significant contact. If the contact only involved the cancellation or rescheduling of a visit the contact should be documented as other contact.
Multiple Contacts	Often, specialists engage in back and forth communication via text, email, etc. with families or other professionals assisting a family. When back and forth communication with a family or professional spans a period longer than 24 hours, it should be documented as separate contacts. Back and forth communication through multiple contacts occurring within a 24 hour period can be documented as a single contact. The specialist must determine the type of contact depending on the content of the communication. Example: a specialist contacts a family to ask how they are doing. Two days later the family responds and expresses a need for diapers and food; the specialist responds with resources. The first contact the specialist made asking how the family is doing should be documented as Other Contact. The second contact with the family should be documented as Significant Contact.
Modes of Contact	
Face-to-face	Face to Face contacts include efforts to engage a family that occur in person. Examples include dropping off information to the family at their home (and seeing the family), dropping by the family's home to schedule an appointment, and interacting with a family at a community event
Phone	Communication with a family via phone (does not include text messaging). This includes the use of phone apps such as Google Duo, FaceTime, etc
Text	Communication with or to a family via text message.
Email	Communication with or to a family via email.
Mail	Communication with or to a family via mail.
Other	If the specialist is communicating with or to a family via a mode not captured above, the "other" option should be selected.
Service Intensity	

Service Intensity	Service intensity is defined as the frequency of contact between the specialist and the family each month. Service intensity is developed by assessing the family's situation and level of need for contact. The specialist, with input from the program supervisor, may use a combination of observation and discussions with the family to assess for an appropriate level of service intensity. The level of service intensity determined through staffing must be documented in the family file. Service intensity shall include no less than three contacts per month, one of which must be a home visit. ● Service intensity of one home visit requires two significant contacts. ● Service intensity of two home visits requires one significant contact. ● Service intensity of three home visits requires no additional significant contacts. In any given month, a family may receive more contacts than the level determined through service intensity, but not less.

Eligibility Types	
FIP PROMISE JOBS (PJ)	An individual (usually the head of the household) required to participate in PROMISE JOBS activities as a condition of FIP participation.
FIP Non PROMISE JOBS (PJ)	An individual (usually the head of the household) **not required** to participate in PROMISE JOBS activities as a condition of FIP participation. See bullets below for additional information. ● *Supplemental Security Income (SSI) and Social Security Disability (SSDI):* One or more adults in the home receive SSI or SSDI and have one or more children participating in FIP and are not required to participate in PROMISE JOBS. ● *Caretaker:* A non-parental relative who is a payee for one or more children participating in FIP and not required to participate in PROMISE JOBS.

Family Files	
Electronic Records	All documentation, information and records pertaining to a family stored electronically in the Iowa FaDSS data collection system, or another system managed by the grantee, including the use of technology, are considered part of the Family File.
Paper Records	All documentation, information and records pertaining to a family stored in a paper file are considered part of the Family File.

Pre-Enrollment (Standards 1-2)

1. **Services are available to help families maintain or strengthen child, individual, and family functioning.**

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Grantee three year grant application - marketing plan ● Marketing materials ● Program personnel interviews	AR DR GR FOS	FIP – PJ FIP – Non-PJ	● Grantees have an approved marketing plan and are implementing the plan. ● Families who are determined eligible are offered services

2. Families that are referred to the program are engaged promptly and responsively to identify needs and direct the family to appropriate services.			

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Grantee Referral Process ● Grantee Waiting List Protocol ● Review of pre-enrollment records in family file or in method of storage outlined by grantee ● Program personnel interviews	FOS	FIP – PJ FIP Non-PJ	● Within one month of receipt of a referral, recruitment efforts and the referral source is notified of the outcome of the referral. Recruitment efforts may result in a family enrolling, declining services, being placed on waiting list, or discontinuing efforts to recruit the family. ● Families who are determined eligible are offered services or placed on the waiting list. ● If recruitment efforts extend past one month of the referral, the referral source will be notified of ongoing/extended recruitment efforts within one month of receipt of the referral. Extended recruitment efforts may include placing a family on the waiting list. A rationale for extended recruitment efforts is documented in the family file. ● Families on waiting lists and non-enrolled referrals are connected with or referred to appropriate resources if needed. ● All pre-enrollment documentation is included in the family file for families that enroll in FaDSS. ● All pre-enrollment documentation for families not enrolled the program is stored per grantee storage method. *Guidance*

● Family File Documentation ● Specialist Interviews			● All families referred to FaDSS are entered into the Iowa FaDSS system. ● Pre-enrollment applies to families that are being recruited, families that are not enrolled after recruitment, and families on the waiting list. For referrals that enroll in the FaDSS program, the pre-enrollment documentation will be stored in the family file. For referrals that are placed on a waiting list or that do not enroll in the FaDSS program, the completed pre-enrollment documentation will be stored according to the method outlined by the grantee. ● The percentage of compliance for this standard will include the percent of files meeting the standard from review of enrolled, non-enrolled and waiting list files. ● Please reference FaDSS policy 1.0 (Referral to the FaDSS Program) for additional guidance for: https://humanrights.iowa.gov/sites/default/files/media/FaDSS_Policy_1.0-Referrals_to_the_FaDSS_Program-Eff_07-01-19.pdf

Enrolled (Standards 3-19)

Initial Enrollment Activities

3. **Family information is collected and entered into the FaDSS data collection system in a thorough, accurate and timely manner.**

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Family File & Specialist Interviews ● Iowa FaDSS	FOS FWB	FIP – PJ FIP – Non-PJ	**At Enrollment** ● All preliminary family information (Family Information at Enrollment and Family Member tabs of Iowa FaDSS) are coded correctly and entered into Iowa FaDSS within timeframes set by agencies. ● Within 60 days of program enrollment, the FaDSS Self-Sufficiency Matrix is completed in the correct manner on each required family member and entered into Iowa FaDSS. **Ongoing** ● All family information is kept up-to-date throughout enrollment. Data is to be entered into Iowa FaDSS as the information is gathered, within reasonable time frames. **At Exit**

			● All family exit information is coded correctly and entered into the system by the 10th of the following month of exit. ● Within ten days of the following month of exit, the FaDSS Self-Sufficiency Matrix is completed in the correct manner on each required family member and entered into Iowa FaDSS. *Guidance* ● FIP Families are exited from the program no later than the end of the seventh month of transition. ● Grantees should adopt policies outlining timelines for entering information into Iowa FaDSS that take into account specialist workload.

4. **Specialists will communicate program expectations, rights and responsibilities to families.**

Evidence of Compliance	*Method of Review*	*Eligibility Type*	*Meets Expectations*
● Family File & Specialist Interviews		FIP – PJ FIP – Non-PJ	**Program Summary** ● 1st home visit - contact note includes a summary explanation of the design of the program and the length of time in the program (services are available for seven months post-FIP). **Statement of Family Rights** ● The Statement of Family Rights is completed (signed by both the specialist and the family) within 30 days of enrollment. ● Contact notes document that the Statement of Family Rights have been discussed. **Timeline for Program Completion** ● 1st home visit - contact note includes a timelines for successful completion of the FaDSS program including a tentative month and year of completion. Contact notes discuss how the length of time in the program was formulated. ● Ongoing contact notes continue to discuss timelines for completion and are adjusted as needed. **Aftercare**

			● An aftercare plan will be developed with the family throughout enrollment, but with particular focus once an exit date is known. ● The aftercare plan will be clearly documented in contact notes, and will, at minimum, address the following: completion of goals, identification of formal and informal services and supports needed or desired by the family in preparation for exit from FaDSS, and steps to be taken by both the specialist and the family in order to accomplish the aftercare plan. ● Families that are not able to complete the program as designed will have been linked with appropriate services as needed. ● If appropriate, the specialist has explored suitable resources, contacted service providers and has done follow-up regarding the aftercare plan, when possible, with proper releases. **Exit Requirements** ● Families are exited from the program no later than the end of the seventh month of transition. *Guidance* ● Case closing and aftercare is a planned, orderly process that evolves over the length of time that families are in the program. Planning for exits begins at program enrollment. The program is explained to the family at the first visit. ● Families are exited from the program when they have completed transition or no longer wish to be in the program. Families are not exited due to lack of progress or a determination that they are not a good fit for the program.

5. **Family files will contain a current Family Investment Agreement (FIA).**

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Family File & Specialist Interviews	FOS	FIP – PJ	● Program staff will request the FIA by the 10th of the following month of enrollment, if not already received from PROMISE JOBS. ● If the FIA does not list FaDSS as an activity, program staff will request that FaDSS is added to the FIA. ● Documentation of requests and the FIA itself will be maintained in the family file.

Ongoing Service Provision

6. **Family files will contain a valid release of information when legally required.**

Evidence of Compliance	*Method of Review*	*Eligibility Type*	*Meets Expectations*
● Family File & Specialist Interviews	FOS	FIP – PJ FIP – Non-PJ	*FaDSS has a memorandum of understanding with PROMISE JOBS and the income maintenance workers at the Department of Human Services; no release is needed for communication between these three entities for FIP- PJ families. For all other families, a release of information will be needed to communicate with PROMISE JOBS and income maintenance workers at the Department of Human Services.* *Agencies who share information between internal programs must have agency policies and procedures in place in addition to a signed internal release.* ● The file contains appropriate, valid releases. ● To be considered valid, the release must provide written authorization for one party to exchange information with a second party. Written authorization must be obtained on an individual basis. ● Release forms are completed accurately and completely (all fields completed as required). ● The organization provides a copy of the signed release to the person or family authorizing the disclosure of confidential information and places a copy in the case record. ● For grantee internal exchange of information, a signed internal agency release form must be signed by the family. ● FaDSS programs participating in a **coordinated intake** or **collaborative service provision** process will have a formal agreement. The agreement will include detailed information about release of information forms. Programs participating may have prospective participants sign a single release of information form that identifies all participating programs. ○ Release of information for **coordinated intake** will not be valid for more than 90 days. This type of release of information will be for the limited

purpose of placement and enrollment in a program/service via a coordinated intake process.

○ Release of information for **collaborative service provision** is more ongoing in nature and the agreement will specify the length the release is valid; however, the release will not be valid for more than one year.

○ All other elements of the release that are stated in this standard must be followed. The participant must be informed they are signing a release with all participating entities.

Guidance

● Any breach of confidentiality (with the exception of instances such as imminent harm or the reporting of suspected child abuse) will result in an overall "needs improvement." A breach of confidentiality involves releasing confidential information without written authorization when such authorization is legally required.

● 70% of files reviewed must meet the technical criteria outlined in bullets 3 through 6 of the standard.

● Please reference Policy 3.0 (Confidentiality) for additional guidance. https://humanrights.iowa.gov/sites/default/files/media/Policy3_Confidentiality3-17.pdf

7.	**Specialists will successfully engage families in the first three months of enrollment.**		

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Family File & Specialist Interviews	FOS	FIP – PJ FIP – Non-PJ	*Families that enroll by the 10th of the month will be held to the standard of 2 home visits and 1 significant contact. Families that enroll after the 10th of the month will receive 1 home visit and significant contacts during the 1st month of enrollment.* ● Families receive two home or quality visits for the first three months of enrollment. ● A rationale for the use of quality visits is provided in the case notes, if applicable. ● Specialists successfully complete, at minimum, one significant contact with families. Pre-enrollment contacts may be used if the family enrolled after the 10th of the month.

			● If a family receives less than two home or quality visits and one significant contact, the standard may still be met if sufficient attempts have been made to engage the family.
			Guidance
			● See pages 5-6 of the Standards Guide for definitions of family engagement strategies.
			● The reviewer of the file will assess the significance of all contact with families. The reviewer will discuss it with the specialist and the supervisor. Final determination rests with the reviewer.

8. During the third month of enrollment, all family files will be staffed to determine the level of service intensity beginning in the fourth month.

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Family File & Specialist Interviews ● Supervisor Tracking & Interview	FOS	FIP – PJ FIP – Non-PJ	● Specialists will staff each family with their supervisor during a one-on-one meeting **during the third month** to determine the level of service intensity beginning in the fourth month. ● Service intensity shall include no less than three contacts per month, one of which must be a home visit. ○ Service intensity of one home visit requires two significant contacts. ○ Service intensity of two home visits requires one significant contact. ○ Service intensity of three home visits requires no additional contacts. ● The level of service intensity must be documented in the family file. ● Documentation will demonstrate that determination of service intensity is tied to the unique needs and situation of each family. *Guidance* ● In any given month of service, a family may receive more contacts than the level determined through service intensity, but not less. ● The appropriateness of service intensity will be assessed by the reviewer and discussed with the specialist and the supervisor; final determination rests with the reviewer. ● Please reference your approved renewal grant application for a description of your program's process and rationale for setting service intensity levels.

9. Any change in the level of service intensity addressed in the staffing of the family must be documented in the family file.

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Family File ● Supervisor Tracking & Interview	FOS	FIP – PJ FIP – Non-PJ	● Any change in the level of service intensity will be documented in the family file. ● Changes to service intensity will be determined through staffing with the supervisor. ○ Staffing may occur during a group or one-on-one meeting. ● Documentation will demonstrate that determination of service intensity is tied to the unique needs and situation of each family. *Guidance* ● In any given month of service, a family may receive more contacts than the level determined through service intensity, but not less. ● The appropriateness of service intensity will be assessed by the reviewer and discussed with the specialist and the supervisor; final determination rests with the reviewer. ● Please reference your approved renewal grant application for a description of your program's process and rationale for setting service intensity levels.

10. After the first three months of enrollment, specialists will successfully engage families through program completion.

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations

● Family File & Specialist Interviews	FOS	FIP – PJ FIP – Non-PJ	● Families receive monthly home or quality visits and significant contacts as identified through staffing with the supervisor. ● A rationale for the use of quality visits is provided in the case notes, if applicable. ● If a family receives less than the identified number of home or quality visits or significant contacts, the standard may still be met if sufficient attempts have been made to engage the family. *Guidance* ● See pages 5-6 of the Standards Guide for definitions of family engagement strategies. ● The reviewer of the file will assess the significance of all contact with families. The reviewer will discuss it with the specialist and the supervisor. Final determination rests with the reviewer. ● The level of services provided in the month of exit will be determined by reviewing the family's circumstances as documented in the file. The reviewer may reference the grantee exit protocol, if applicable.

11. **All communication with the family or on behalf of the family will be accurately and thoroughly documented in the family file.**			
Evidence of Compliance	*Method of Review*	*Eligibility Type*	*Meets Expectations*

| ● Family File & Specialist Interviews | FOS | FIP – PJ
FIP – Non-PJ | ● All contact with a family or on behalf of a family must be documented in the family record in Iowa FaDSS.
● Contacts provide an accurate description of services provided and flow from one contact to the next.
● Contact notes provide an accurate description of the home visit, including all issues (past and present) that were discussed, strategies/interventions that were developed, family members present, how services were delivered, and actions taken.
● Contact notes are specific, factual, relevant and legible. Observations recorded by the worker are supported by factual evidence.
● Throughout services, contact notes address the family's continuing needs for formal support. Notes are kept up-to-date from intake through exit and are completed within reasonable time frames.
Guidance
● Grantees should adopt policies outlining timelines for completing documentation that take into account specialist workload.
● See pages 5-6 of the Standards Guide for definitions of contacts. |

12. Specialists will collaborate with third party programs/providers that the family is involved with.			
Evidence of Compliance	*Method of Review*	*Eligibility Type*	*Meets Expectations*
● Family File & Specialist Interviews	FOS	FIP – PJ FIP – Non-PJ	● An initial contact is made with other programs/providers that the family is involved with, including referrals initiated by FaDSS, to share case planning strategies. ● Case planning addresses roles and responsibilities of each party to eliminate the potential for duplication of services and is clearly documented in the Iowa FaDSS contact record. ● If a partnership is established, communication with other programs is ongoing, including notification of when a family exits the FaDSS program. ● If a family is dual-enrolled in two home visitation programs, specialists will collaborate with the other provider to clearly establish roles and responsibilities for each party to eliminate the potential for duplication of services.

			Guidance
			Collaboration is defined as two or more service providers working together toward positive outcomes for the family. Roles and responsibilities should be complementary and avoid duplication. Contact between programs is regular, ongoing, and addresses family progress, barriers and strategies to improve family outcomes.

13. **Efforts are made to include all family members in home visits.**

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Family File & Specialist Interviews	FOS	FIP – PJ FIP – Non-PJ	● 33% of home or quality visits include interactions between the specialist and at least one additional family member (other than the head of the household), as noted in contact notes. ● Documentation reflects efforts made or actual involvement with others during the home visit. Efforts may include scheduling visits at varying times when others may be present in the home, as documented in contact notes. ○ Specialists engage parents and children (when age appropriate) in discussions/activities regarding the child's well-being. Guidance All adults with FIA activities to participate in FaDSS are fully engaged in FaDSS services. If the level of service intensity is greater than two visits per month and the specialist is unable to meet the 33% expectation for engaging others, reviewers will consider files on a case-by-case basis.

14. **Family issues are discussed, strategies developed and appropriate action taken.**

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Family File & Specialist Interviews	FOS	FIP – PJ FIP – Non-PJ	● Services are provided in a strength based and holistic manner, as demonstrated throughout the file. ● Case notes demonstrate that the needs/barriers of the family are identified through formal or informal assessment and screening; strategies are discussed with the family to address the identified needs/barriers. ● Strategies to address identified needs and barriers may include the following: further assessment/screening; formal and informal referrals; follow-up discussions with the family; goal-setting; case staffing, including service intensity; advocacy with other systems/providers, etc. ● Families are connected to or provided with information to access appropriate services. Appropriate services may address areas such as health, mental health, housing, income, education, employment, food/nutrition, parenting, child development, safety, and support network(s). ● Critical referrals are addressed and followed up on in a timely manner. (Critical issues may include eviction notice, energy shut off, child abuse, etc.). ● Multiple referrals are prioritized.

15. **Assessment and screening tool(s) will be completed for all enrolled families.**			

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Family File & Specialist Interviews	FOS	FIP – PJ FIP – Non-PJ	● The grantee's assessment and screening plan meets the minimum requirements set forth in "Selected Assessment and Screening Tools," Appendix A. ● The assessment and screening plan is implemented as outlined in the most recent, approved grant application. ● Approaches to formal and informal assessment and screening are tied to family needs as documented in the contact record. ● Completion and review of assessment and screening tools are documented in the case note. ● Results of screening and assessment are communicated to the family.

			● Efforts to obtain assessment and screening results from a third party are documented in the contact record, if applicable. ● Declined assessments and screenings are documented in the contact record. DCAA required assessments must be completed within the required timeframes as follows: ● General Family Functioning within 60 days of enrollment ● Domestic Violence within 90 days of enrollment ● Child Development within 120 days of enrollment *Guidance:* ● Assessment and screening tools may be physically signed and dated by the FDS. Reviewers will also accept the user login and date stamp provided by [the data collection system] at the point of data entry as a signature and date, or other documentation that clearly indicates who completed the tool and when it was completed. ● The reviewer of the file will assess attempts to complete assessments and limitations of new staff that have not been trained, if not completed timely. The reviewer will discuss it with the specialist and the supervisor. Final determination rests with the reviewer. ● Selected Assessment and Screening Tools can be found at this link: https://humanrights.iowa.gov/sites/default/files/media/Menu_of_Selected_Screening_and_Assessment_Tools_2020.pdf

16.	**Family files contain written goals that have been developed, modified or reviewed at every home or quality visit and reflect the family issues and progress toward achievement.**

Evidence of Compliance	*Method of Review*	*Eligibility Type*	*Meets Expectations*
● Family File & Specialist Interviews	FOS	FIP – PJ FIP – Non-PJ	● Files contain written goals that are developed, modified or reviewed at every home visit. ● Goals are thoroughly documented in Iowa FaDSS (Goals tab). ● Goals are agreed upon by the family and are measurable.

			● Goals must include the following; o Timeframes for completion o Specific services and supports to be provided and by whom ● Goals are driven by the family's unique strengths and barriers and are developed with the full participation of the family. ● Families' backgrounds, experiences, skills, race, culture, ethnicity, language, religion and socioeconomic status have been taken into consideration when developing goals. ● File contains goals that address both economic issues and family stability issues. ● Goals are based on and relate to completed assessments and are supportive of the FIA for FIP – PJ families. ● Goals do not conflict with other family plans.

17.   **Family files will contain all FaDSS Monthly Summaries to PROMISE JOBS for families receiving FIP and participating in PROMISE JOBS.**

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Family File & Specialist Interviews	FOS	FIP – PJ	● File contains all the required PROMISE JOBS summaries. Summaries are sent to PROMISE JOBS by the 10th of the following month of the reporting month. ● Monthly PROMISE JOBS summaries include relevant family information. ● Reports are completed accurately and do not conflict with contact notes. ● Updates are not completed for families in transition. *Guidance:* ● PROMISE JOBS summaries are sent monthly according to the standard calendar. If the summary for the month does not have any hours in the month that coincide with the PROMISE JOBS calendar participation time on the form will be left blank. ● To document that the summary was sent timely, complete either of the following steps:

			○ File a printed copy of the summary with the specialist's name and the date that the summary was sent. ○ File a printed copy of the "sent" email that identifies the sender and the date sent along with the summary.

18. **Specialists will make every effort to attend Family Investment Agreement (FIA) appointments.**

Evidence of Compliance	Method of Review	Eligibility Type	Meets Expectations
● Family File & Specialist Interviews	FOS	FIP – PJ	● Specialists attend FIA appointments or document the reason why they were not able to attend. ● If not able to be present at the FIA appointment, the specialist assists the family in preparing for the FIA appointment. ● If not present at the meeting, the specialist follows up with the family and the PROMISE JOBS worker after the appointment.

Supervision and Training (Standards 19-25)

19. **Specialists will be observed on a minimum of two home visits per year by their supervisor.**

Evidence of Compliance	Method of Review	Meets Expectations

● Grantee Observation Form personnel file ● Specialist Interviews	FOS	● All FaDSS staff with 50% FTE or greater devoted to direct service provision shall be observed on a minimum of two home visits per year by their supervisor. ● All FaDSS staff with 49% FTE or less devoted to direct service provision shall be observed on a minimum of one home visit per year by their supervisor. ● The supervisor maintains completed observation forms. ● Supervisor observes the discussion of family plan and progress towards goals/outcomes for the family. *Guidance* This will be looked at for the prior fiscal year. If a person does not work the entire year the reviewer will discuss with the supervisor what the required number of observations should be and assess accordingly. Best practice is that new workers would have several home visit observations during initial training.

20. **Supervisors will address each specialist's entire caseload during a monthly one-on-one meeting.**

Evidence of Compliance	*Method of Review*	*Meets Expectations*
● Supervisor Tracking & Interview	FSO	· Supervisor addresses the entire caseload of each specialist at a regular one-on-one meeting. · **Any change in service intensity will be recorded in Iowa FaDSS – Supervisor tab.** *Guidance* This can be very detailed for some families and very brief for others. Staffing may include assessment and review of the following: ○ Service intensity (ongoing and/or third month). ○ Plan for the family ○ Progress toward goals and outcomes The reviewer will discuss with the supervisor the method in which the supervisor tracks this and the reviewer will assess accordingly. All documentation of supervision must be documented in Iowa FaDSS.

21. **Supervisors will have a minimum of two contacts with each specialist per month.**

Evidence of Compliance	*Method of Review*	*Meets Expectations*

● Supervisor Tracking & Interview ● Agenda from staff meetings	FSO	● Supervisor has two contacts with each specialist per month. *Guidance* ● Can be group and one-on-one. Supervisor will track that this is done on a monthly basis. Note: Group meetings must have staffing of some families on the agenda. This is to promote sharing of ideas and techniques to work with the family. ● The reviewer will discuss with the supervisor the method in which this is tracked by the supervisor. The reviewer will assess accordingly. Examples of methods of tracking are as follows: ○ Supervisor keeps a spreadsheet that contains information on each specialist, including times of each meeting. ○ Supervisor keeps detailed notes on each regular meeting that include the date of the meeting.

22.   **All files must be reviewed during the fourth month of enrollment and at exit.**

Evidence of Compliance	*Method of Review*	*Meets Expectations*
● Family File	FOS	● Documentation of the review of family files is recorded in Iowa FaDSS (Supervision tab). ● File reviews will be conducted during the fourth month of enrollment and at exit to assure that files contain all required documentation. ● File review can be any combination of supervisor review or peer review. ● All file reviews must be verified by the supervisor. ● Fourth month file review must be documented by the supervisor in the family file no later than the end of the fourth month of service. ● Exit file reviews must be documented by the supervisor in the family file no later than the end of the month following the completion of exit paperwork. For example: File exited anytime in April will have the exit paperwork completed no later than the 10th of May. The exit file review must be completed by the end of the following month, which would be the last day in June.

23.   **FaDSS staff are trained to fulfill their job responsibilities.**

Evidence of Compliance	*Method of Review*	*Meets Expectations*

● Training Manual or Plan ● Grant Application ● Personnel files ● Staff interviews	FOS	**Orientation (minimum expectations)** ● New FaDSS personnel are oriented within the first three months of hire to: ○ The organization's mission, philosophy, goals, and services ○ The cultural and socioeconomic characteristics of the service population ○ The organization's place within its community ○ The organization's personnel manual ○ Lines of accountability and authority within the organization **Other Trainings** ● All personnel are trained on the organization's policies and procedures on confidentiality and disclosure of service recipient information and penalties for violation of these policies and procedures. The FaDSS program must follow Iowa Code Section 217.30. This includes duty to warn and reportable criminal behavior, including criminal, acquaintance, and statutory rape. **This training will be provided within one month of hire.** ● All FaDSS staff that provide direct services to families or those that supervise receive the following: ○ Notification that they are mandatory child abuse reporters and will be required to complete an approved mandatory child abuse reporter training **within one month of hire**. ○ Approved training on mandatory reporting and the identification of clinical indicators of suspected abuse and neglect. Training is completed **within six months of hire and subsequently every three years.** Certificates of completion are maintained in the personnel file. ○ Completion of the online training on the FaDSS Code of Ethics **within one month of hire** DCAA-issued certificate of completion is maintained in the personnel file ○ Training on the FaDSS Self-Sufficiency Matrix, including the DCAA online training **within one month of hire**. ○ Training on the web-based system **within three months of hire.** ● All FaDSS staff that provide direct services to families receive training on proper documentation techniques and the maintenance and security of case records **within three months of hire**. Training will include the following: ○ How family files are set up and what needs to be included ○ How to write case notes and other documentation ○ Training on assessment tools outlined in the grant application. Training on assessment tools should be completed as close to hire as possible. ○ Training on goal setting document

		○ The legal rights of service recipients (FaDSS Family Rights Statement and/or other forms required by the agency)
		● All FaDSS staff providing direct family development services, staff who supervises them and those responsible for overall management of the FaDSS program must complete **ten hours of training per year**, as approved by their supervisor. Part time staff will have the hours prorated accordingly.
		● Personnel demonstrate competence in, or receive training on, the needs of special populations within the defined service population, including the need for normalizing experiences and social inclusion.
		Family Development Certification
		● All FaDSS staff providing direct family development services, staff who supervise them and those responsible for overall management of the FaDSS program will demonstrate competencies by successfully completing a FaDSS Council approved Family Development Certification (FDC) training within one year of hire as documented by a certificate of completion in personnel file. The FDC training, at the minimum, addresses the following:
		○ The establishment of rapport and responsive behaviors with service recipients
		○ The needs of individuals and families in crisis, including special service needs of victims of violence, abuse, or neglect and their family members
		○ Basic health and medical needs of the service population
		○ Procedures for working with English language learners and persons with communication impairments
		○ Public assistance and government subsidies
		○ Interventions that address cultural and socioeconomic factors in service delivery
		○ The role cultural identity plays in motivating human behavior
		○ Understanding bias or discrimination
		○ Advocacy, including how to:
		▪ Access financial and other community resources
		▪ Identify the impact of the socioeconomic environment on the service population
		▪ Empower service recipients and their families to advocate on their own behalf.
		Guidance
		Any timeframe identified as "within one year" or "within x years" or "every x year(s)" is measured as completion by close of business one calendar year(s) from the initial date. For instance: if training is required within one year of hire, and the date of hire is July 1, 2019, the training must be completed by close of business on July 1, 2020. If the training must be renewed every three years after that, then the training would be due for completion by the close of business three years from the date the training was completed.

24.	All FaDSS staff will have a state criminal background and child abuse records check completed.		
Evidence of Compliance		*Method of Review*	*Meets Expectations*
● Personnel File Review		FOS	● All personnel records have documentation that records checks are completed prior to hire and repeated every two years.

25.	Secure maintenance of family files.		
Evidence of Compliance		*Method of Review*	*Meets Expectations*
● Personnel Interview		FOS	● FaDSS family files both electronic and paper are maintained in a secure location. Paper records are kept in a locked storage cabinet. ● Access to FaDSS family files is limited to authorized personnel of the FaDSS program. ● Comprehensive family files are never taken into a family's home. ● *Guidance* The program may utilize working files when conducting services in a family's home. The working file may contain recent documents, such as assessments, case notes, or goal sheets in progress.

Organizational (Standards 1- 15)

1.   **Open and Transparent Operations**
The organization operates in an open and transparent manner in accordance with applicable legal requirements and uses assets exclusively and effectively to serve the purpose for which it has been created.

Evidence of Compliance	Method of Review	Meets Expectations
● 990 and evidence of accessibility ● Board Training ● Agency Annual Report ● Marketing and Communications Plan ● Website	CSBG	● The public has access to clear, timely, accurate information about the organization's programs, activities, service recipients, and finances. ● The organization promotes and maintains the education of the board and staff regarding ethical practice and sets expectations for operating in an open, transparent manner. *Guidance* Consumers of services, donors, volunteers, and public officials are among those for whom access to information should be assured. The federal Form 990 filing, a vehicle to convey full descriptions of activities undertaken, is used increasingly as a source of information for consumers.

2.   Conflict of Interest
The organization prevents the enrichment of insiders and other abuses through the adoption and enforcement of a conflict of interest policy consistent with state laws and regulations.

Evidence of Compliance	Method of Review	Meets Expectations
● Conflict of Interest Policy in PPM ● Ethics training for board and staff ● Staff and Organizational Interviews ● Form 990, Part IV, Line 11B	CSBG	A conflict of interest policy is tailored to the organization's specific needs and characteristics, and: ● Defines conflict of interest ● Identifies groups of individuals within the organization covered by the policy. ● Addresses transactions between board members and the organization. ● Addresses policy enforcement. ● Provides a framework for evaluating situations that may constitute a conflict. ● Invests management with developing procedures that facilitate disclosure of information to prevent and manage potential and apparent conflicts of interest. *(Next)* *Guidance* If the conflict of interest policy requires signatures of board members and staff, these signed forms should be available with the policy. The conflict of interest policy should ensure that governing body or advisory board members who are personnel or relatives of personnel excuse themselves on matters where their objectivity would be compromised, e.g., promotions,

salaries, specific benefit packages. The standard does not require an exhaustive list of conflict situations, but the policy should provide a framework for determining when a situation constitutes conflict.

3. Protection of Reporters of Suspected Misconduct

The organization prohibits employment-related retaliation against employees, and others affiliated with the organization, who come forward with information about suspected misconduct or questionable practices, and provides an appropriate, confidential channel for reporting such information.

Evidence of Compliance	Method of Review	Meets Expectations
● Whistle blower policy in PPM ● Code of Conduct ● Staff and Organizational Interviews	CSBG	Procedures include: ● Avoidance of baseless allegations ● Maintenance of anonymity ● Definitions of misconduct ● Rights and responsibilities of reporters ● Roles of supervisors, senior management and governing body officers or committees

4. Professional Conduct

The organization conducts business and delivers services in an honest, ethical, objective manner and is guided in making decisions by professional responsibility.

Evidence of Compliance	Method of Review	Meets Expectations
● Code of Ethics ● Conflict of Interest Policy ● FaDSS Staff have signed the FaDSS Code Ethics ● Referral process for FaDSS ● Staff Interview	CSBG FO	● Personnel know and follow the code of ethics of their respective professions. **(FOS & CSBG)** ● The organization prohibits: **(FOS)** ○ making or accepting payment or other consideration in exchange for referrals ○ steering, directing referrals to, or giving preference to clients easier or less costly to serve for the organization and practitioners within the organization *(Next)* ○ steering or directing referrals to private practices in which personnel, consultants, or the immediate families of personnel and consultants are engaged

		● The organization prohibits preferential treatment of organization members, community partners, members of the organization's governing body, advisory boards, personnel, or consultants applying for and receiving the organization's services. **(CSBG)** *Guidance:* It is permissible to provide referral lists that include personnel and consultants with private practices, or family members of personnel and consultants, but the organization may not actively direct service recipients to the practices of these individuals.

5.   Protection of Rights and Ethical Obligations
    The organization protects the legal and ethical rights of all clients.

Evidence of Compliance	Method of Review	Meets Expectations
● FaDSS Rights and Responsibilities ● Agency Client Rights and Responsibilities ● Problem Resolution/Grievance Procedure ● Limited English Proficiency Policy Statement ● Organization policy in place for use of interpreters	FOS	● Clients receive a written summary of their rights and their responsibilities at initial contact, which includes: ○ basic expectations for use of the organization's services ○ hours that services are available ○ rules, expectations, and other factors that can result in discharge or termination of services ○ a clear explanation of how to lodge complaints, grievances, or appeals ● The organization accommodates the written and oral communication needs of clients by: ○ communicating, in writing and orally, in the languages of the major population groups served ○ providing, or arranging for, bilingual personnel or translators or arranging for the use of communication technology, as needed ○ providing, or arranging for, telephone amplification, sign language services, or other communication methods for deaf or hearing impaired persons ○ providing, or arranging for, communication assistance for persons with special needs who have difficulty making their service needs known ○ considering the person's literacy level *(Next)* *Guidance:*

| | | The organization's explanation of how to lodge complaints, grievances, or appeals includes informing clients about their right to file a complaint with a higher authority.

For most organizations this will be the managing organization's board of directors.
If a client is disoriented or suffering from impaired cognition at initial contact, then a written summary of client rights and responsibilities should be provided at an appropriate time. |
|---|---|---|

6.   Confidentiality and Privacy Protections
The organization protects the confidentiality of information about clients and assumes a protective role regarding the disclosure of confidential information.

Evidence of Compliance	Method of Review	Meets Expectations
● FaDSS Family Rights ● Client confidentiality policy ● Agency guidelines for child abuse reporting ● Copy of Release ● Family files ● Staff Interview ● Participant Interview	FOS	● The organization informs the client, prior to his or her disclosure of confidential or private information, about circumstances when the organization may be legally or ethically required to release such information ● When the organization receives a request for confidential information about a client, or when the release of confidential information is necessary for the provision of services, prior to releasing such information, the organization: ○ Determines if the request is valid; ○ Obtains the client's informed, written authorization to release the information. ○ Obtains informed, written authorization from a parent or legal guardian, if the person is a minor or an adult who is incapable of providing authorization to release the information. ● The program has clear criteria or definitions through which to identify suspected cases of child abuse and neglect and procedures for reporting are followed. *Guidance:* The organization obtains legal counsel regarding the confidentiality of records and the conditions under which they may be subpoenaed. The organization seeks additional legal counsel, as necessary, when others seek identifying information about an individual or family.

7. Grievance Procedures

The organization maintains a formal mechanism through which applicants, clients, and other stakeholders can express and resolve grievances, including denial of service.

Evidence of Compliance	Method of Review	Meets Expectations
● Problem Resolution/Grievance Procedure (PPM) ● FaDSS Family Rights	CSBG FOS	● The policy includes the following: **(CSBG & FOS)** ○ Timely written notification of the resolution and an explanation of any further appeal, rights or recourse ○ At least one level of review that does not involve the person about whom the complaint has been made or the person who reached the decision under review ○ The right of the consumer or a family member to be heard by a panel or person delegated to review responsibility

8. Personnel Development and Training

The organization's training and development program provides personnel with the information necessary to competently provide services.

Evidence of Compliance	Method of Review	Meets Expectations
● New Hire Orientation and ongoing professional development ● Grant Application ● Interview with Human Resources ● Program and Operating Budgets ● Orientation Checklist ● Professional Development Plan ● Annual Evaluation ● Organizations policy and procedures on training	FOS	● The personnel training and development program: ○ Promotes cooperation among personnel ○ Includes an education and training program that provides opportunities for learning and skill enhancement ○ Encourages creativity and innovation in program development and service delivery ○ Promotes awareness of, and sensitivity to, cultural backgrounds and needs ○ Rewards and acknowledges the contributions of personnel. ● The personnel training and development programs reviewed annually and revised in accord with an assessment of the organization's training needs: ○ Outlines specific expectations regarding training required of personnel in different positions and categories ○ Has faculty/trainers who are qualified and well-prepared ○ provides the opportunity for personnel to fulfill the continuing education requirements of their respective professions ○ Provides opportunities to support advancement within the organization and profession *(Next)*

		Guidance
		The organization allocates sufficient resources to support personnel development and training through a structured program that uses a variety of educational methods. For example, training can be provided through direct supervision or through the organization's quality improvement activities. Training can also be provided through conferences and workshops offered within, and external to, the organization.

9. Supervision

The organization has a system of supervision that promotes effective use of organizational resources and positive outcomes.

Evidence of Compliance	Method of Review	Meets Expectations
● Staffing tab in Iowa FaDSS ● Supervisors job description ● Supervisor performance evaluation ● Human Resource Interview ● Supervision tracking logs ● Supervisor Interview ● FDS Interview	FOS	● Supervisors have sufficient time to provide individual or group supervision as appropriate to individual needs or program type, and to conduct evaluation and training activities ● When assigning supervisory responsibilities, the organization considers: ○ the qualifications of the worker and the supervisor ○ the complexity and intensity of services ○ other organizational responsibilities ● Supervisors are responsible for: ○ delegating and overseeing work assignments ○ ensuring that service delivery is performed according to the organization's mission, policies and procedures, and service philosophy ○ providing case consultation and in-service training, as appropriate ○ identifying unmet training needs ○ conducting performance evaluations ● Supervisors of direct service personnel are competent to assess the needs of service recipients, the resources available to meet those needs, and the legal and policy requirements governing service delivery ● Supervisors support and enhance staff's ability to perform their jobs by teaching and modeling, as appropriate: ○ technical knowledge and skills ○ work management ○ communication skills ○ conflict management skills ● Supervisors are able to:

	○ address interpersonal barriers and strengths in personnel	
	○ empower those receiving supervision	*(Next)*
	○ offer criticism in a constructive manner	
	○ understand employment and labor laws	
	● Supervisors of direct service personnel assume the following administrative responsibilities, as appropriate:	
	○ tracking and monitoring the progress of the families and individuals receiving services.	
	○ collecting and applying data to improve client outcomes.	
	○ meeting the organization's quality improvement and evaluation requirements	
	● Supervisors who interview prospective employees receive training on both permissible and impermissible or unlawful categories of interview questions pursuant to applicable employment and labor laws	
	Guidance Generally, supervisory ratios do not exceed 1:8	

10. Leadership Endorsement of Quality and Performance Values	
The organization's leadership promotes a culture that values service quality and continual efforts by the full organization, its partners and contractors to achieve strong performance, program goals, and positive results for service recipients.	

Evidence of Compliance	*Method of Review*	*Meets Expectations*
● Organization strategic plan ● Board and management team meeting minutes ● Organization Continuous Quality Improvement plan ● Job description for Continuous Quality Improvement staff ● Sub Contracts of FaDSS, if appropriate ● Minutes from internal stakeholders meetings and board minutes	CSBG FOS	● Agency has a long-term plan, often called a strategic plan, that contains these elements: **(CSBG)** ○ assigns responsibilities for implementation and coordination of activities ○ establishes a periodic review of essential management and service delivery processes ○ outlines methods and timeframes for monitoring and reporting activities ○ provides an assessment process, including timeline, to determine the usefulness of the plan ▪ The assessment plan includes participation and oversight by the agency's board of directors ● Quality expectations are reflected in key documents including: **(CSBG& FOS)** ○ budgets ○ policy and procedures manuals ○ new staff training material ○ communications to staff, family members, consumers, and volunteers ○ service provider contracts *(Next)*

● Interview with Executive Director and those that Executive Director deems appropriate		● Performance and outcomes expectations and achievements are reviewed by internal stakeholders, including management staff and the organization's board of directors, on a regular basis and revised based on what is learned. **(CSBG)**

11. Access to Case Records
Service recipients or designated legal representatives can access their case records, consistent with legal requirements.

Evidence of Compliance	*Method of Review*	*Meets Expectations*
● Organization policy regarding access to case records ● Confidentiality policy	FOS	● The organization maintains policies and procedures that address access to confidential case records meets legal requirements, and is limited to: ○ the service recipient (current or former) or, as appropriate, a parent or legal guardian ○ personnel authorized to access specific information on a "need-to-know" basis ○ auditors, contractors, and licensing or accrediting personnel consistent with the organization's confidentiality policy ● Reviews of case records by service recipients are: ○ conducted in the presence of professional personnel on the organization's premises ○ carried out in a manner that protects the confidentiality of family members and others whose information may be contained in the record *Guidance* Case records should not be left in public areas such as on carts in hallways, on desks, or in non-secured areas. When not being used by authorized staff, files should be returned to a secure area.

12. Human Resources
A stable, qualified workforce contributes effectively and efficiently to consumer satisfaction and positive service delivery results.

Evidence of Compliance	*Method of Review*	*Meets Expectations*
● Job Descriptions ● EEO Plan ● PPM Recruitment and Selection ● Job Posting policy	FOS CSBG	● Job descriptions and selection criteria: **(FOS)** ○ state the qualifications, job expectations, essential functions, and responsibilities for each position or group of like positions. ○ include sensitivity to the service population's cultural and socioeconomic characteristics.

● Pre-employment investigation policy ● Background check forms ● Orientation of new workers ● Human Resource Interview ● Supervisor Interview ● Staff Interviews ● Information to the right is included in PPM. ● Policy for annual evaluation ● Annual Evaluation of staff in personnel files		○ are reviewed and updated regularly. *(Next)* ● Recruitment and selection procedures include: **(FOS)** ○ notifying personnel of available positions. ○ verifying references and credentials of personnel and independent contractors. ○ providing applicants with a written job description. ○ using standard interview questions that comply with employment and labor laws. ● Screening procedures **(FOS)** ○ For new employees, contractors, and direct service volunteers include appropriate, legally permissible, and mandated reviews of state criminal history records and civil child abuse and neglect registries to determine the appropriateness of hiring prospective personnel who will provide direct services to children and families. ● All personnel receive, and confirm in writing, receipt of an up-to-date employee policies and procedures manual that articulates current: **(FOS & CSBG)** ○ conditions of employment ○ benefits ○ rights and responsibilities of employees ○ other important employment-related information ● The organization analyzes employment patterns, and when the cultural characteristics of personnel do not generally reflect those of its defined service population, the organization implements a plan that: **(FOS)** ○ establishes goals for recruitment employment, and promotion; and ○ includes timetables for correction. ● Every full-time and part-time employee receives a written annual performance evaluation conducted by the person to whom he or she reports. **(FOS & CSBG)** *Guidance:* All organizations are expected to analyze employment patterns. If the analysis indicates that the organization's employment patterns are not reflective of the community, the organization is required to develop a plan that includes the elements in the standard. ● The organization should not use criminal history records to deny employment to qualified individuals unless the nature of the conviction is related to the job duties. The organization should consult with legal counsel about any concerns regarding the appropriate use of background information. ● Policies and procedures address: ○ conditions and procedures for layoffs ○ emergency and safety procedures

		○ equal employment policy, nepotism and favoritism protections *(Next)*
		○ grievance process procedures
		○ insurance protections including unemployment, disability, medical care, and malpractice liability
		○ performance appraisal system;
		○ promotions
		○ professional development
		○ standards of conduct
		○ time-off policies
		○ wage policy
		○ working conditions

13. Fiscal Management
The organization's financial accountability and viability are achieved through the application of sound financial management practices that accord with legal and regulatory requirements.

Evidence of Compliance	Method of Review	Meets Expectations
● Fiscal Interview ● 990 ● Independent audit ● DCAA Fiscal Monitoring	FR FDR FOS CSBG	● The budget planning process and monitoring includes participation of management, the governing body, and other relevant organization participants. **(ALL)** ● Upon request the organization provides an annual report of fiscal, statistical, and service data that includes summary information regarding its financial position. **(CSBG)** ● The organization undergoes an audit of its financial statements within 120 days of the end of the fiscal year by an independent, certified public accountant approved by the governing body. **(FR, FDR, & CSBG)** *Guidance:* Audited financial statements and IRS Form 990 should be easily accessible for review.

14. Governance

The organization's governing body is sufficiently active, capable, and diverse to guide, plan, and support the achievement of the organization's mission and goals.

Evidence of Compliance	Method of Review	Meets Expectations
● Board training ● Board Responsibilities ● Read Board Minutes ● Executive Director Interview ● Board Interview ● Review of Board by-laws	CSBG	● The organization has board members that have completed board training. ● Board Members understand their roles and responsibility as a board member. ● Board Members reflect the population within the area the organization serves. ● Agency has and follows by-laws. ● The organization conducts board meetings as directed in the by-laws and keeps minutes.

15. Research Protections

Evidence of Compliance	Method of Review	Meets Expectations
● Policy and Procedure Manual	FOS	The organization has a policy in place for conducting research involving families that includes: ● Establishes a mechanism to review research proposals involving families, which ○ Examines the ethics of the proposal ○ Approves the proposal ○ Monitors the ongoing research activities ○ Reports to governing board ○ Establishes the right of individuals to refuse to participate without penalty and guarantees participants' confidentiality. ● The identity and privacy of participants is safeguarded in all phases of research conducted by, or with the cooperation of, the organization. ● Research participants, or a parent or legal guardian, sign a consent form that includes: ○ a statement that he or she voluntarily agrees to participate ○ a statement that the organization will continue to provide services whether he or she agrees to participate ○ an explanation of the nature and purpose of the research ○ a clear description of possible risks or discomfort ○ a guarantee of confidentiality *(Next)*

		Guidance
		All research involving consumers is conducted in accordance with applicable law requirements. Research includes all forms of internal or external research involving families, except internal program evaluation and outcomes research, and educational projects carried out by students and interns as part of their professional training.
		Statistical analyses, reports, and summaries are compiled and presented in a manner that masks the identity of the research participants. Case examples from individual case records must be prepared, prior to dissemination, in a manner that masks the individual's identity.