

Iowa Family Support Standards

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**In partnership with:
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IOWA FAMILY SUPPORT STANDARDS

PURPOSE: Families participating in Family Support Services delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections.

Family Support Services address the needs of the family as a whole and are based in the homes, neighborhoods, and communities of families who need help promoting positive development, meeting challenges, and preventing adverse outcomes.

The Standards are designed to accommodate a variety of family support programs for families and their children, including, but not limited to: (1) home visiting programs that deliver support services in families' homes; (2) early intervention programs for children who have or are at risk for developmental delays; and (3) parent education groups.

Although organizations are only required to implement standards relevant for their program, it is important to: (1) recognize when families have needs or concerns the program is not prepared to address, and (2) connect those families with appropriate resources, services, and supports.

Types of Family Support Programs:

Family support programs are classified into three categories:

- **Long-Term Home Visitation**
Program is designed to provide weekly or at a minimum of twice monthly, home visits to participating families. Services are designed to be provided over a period of at least one year or longer.
- **Short-term Home Visitation**
Program is designed to provide services to participating families for less than one year. Typically, short-term home visitation programs have a singular focus which includes assessments to determine referrals to long-term or intensive home visitation programs.
- **Group-based parent education**
Program is designed to provide a standardized curricula in a group setting. A core function of a group-based parent education program is to facilitate peer support. Group-based parent education may last a minimum of six sessions or be provided through-out the year.

Program Standards

Standard 1: Access to Service

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

1.01

The program collaborates with other providers or conducts community outreach to identify families who are potentially in need of service and inform them about the program.

Interpretation: The program can partner with other organizations or agencies where families seek services, such as hospitals and health departments, or provide outreach directly to families. When the program provides outreach directly to families, efforts should be respectful, non-intrusive, non-stigmatizing, and provided in places where families in the community naturally congregate, such as schools, libraries, and faith-based institutions. Specific strategies can include: telephone calls, mailings, information packets, brochures, announcements at community programs and events, and drop-in visits to the home.

1.02

Families are engaged to participate in the program in a timely manner.

Interpretation: The program should seek to identify families as early as possible, as appropriate to the type of service offered.

Standard 2: Screening

The program screens families promptly and responsively to identify needs and direct family members to appropriate services.

NA Another program is responsible for screening.

2.01

Prompt, responsive screening practices:

- a) ensure equitable treatment;
- b) give priority to urgent needs;
- c) inform families how well their requests match the program's services;
- d) include using all available prior-screening information and does not duplicate recent screening activities;
- e) support timely initiation of services; and
- f) provide for placement on a waiting list, if desired.

2.02

Families who cannot be served, or cannot be served promptly, are referred or connected to appropriate resources.

NA The program: (1) accepts all clients, or (2) only receives clients by referral, and is required by contract to accept all referrals.

Standard 3: Assessments

Families participate in a comprehensive, individualized, strengths-based, family-focused, culturally responsive assessment.

NA The program provides only parent education groups or short term in-home family support services.

3.01

Personnel who conduct assessments are qualified by relevant training, skill, and experience and can recognize individuals and families with special needs.

3.02

The information gathered for assessments is comprehensive, directed at concerns identified in the initial screening, and limited to material pertinent for meeting service requests and objectives.

3.03

Assessments are conducted in a culturally responsive manner and are the basis for identifying resources that can increase service participation and support the achievement of agreed upon goals.

Interpretation: Culturally responsive assessments can include attention to geographic location, language of choice, and family members' religious, racial, ethnic, and cultural backgrounds. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, and developmental level.

3.04

Assessments are completed within timeframes established by the program and are updated periodically.

3.05

Standardized assessment tools are used to:

- a) identify family strengths and protective factors;
- b) assess for needs and risk factors associated with poor child, individual, and family outcomes;
and
- c) screen child development.

Interpretation: The assessment of a family's development should consider their strengths, challenges, functional status, and social competence. Service providers should work with families to better understand their strengths and needs. The term "standardized" refers to the organization or program having a standard assessment process for all families.

Standard 4: Service Planning and Monitoring

Families and providers work together to develop and review service plans that are the basis for delivery of appropriate services and support.

NA The program provides only parent education groups or short term in-home family support services.

4.01

A family-centered service plan is developed within an appropriate timeframe with the full participation of family members as appropriate, and expedited service planning is available when crisis or urgent need is identified.

Interpretation: Service planning is to be conducted so that family members retain as much personal responsibility and self-determination as possible and desired. Individuals with limited ability in making independent choices can receive help with making or learning to make decisions.

4.02

The service plan is based on the assessment, is tailored to the family's unique needs and priorities, is measurable, and includes:

- a) agreed-upon goals, desired outcomes, and timeframes for achieving them;
- b) services and supports to be provided that build on the family's strengths and addresses the family's risks, and by whom;
- c) includes a parent's or legal guardian's signature;
- d) provider and family's regular review of progress toward achievement of goals; and
- e) signed revisions to service goals and plans.

Interpretation: A family's unique background, experiences, skills, race, culture, ethnicity, language, religion, and socioeconomic status are to be taken into consideration when developing a service plan. Providers should be fully informed about issues and preferences that may impact service delivery with various groups in the service population.

4.03

The provider and a supervisor, or peer team, review the case quarterly to assess:

- a) service plan implementation;
- b) the family's progress toward achieving goals and desired outcomes; and
- c) the continuing appropriateness of the family's goals.

Interpretation: Experienced providers may conduct reviews of their own cases. In such cases, the provider's supervisor reviews a sample of the provider's evaluations as per the requirements of the standard. Timeframes for service plan review should be adjusted depending upon issues and needs of persons receiving services, and the frequency and intensity of services provided.

Standard 5: Service Philosophy

The program is guided by a service philosophy that:

- a) sets forth a logical approach for how program activities and interventions will meet family needs; and
- b) guides the development and implementation of program activities and services based on the best available evidence of service effectiveness.

Standard 6: Family-Focused Approach to Service

Services are of the appropriate type and intensity needed to build on family strengths, address risks, and improve family functioning.

NA The program provides only parent education groups or short term in-home family support services.

6.01

Families and providers establish respectful relationships that facilitate productive service planning and delivery.

Research Note: One home visiting study found that providers' and parents' views about their relationships were strong predictors of service dosage, and suggests that the parent-provider relationship may play a role in determining whether a family will remain enrolled in a program and accept a greater number of home visits. The importance of developing positive relationships is underscored by research suggesting that higher service levels are associated with better outcomes.

6.02

Services involve and accommodate all family members to the extent possible and appropriate, and are provided at times acceptable to the family.

Interpretation: The program can consider factors such as staff availability and safety when deciding the hours services will be offered.

6.03

The frequency, intensity, and duration of services are:

- a) based on each family's needs, strengths, and circumstances; and
- b) appropriate to the type of services offered.

Research Note: Literature emphasizes that a relatively high dose of service may be needed for positive changes to occur, and some home visiting research suggests that families receiving higher levels of service experience better outcomes. However, this research also finds that it can be difficult to retain families in voluntary support services and indicates that many families do not receive the levels of service that may be needed to yield beneficial results.

Standard 7: Community-Based Approach to Service

A community-based approach increases the ability of the program and community to support children and families and meet their needs.

7.01

The program works and partners with other community providers to coordinate service delivery and increase the likelihood that needed supports and services will be used.

NA The program provides only parent education groups or short term in-home family support services.

7.02

To promote the availability of a full range of community services, the program:

- a) regularly assesses the resources and services available to families; and
- b) advocates for needed services when they are lacking or not easily accessible.

7.03

Program activities facilitate a connection to the community, and promote a coordinated response to community needs, by encouraging families to:

- a) connect with other community members, organizations, and institutions; and
- b) contribute time and skills to family support and community building efforts if and when it is appropriate to do so.

Interpretation: Some families may not be at a point in their lives where they can contribute to family support and community building efforts.

Standard 8: Health Services

Families are linked to health services that promote positive child development and the health and well-being of all family members.

8.01

Children and families are linked to the following health services, as needed:

- a) diagnosis and treatment of health problems;
- b) dental care;
- c) mental health care;
- d) ongoing health care, including routine medical checkups;
- e) pediatric health care, including well-baby visits and immunizations; and
- f) information and education about pregnancy planning and prevention, including linkages to family planning services.

Interpretation: Regarding element (c), expectant and recent mothers should be regularly screened for depression, informed about postpartum depression, and connected to available support and treatment services.

8.02

Expectant parents are linked to the following healthcare services, as needed:

- a) prenatal health care;
- b) genetic risk identification and counseling services;
- c) labor and delivery services;
- d) nutrition services;
- e) dental care;
- f) mental health care; and
- g) postpartum care.

Interpretation: Regarding element (f), expectant mothers should be regularly screened for depression, informed about postpartum depression, and connected to available support and treatment services.

Interpretation: Programs that serve any expectant parents are required to link those parents to appropriate resources. This would include programs that target expectant parents or that targets another population, in which the participant is also an expectant parent.

8.03

Families are helped to sign up for health insurance when coverage is available and receive information about other options for care, such as free clinics, when insurance coverage is not available.

8.04

Families are educated about:

- a) health-related issues and behaviors that can impact child, individual, and family functioning;
and
- b) the prevention and treatment of disease.

Standard 9: Supportive Services

Families are linked to formal services and supports and identify and use an informal support network.

9.01

Families are helped to reduce social isolation and develop positive connections with others by:

- a) maintaining and strengthening their relationships with others within the family, including the extended family; and
- b) developing and expanding their informal networks, including connections with friends, neighbors, and community members.

9.02

Families are helped to access community services that meet basic needs and help them care for their children, including, as appropriate:

- a) food and nutrition services;
- b) health services;
- c) housing services, including transitional living arrangements;
- d) transportation services;
- e) financial assistance;
- f) child care; and
- g) respite care.

9.03

Families are helped to access community services that promote self-sufficiency and positive life course development, including, as appropriate:

- a) educational and literacy services, including special education;
- b) vocational and employment services; and
- c) parent education services and support groups.

9.04

Families are helped to access community services that address needs and problems that may impede effective parenting, including, as appropriate:

- a) counseling services;
- b) mental health services;
- c) services for substance use conditions; and
- d) domestic violence services.

Research Note: Some home visiting research suggests that the presence of mental health, substance use, and domestic violence problems may limit the effectiveness of interventions intended to reduce the incidence of child maltreatment and emphasizes the importance of ensuring that providers are prepared to: (1) recognize the presence of these risk factors, and (2) respond by linking families with all needed services.

Standard 10: Parent Education Services

Educational and skill-building activities empower parents and improve adult functioning.

10.01

Child and family characteristics, such as age, developmental level, race, culture, ethnicity, language, and literacy level, are considered when choosing or designing educational interventions, materials, and curricula. Programs should seek the input of families and other community members when developing educational interventions, materials, and curricula.

10.02

Families are educated about child development and child rearing topics that include, as appropriate:

- a) basic care giving routines;
- b) child growth and development, including physical, cognitive, and social development;
- c) environmental safety and injury prevention;
- d) meeting children's health and emotional needs;
- e) parent-child interactions and bonding; and
- f) age-appropriate behavioral expectations and appropriate discipline for children.

Interpretation: Programs can tailor topics to reflect participants' needs and program goals. For example, a program whose primary aim is to help parents provide educational enrichment for preschoolers can develop a curriculum specifically geared toward helping families achieve that goal.

10.03

Expectant parents are educated about the following prenatal health topics:

- a) fetal growth and development;
- b) the importance of prenatal care;
- c) nutrition and proper weight gain;
- d) appropriate exercise;
- e) medication use during pregnancy;
- f) effects of tobacco and substance use on fetal development;
- g) what to expect during labor and delivery; and
- h) benefits of breastfeeding.

Interpretation: These topics may be addressed by qualified medical personnel in the context of the prenatal health care referenced in 8.02.

Programs that target expectant parents are required to ensure education is provided either directly by program or through referrals to appropriate resources. Programs that do not target expectant parents are required to link those parents to appropriate resources.

10.04

Parent education services promote self-sufficiency and self-efficacy by building on family strengths and addressing topics related to positive personal functioning and development, as appropriate to the needs of the service population.

Interpretation: Topics will vary according to program type and population served, but should respond to the needs of service recipients. Relevant topics can include, but are not limited to: problem solving and decision-making; managing, coping with, and relieving stress and anger; time, budget, and

household management; interpersonal relations and communication; developing supportive networks; life transitions; personal growth and future aspirations; and effectively utilizing available community resources.

10.05

When parent education is provided in a group setting, services:

- a) emphasize group learning and sharing;
- b) respond flexibly to the changing needs of group members; and
- c) are scheduled with participants' time commitments in mind.

Interpretation: Although some skills may be taught formally in a classroom context, program personnel should also engage parents through more experiential methods, such as coaching and role modeling, that are designed to actively involve participants and help them personalize the information they are taught.

NA The program does not provide parent education groups.

10.06

Group programs provide participants with opportunities to:

- a) contribute by asking questions and sharing their experiences;
- b) listen to and learn from those who are similar to and different from themselves;
- c) develop positive relationships with others;
- d) assume responsibilities and develop leadership capacities; and
- e) participate in activities of interest.

NA The program does not provide parent education groups.

10.07

Personnel providing parent education services in a group setting are available to meet with parents individually, as needed.

Interpretation: If personnel are unable to meet with parents before or after group sessions, it is also acceptable to be available to parents at other times to provide follow up to any issues arising in the group setting.

NA The program does not provide parent education groups.

Standard 11: Child Development Services

Children receive services that meet their needs, promote their growth and development, and increase their well-being.

NA The program provides only parent education groups or short term in-home family support services.

11.01

Children are connected to supports, services, and activities that promote their physical, cognitive, social, and emotional development, including, as appropriate:

- a) educational services;
- b) counseling and therapeutic services;
- c) health services; and
- d) social, recreational, and physical activities.

11.02

Child and family characteristics, such as age, developmental level, race, culture, ethnicity, and language, are considered when choosing or designing program interventions, materials, and curricula.

11.03

Parents are involved in service delivery, and providers help them increase their ability to interact positively with their children and promote child well-being.

11.04

When assessment reveals the need for early intervention services, the program either directly provides those services, or links the family with another organization that provides those services.

Standard 12: Early Intervention Services

Early intervention services promote the health and well-being of children who have or are at risk for developmental delays.

Research Note: Under Part C of the Individuals with Disabilities Education Act (IDEA), states provide early intervention services that enhance the development of children under age three who: (1) are experiencing developmental delays, or (2) have been diagnosed with a condition that has a high probability of resulting in developmental delays. States also have the option of extending services to children at risk for serious developmental problems.

NA The program model is not designed to provide early intervention services but makes referrals to appropriate entities (Early ACCESS.)

12.01

Children receive all specialized services needed to promote their physical, cognitive, emotional, social, communicative, and adaptive development.

Interpretation: Services can include, but are not limited to: medical services, nursing services, visual services, audiological services, speech and language services, orientation and mobility services, psychological services, nutrition services, family therapy, occupational and physical therapy, assistive technology, and special education. When assessment reveals the need for specialized services the organization does not provide, it should refer the family to other qualified professionals.

12.02

Children receive services that take into account their strengths, challenges, functional status, and social competence, and that facilitate their ability to complete essential, age-appropriate daily tasks.

12.03

Child and family characteristics, such as age, developmental level, race, culture, ethnicity, and language, are considered when choosing or designing early intervention services.

12.04

Children receive early intervention services in natural environments where they can interact in a positive way with other children to the extent appropriate.

Note: Natural environment is defined in Iowa Administrative Code, Chapter 120, **281—120.4(34CFR303)**

12.05

Families are involved in services and provided with information and education about:

- a) developmental delays and disabilities;
- b) the best strategies for lessening the effects of developmental delays and disabilities;
- c) meeting their children's needs; and
- d) their children's progress.

Research Note: Literature emphasizes the importance of collaborating with parents and supporting their ability to promote their child's development, rather than focusing solely on the child.

12.06

Early intervention services:

- a) are delivered in environments where children and families spend time or would like to spend time;
- b) include family members' ideas;
- c) use the family's informal resources, such as toys, household materials, and family members;
- d) take advantage of learning opportunities that occur naturally during activities in which the family participates; and
- e) can be incorporated into everyday routines and activities.

12.07

Families are linked to needed support services, including, as appropriate:

- a) individual counseling or parent-to-parent support groups; and
- b) financial assistance for specialized services that meet their children's needs.

Standard 13: Case Closing and Aftercare

Case closing is a planned, orderly process, and the program helps the family develop a plan for obtaining follow-up services.

NA The program provides only parent education groups or short term in-home family support services.

13.01

Planning for case closing:

- a) is a clearly defined process that includes assignment of staff responsibility;
- b) begins at intake; and
- c) involves the provider, family members, and others, as appropriate.

13.02

Upon case closing, the program notifies any collaborating service providers, including the courts, as appropriate.

13.03

If a family leaves the program for whatever reason, the program makes every effort to link family members with appropriate services.

13.04

Families and providers work together to develop aftercare plans that:

- a) are developed sufficiently in advance of case closing to ensure an orderly transition;
- b) identify services needed or desired by family members; and
- c) specify steps for obtaining these services.

Interpretation: While the decision to develop an aftercare plan should be based on the wishes of the family, unless aftercare is mandated, the program is expected to be strongly proactive with respect to aftercare planning. To increase the likelihood that needed supports and services will be accessed after case closing, the program should take the initiative to explore suitable resources, contact service providers, and follow up on the aftercare plan, as appropriate, when possible, and with the permission of the family.

Research Note: Due to funding constraints, programs providing early intervention under Part C of IDEA can generally only serve children under age three. Accordingly, literature emphasizes the importance of helping children and families enrolled in these programs facilitate a smooth, successful transition into child care, school, or an alternate intervention program.

Standard 14: Personnel

Personnel are capable of helping children and families consider options, improve their functioning, and achieve their goals.

14.01

Personnel have the competencies needed to:

- a) engage, establish trust, develop relationships, and collaborate effectively with individuals and families from a wide range of backgrounds, cultures, and perspectives;
- b) provide services in a culturally competent manner;
- c) promote respect and encourage independence;
- d) use appropriate methods of support and establish professional boundaries with families;
- e) observe and understand child, individual, and family functioning;
- f) educate families about child development, child rearing, and positive personal development;
- g) identify and build on strengths;
- h) assess needs, risks, and safety;
- i) recognize and address problems related to substance use, mental health, domestic violence, and child abuse and neglect;
- j) recognize and respond to signs of prenatal and postpartum depression;
- k) collaborate with community providers; and
- l) link families with needed services offered by other community providers.

Interpretation: Competency can be demonstrated through a combination of education, training, and experience.

NA The program provides only parent education groups or short term in-home family support services.

14.02

Personnel providing early intervention services have the additional competencies needed to:

- a) administer early intervention techniques;
- b) understand issues of particular relevance to the families of children with developmental delays or disabilities; and
- c) help families learn how to support and promote their children's healthy development.

Interpretation: Competency can be demonstrated through a combination of education, training, and experience.

NA The program does not provide an early intervention program.

14.03

Personnel providing parent education services in a group setting have the competencies needed to:

- a) engage and motivate group members;
- b) understand group dynamics;
- c) lead discussions;
- d) facilitate group activities;
- e) collaborate effectively with individuals and families from a wide range of backgrounds, cultures, and perspectives;
- f) provide services in a culturally competent manner;

- g) promote respect and encourage independence;
- h) educate individuals and families about child development, child rearing, and positive personal development; and
- i) recognize family needs and collaborate with community providers.

Interpretation: Competency can be demonstrated through a combination of education, training, and experience.

NA The program does not provide parent education groups.

14.04(Programs may request an exception to policy waiver for 14.04)

Supervisors are qualified by:

- a) an advanced degree in a health, education, or human service field; or
- b) a bachelor’s degree in a health, education or human service field and two years’ experience working with children and families; or
- c) an associate’s degree in a health, education or human service field and four years of experience working with children and families. Supervisors receive ongoing educational and training opportunities.

Interpretation: When supervisors are qualified by the third bullet, prior experience with supervision is desirable.

14.05

Supervisors provide regular support and supervision to all direct service personnel. Supervisors provide additional support to personnel when they are:

- a) new;
- b) developing competencies;
- c) experiencing challenging circumstances with the individuals and families or staff they work with; or
- d) experiencing higher workloads.

Interpretation: The type of additional support provided to personnel will vary depending on each individual’s unique needs and job responsibilities. For example, personnel may require more frequent supervision, additional training opportunities, reduced workloads, or shadowing for a period of time.

14.06

Employee workloads support the achievement of positive outcomes for families, are regularly reviewed, and are based on an assessment of the following:

- a) the qualifications, competencies, and experience of the provider, including the level of supervision needed;
- b) case complexity and status;
- c) the work and time required to accomplish assigned tasks, including those associated with individual caseloads and other job responsibilities;
- d) whether services are provided by multiple professionals or team members; and
- e) service volume, accounting for assessed level of needs of new and current families and referrals.

Interpretation: Case complexity can take into account: the intensity of child and family needs, the size of the family, travel time, and the goal of the case. When services are provided through a home visiting model, caseloads generally range from 15 – 25 families, depending upon the frequency and intensity of services provided.

NA - The program provides only parent education groups.

14.07

When multiple providers are involved, a team approach is used to ensure a comprehensive, integrated approach to service delivery.

Interpretation: Mechanisms should be in place to facilitate communication and coordination.

NA - The program does not involve multiple providers in service delivery.

Standard 15: Cultural Competence

Services should be culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families. Staff and materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.

15.01

The program has a description of the cultural characteristics of its current population, including ethnic, racial, linguistic, demographic and other characteristics.

15.02

The program has the capacity to provide culturally sensitive and family-centered services to the major group(s) within the service population.

Interpretation: The materials used by the program are reflective of the diversity of the population, materials are available in the major languages spoken by the target population, and materials reflect the literacy level of families.

15.03

The program ensures staff receive training designed to increase understanding and sensitivity of the unique characteristics of the service population.

Program Operations and Management Standards

Standard 16: Open, 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.

16.01

The public has access to clear, timely, accurate information about the organization's programs, activities, service recipients, and finances.

Interpretation: 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.

Interpretation: The standard recognizes that for profit organizations are not required to disclose financial information to the public.

16.02

The organization eliminates internal and external barriers to achieving ethical practice throughout the organization, including unawareness of expectations and current information.

Interpretation: 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.

Standard 17: 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.

A conflict of interest policy is tailored to the organization's specific needs and characteristics, and:

- a) defines conflict of interest;
- b) identifies groups of individuals within the organization covered by the policy;
- c) addresses transactions between board members and the organization;
- d) addresses policy enforcement;
- e) provides a framework for evaluating situations that may constitute a conflict; and
- f) invests management with developing procedures that facilitate disclosure of information to prevent and manage potential and apparent conflicts of interest.

Interpretation: 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.

Interpretation: Regarding the Form 990, the organization should note that establishing and enforcing a conflict of interest policy is an important safeguard for profit and non-for-profit organizations against unethical or illegal practices, and that the Form 990 for charitable organizations may, in the future, include disclosure of the adoption of a conflict of interest policy.

Standard 18: Protection of Reporters of Suspected Misconduct

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

Interpretation: An organization establishing a policy to protect reporters of suspected misconduct can begin by adopting a code of conduct and ethical practice and developing reporting procedures. Procedures should include avoidance of baseless allegations, maintenance of anonymity, definitions, rights and responsibilities, and the role of supervisors, senior management, and governing body officers or committees.

Standard 19: Professional Conduct

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

19.01

Personnel know and follow the code of ethics of their respective professions.

19.02

The organization prohibits:

- a) making or accepting payment or other consideration in exchange for referrals;
- b) steering, directing referrals to, or giving preference to clients easier or less costly to serve for the organization and practitioners within the organization; and
- c) steering or directing referrals to private practices in which personnel, consultants, or the immediate families of personnel and consultants are engaged.

Interpretation: It is permissible to include on referral lists 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.

19.03

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.

Standard 20: Protection of Rights and Ethical Obligations

The organization protects the legal and ethical rights of all clients by:

- informing clients of their rights and responsibilities;
- providing fair and equitable treatment; and
- providing clients with sufficient information to make an informed choice about using the organization's services.

20.01

Clients receive a written summary of their rights and their responsibilities at initial contact, which includes:

- a) basic expectations for use of the organization's services;
- b) hours that services are available;
- c) rules, expectations, and other factors that can result in discharge or termination of services; and
- d) a clear explanation of how to lodge complaints, grievances, or appeals.

Interpretation: The organization's explanation of how to lodge complaints, grievances, or appeals should include 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.

Interpretation: 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.

20.02

The organization accommodates the written and oral communication needs of clients by:

- a) communicating, in writing and orally, in the languages of the major population groups served;
- b) providing, or arranging for, bilingual personnel or interpreters/ translators or arranging for the use of communication technology, as needed;
- c) providing, or arranging for, telephone amplification, sign language services, or other communication methods for deaf or hearing impaired persons;
- d) providing, or arranging for, communication assistance for persons with special needs who have difficulty making their service needs known; and
- e) considering the person's literacy level.

Interpretation: Basic program information is available in languages representative of consumer groups. Organizations that fully implement 20.02 proactively reach out to ensure that all individuals can use its services and fully participate in planning.

Standard 21: Confidentiality and Privacy Protections

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

Interpretation: The organization must carefully reconcile its policies, procedures, and practices with all applicable confidentiality laws and regulations including, but not limited to, laws and regulations governing information about mental health consumers, victims of domestic violence, drug and alcohol treatment, and HIV/AIDS.

The organization's procedures must reconcile legal restrictions on the release of identifying information about clients with mandatory reporting and duty to warn requirements. Written procedures should include guidance to personnel in determining the degree of danger a person may pose to him or herself or to the community.

21.01

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 permitted or required to release such information without the client's consent.

21.02

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:

- a) determines if the request is valid;
- b) obtains the client's informed, written authorization to release the information; and
- c) 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.

Interpretation: 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.

In the context of this standard, "valid" means justifiable, legitimate, convincing, legally permissible, and in the best interest of the client. Unless otherwise required by law, authorization to release confidential information is not necessary where the request for information is pursuant to a subpoena.

21.03

The organization has clear criteria or definitions through which to identify suspected cases of child abuse and neglect and procedures for reporting are followed.

21.04

The release form for disclosure of confidential information includes the following elements:

- a) the signature of the person whose information will be released, or the parent or legal guardian of a person who is unable to provide authorization;
- b) the specific information to be released;
- c) the purpose for which the information is to be used, except where disclosure is mandated by law or the person is receiving service under court supervision or directive;
- d) the date the release takes effect;

- e) the date the release expires, not to exceed 90 days from when authorization is given for a one time release of information, and not to exceed one year, or as the law requires, when a contracted or cooperating service provider requires the release of information for ongoing service provision;
- f) The name of the person, or the job title of the person, to whom the information is to be released;
- g) the name of the person, or job title of the person, within the organization who is providing the confidential information; and
- h) a statement that the person or family may withdraw their authorization at any time.

Interpretation: When permitted by law, confidential information may be released without the informed, written authorization of the person or legal guardian.

Interpretation: Blanket release forms signed by clients when service is initiated do not meet the requirements of this standard, except as put forth by federal regulation, for example, when making application to FEMA/DHS in a declared disaster.

Interpretation: Organizations participating in longitudinal research projects will not be expected to have releases of information pertaining to the family's participation in the research study expires within one year as stated in bullet five. Releases of information for participation in a research study are valid for the length of the study unless the study changes substantially in nature.

Interpretation: Organizations participating in a coordinated intake process will have prospective participants sign a single release of information form with all participating family support programs in order to direct the family to the most appropriate family support program. Releases of information for this purpose will not be valid for more than 90 days. Releases of information will be for the limited purpose of placement and enrollment in a family support program via a coordinated intake process.

Interpretation: The release of information may also include the supervisor of the person in the organization who is providing the confidential information. Any one release of information form may not contain more than two people or positions to be releasing confidential information.

Research Note: Research suggests that organizations with clear confidentiality policies and consent form requirements have increased collaboration among providers, consumers, and families. This increased collaboration can have a positive impact on the relationship between providers and family members and further open lines of communication for the future.

21.05

The organization provides a copy of the signed form to the person or family authorizing the disclosure of confidential information, and places a copy in the case record.

Standard 22: Grievance Procedures

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

- a) timely written notification of the resolution and an explanation of any further appeal, rights or recourse;
- b) 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; and
- c) the right of the consumer or a family member to be heard by a panel or person delegated to review responsibility.

Training and Supervision

Iowa's Training and Supervision standards focus on preparing incoming staff to fulfill their roles at the organization and on providing employees with ongoing opportunities for continued learning and professional development. These training opportunities, along with supportive supervision, are essential to the development of a competent workforce capable of providing services effectively.

We recognize that staff competence can not be defined solely by supervision nor training, but instead, is a dynamic combination of both elements, along with a variety of other factors including educational background, work experience, and workload. This multi-faceted approach to competency allows organizations to respond to the individual needs of employees by providing them with the appropriate combination of training and supervision.

Standard 23: Personnel Development and Training

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

Interpretation: 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.

23.01

The personnel training and development program:

- a) promotes cooperation among personnel;
- b) includes an education and training program that provides opportunities for learning and skill enhancement;
- c) encourages creativity and innovation in program development and service delivery;
- d) promotes awareness of, and sensitivity to, cultural backgrounds and needs; and
- e) rewards and acknowledges the contributions of personnel.

23.02

The personnel training and development program:

- a) is reviewed annually and revised in accord with an assessment of the organization's training needs;
- b) outlines specific expectations regarding training required of personnel in different positions and categories;
- c) has faculty/trainers who are qualified and well-prepared;
- d) provides the opportunity for personnel to fulfill the continuing education requirements of their respective professions; and
- e) provides opportunities to support advancement within the organization and profession.

Standard 24: Training Content

Personnel throughout the organization are trained to fulfill their job responsibilities.

24.01

New personnel are oriented within the first three months of hire to:

- a) the organization's mission, purpose, and philosophy of practice;
- b) programs and service goals;
- c) the cultural and socioeconomic characteristics of populations served by the organization;
- d) the organization's role within and relationship to the communities it serves;
- e) the organization's human resource policies and procedures;
- f) ethical practice and the organization's standards for professional conduct; and
- g) lines of accountability and authority within the organization.

24.02

All personnel who have regular contact with individuals and families receive training on legal issues, including:

- a) mandatory reporting and the identification of clinical indicators of suspected abuse and neglect, as applicable;
- b) federal, state, and local laws requiring disclosure of confidential information for law enforcement purposes, including compliance with a court-order, warrant, or subpoena;
- c) duty to warn, pursuant to relevant professional standards and as required by federal, state, and local law;
- d) the organization's policies and procedures on confidentiality and disclosure of service recipient information, and penalties for violation of these policies and procedures;
- e) the legal rights of service recipients;
- f) any requirements associated with consent decrees; and
- g) reportable criminal behavior.

24.03

Personnel receive training on and demonstrate competence in the organization's technology and information systems, as appropriate to their position and job responsibilities, including:

- a) documentation techniques;
- b) data entry and data integrity; and
- c) the maintenance and security of records.

Interpretation: As technology is constantly evolving, it is important to keep personnel up to date on any changes or updates made to existing systems and new technologies adopted by the organization.

24.04

Direct service personnel demonstrate competence in, or receive training on, as applicable:

- a) the establishment of rapport and responsive behaviors with service recipients;
- b) the needs of individuals and families in crisis including special service needs of victims of violence, abuse, or neglect and their family members;
- c) basic health and medical needs of the service population;
- d) procedures for working with English language learners and persons with communication impairments; and
- e) public assistance and government subsidies.

24.05

Training for direct service personnel addresses differences within the organization's service population, including:

- a) interventions that address cultural and socioeconomic factors in service delivery;
- b) the role cultural identity plays in motivating human behavior; and
- c) understanding bias or discrimination.

24.06

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.

Interpretation: "Special populations" include, but are not limited to, those who are abused and neglected, those with a developmental disability, and those with mental health and substance use disorders.

24.07

Direct service personnel demonstrate competence in, or receive training on, advocacy, including how to:

- a) access financial and other community resources;
- b) identify the impact of the socioeconomic environment on the service population; and
- c) empower service recipients and their families to advocate on their own behalf.

Standard 25: Supervision

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

Interpretation: *The supervisor's role/title is defined by the program.*

25.01

Supervisors have sufficient time to:

- a) provide regularly scheduled supervision;
- b) offer flexible support in response to crisis situations or urgent needs; and
- c) conduct evaluation and training activities as outlined in the organization's supervision framework.

Interpretation: Supervisors should maintain an administrative file with up-to-date documentation of each supervisory session, including the date and duration of each session as well as a brief outline or summary of what was discussed.

Research Note: Research suggests that workers who receive supportive supervision are more effective in their work, which can have a positive impact on service recipients. Supportive supervisory practices are those that go beyond assigning and managing tasks to build and maintain personnel capacity, promote improved performance, and build positive relationships. This includes monitoring outcomes, giving feedback, supporting the emotional needs of personnel, managing conflict, etc. Caseworkers that were interviewed at a variety of state agencies providing child and family services cited a lack of quality supervision as one reason for reduced productivity and high turnover rates.

25.02

When assigning supervisory responsibilities, the organization considers:

- a) ratio standards established by its supervision framework;
- b) the qualifications and experience of the worker and the supervisor;
- c) the complexity and intensity of services; and
- d) additional organization responsibilities.

Interpretation: Generally, supervisory ratios do not exceed 1:8.

Research Note: Caseload sizes impact the supervisor's ability to effectively monitor case activities and progress. As such, manageable supervisory ratios and case load sizes work hand-in-hand to ensure that supervisors have sufficient capacity to develop effective working relationships with their supervisees and ultimately promote the achievement of desired outcomes.

25.03

Supervisors are responsible for:

- a) delegating and overseeing work assignments;
- b) ensuring that service delivery is performed according to the organization's mission, policies and procedures, and service philosophy;
- c) providing case consultation and in-service training, as appropriate;
- d) identifying unmet training needs; and
- e) conducting performance evaluations.

25.04

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.

25.05

Supervisors support and enhance staff's ability to perform their jobs by teaching and modeling, as appropriate:

- a) technical knowledge and skills;
- b) work management and communication skills; and
- c) conflict management skills.

25.06

Supervisors are able to:

- a) address interpersonal barriers and strengths in personnel;
- b) empower those receiving supervision;
- c) offer criticism in a constructive manner; and
- d) understand employment and labor laws.

Interpretation: This standard requires that 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.

25.07

Supervisors of direct service personnel assume the following administrative responsibilities, as appropriate:

- a) tracking and monitoring the progress of the families and individuals receiving services;
- b) collecting and applying data to improve client outcomes; and
- c) meeting the organization's quality improvement and evaluation requirements.

Standard 26: 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.

Interpretation: The long-term plan, often called a strategic plan, can contain these goals.

26.01

Quality expectations are reflected in key documents including:

- a) budgets;
- b) policy and procedures manuals;
- c) new staff training material;
- d) communications to staff, family members, consumers, and volunteers; and
- e) service provider contracts.

26.02

Performance and outcomes expectations and achievements are reviewed by stakeholders including management staff on a regular basis and revised based on what is learned.

26.03

The long term plan or strategic plan:

- a) assigns responsibilities for implementation and coordination of activities;
- b) establishes a periodic review of essential management and service delivery processes;
- c) outlines methods and timeframes for monitoring and reporting activities; and
- d) provides an assessment process to determine the usefulness of the plan.

Standard 27: Case Records

The organization maintains a case record for each family that contains sufficient, accurate information to:

- identify the consumer;
- support decisions about interventions or services; and
- document the delivery of services.

Interpretation: In addition to supporting the delivery of services, case records are an important risk management tool. Well-maintained records can help shield the organization from allegations of misconduct and negligence, while poorly-maintained records and improper documentation are known as a liability.

27.01

Case records comply with all legal requirements and contain information necessary to provide services, including:

- a) demographic and contact information;
- b) the reason for requesting or being referred for services;
- c) up-to-date assessments;
- d) the service plan, including mutually developed goals and objectives;
- e) copies of all signed consent forms;
- f) routine documentation of ongoing services provided directly or by referral;
- g) documentation of routine supervisory review;
- h) discharge or aftercare plan; and
- i) a closing summary.

Interpretation: 27.01 describes the basic elements to be included in individual case records. The elements of the standard should be tailored as appropriate given the scope or nature of the service. COA recognizes that, in some cases, not all appropriate information is obtainable for a person or family. In these cases, an explanation should be placed in the case record.

Interpretation: Regarding element (g), "Documentation of routine supervisory review" refers to the quarterly review of individual cases that is found in the Service Planning and Monitoring sections of most Service Standards for example Standard 4. This review is unrelated to Supervision between the supervisor and personnel addressed in Supervision Standard 25.

27.02

Case record entries are made by authorized personnel only, and are:

- a) specific, factual, relevant, and legible;
- b) kept up to date from intake through case closing; and
- c) completed, signed, and dated by the person who provided the service.

Standard 28: Client Access to Case Records

Service recipients or designated legal representatives can access their case records, consistent with legal requirements.

Interpretation: Organizations are expected to have policies and procedures that address access to case records by service recipients.

28.01

Access to confidential case records meets legal requirements, and is limited to:

- a) the service recipient (current or former) or, as appropriate, a parent or legal guardian;
- b) personnel authorized to access specific information on a “need-to-know” basis; and
- c) auditors, contractors, and licensing or accrediting personnel consistent with the organization’s confidentiality policy.

Interpretation: 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.

28.02

Reviews of case records by service recipients are:

- a) conducted in the presence of professional personnel on the organization’s premises; and
- b) carried out in a manner that protects the confidentiality of family members and others whose information may be contained in the record.

Standard 29: Human Resources

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

29.01

Job descriptions:

- a) state the required credentials and qualifications;
- b) identify desired core competencies, including leadership competencies and associated behaviors;
- c) outline the essential functions of the position;
- d) define performance and quality improvement responsibilities;
- e) include sensitivity to the service population's cultural and socioeconomic characteristics; and
- f) are reviewed and updated regularly.

Interpretation: As part of the review process, the organization should evaluate the continued relevancy of required credentials, qualifications, core competencies, and essential functions against the needs of the organization's programs and consumers. This should include an assessment of the competencies needed to implement and sustain organization-wide initiatives (e.g. evidence-based practices, practice models, policies, etc.) and then incorporating them into job descriptions and ultimately the selection process.

Interpretation: Credentials in this context include education, training, relevant experience, and state registration, licensing, or certification for the respective disciplines, if any.

29.02

Recruitment and selection procedures include:

- a) notifying personnel of available positions;
- b) verifying references and credentials of personnel and independent contractors;
- c) utilizing pre-screening tools to assess suitability to the position;
- d) providing applicants with a written job description;
- e) giving final candidates the opportunity to speak with currently-employed personnel;
- f) retaining hiring records in accordance with legal requirements; and
- g) using standard interview questions that comply with employment and labor laws.

Interpretation: The retention of hiring records, which can include postings or other advertisements, applications, and interview notes, shows consistency in recruitment and hiring decisions, and protects the agency in the event of a complaint.

Interpretation: In regards to element (g), personnel who interview prospective employees must receive training on both permissible and impermissible or unlawful categories of interview questions pursuant to applicable employment and labor laws.

29.03

Screening procedures 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.

Interpretation: 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.

The organization is not required to conduct background checks for licensed staff if the organization has verified that background checks are conducted as part of the licensing process. The organization should assess whether there is any risk associated with not conducting background checks on staff not expressly addressed in the standard and consult with legal counsel, as appropriate. The requirements do not apply to current employees and contractors or to agencies with which the organization contracts for services

29.04

All personnel receive, and confirm in writing, receipt of an up-to-date employee policies and procedures manual that articulates current:

- a) conditions of employment;
- b) benefits;
- c) rights and responsibilities of employees; and
- d) other important employment-related information.

Interpretation: Policies and procedures can be written or electronic, and address:

- e) conditions and procedures for layoffs;
- f) safety procedures and protocols;
- g) emergency response procedures;
- h) non-discrimination/EEO and anti-harassment policies and reporting procedures;
- i) conflict of interest policies including nepotism policy);
- j) personnel grievance procedures;
- k) insurance protections including unemployment, disability, medical care, and malpractice liability;
- l) policies and procedures governing access to free legal counsel;
- m) performance review procedures;
- n) whistle-blower protections;
- o) promotions;
- p) professional development;
- q) standards of conduct;
- r) time-off policies;
- s) wage policy;
- t) working conditions; and
- u) policies and guidelines on the use of social media, electronic communications, and mobile devices.

29.05

The organization develops an assessment-based workforce development plan to meet current and future workforce needs that:

- a) considers cultural characteristics of its defined service population;
- b) is aligned with its strategic plan;
- c) establishes goals for recruitment, employment, advancement, training, and leadership development;
- d) outlines associated activities and timeframes for implementation; and
- e) identifies associated costs and relevant stakeholders.

29.06

Every full-time and part-time employee receives a written annual performance evaluation conducted by the person to whom he or she reports.

Standard 30: 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.

Interpretation: Sound financial management begins with an organization's commitment to providing high quality services relative to its mission or purpose. Leadership creates a culture of honesty and ethics in all areas of organizational practice, including the management of the organization's finances and the manner in which it conducts financial affairs. Accountability is established through clearly defined lines of authority and responsibility, and personnel receive a clear message from the top that internal control responsibilities are to be taken seriously.

30.01

The budget planning process and monitoring includes participation of management, the governing body, and other relevant organization participants.

30.02

Upon request the organization provides an annual report of fiscal, statistical, and service data that includes summary information regarding its financial position.

Note: Audited financial statements and IRS Form 990 should be easily accessible for review.

30.03

The organization with annual revenues at, or in excess of, \$500,000, or one that is otherwise required to, undergoes an audit of its financial statements within 9 months of the end of the fiscal year by an independent, certified public accountant approved by the governing body.

Interpretation: Organizations receiving in excess of \$500,000 in federal funds must perform an audit to comply with the requirements of the Single Audit Act, 31 U.S.C. §§ 7501 et. seq. Note that many organizations are required to perform an audit to receive grant monies, lines of credit, or other third-party funding.

NA The organization does not have revenues of \$500,000 or greater and is not otherwise required to conduct an audit.

30.04

An organization with less than \$500,000 in annual revenues, or one that is not otherwise required to file an audit, undergoes a review of financial statements that is conducted at the end of each fiscal year by an independent, certified public accountant who is approved by the governing body.

NA The organization is required to conduct audit.

Standard 31: 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.

Interpretation: A board of trustees / directors acts as the governing body or "owners" of a not-for-profit organization. In a for-profit organization the governing body or "owners" are the organization's shareholders. Please apply the appropriate perspective when applying the standards in this section.

Standard 32: Research Protections

An organization that participates in or permits research involving families establishes the right of individuals to refuse to participate without penalty and guarantees participants' confidentiality.

Interpretation: All research involving service recipients is conducted in accordance with applicable legal requirements. For purposes of Standard 32, 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.

Note: Organizations serving children and youth who are wards of the state are advised to consult Code of Federal Regulations 45 CFR § 46.4.09 and 21 CFR § 50.56. These regulations specify who can participate in research and require an advocate be appointed for each participating child.

32.01

The identity and privacy of participants is safeguarded in all phases of research conducted by, or with the cooperation of, the organization.

Interpretation: 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.

32.02

The organization has a mechanism to review research proposals involving families, such as a human subjects committee or an internal review board, which reports to the governing body.

Interpretation: The committee makes recommendations regarding the ethics of proposed or existing research, decides whether to approve research proposals, and monitors ongoing research activities.

32.03

Research participants, or a parent or legal guardian, sign a consent form that includes:

- a) a statement that he or she voluntarily agrees to participate;
- b) a statement that the organization will continue to provide services whether he or she agrees to participate;
- c) an explanation of the nature and purpose of the research;
- d) a clear description of possible risks or discomfort; and
- e) a guarantee of confidentiality.

Standard 33: Emergency Response Preparedness

The organization develops an emergency response plan that outlines its response to medical emergencies, facility and security-related emergencies, and natural disasters, and addresses:

- a) coordination with appropriate local, state, and federal governmental authorities and emergency responders;
- b) coordination with organization leadership, personnel, service recipients and their families, and as appropriate, the public, and the media;
- c) evacuation procedures including accounting for the whereabouts of staff and service recipients and the evacuation of persons with mobility challenges and other special needs; and
- d) plans for maintaining service continuity.

Interpretation: Coordination with appropriate local, state, and federal government authorities includes all funders of individual programs.

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