



Standards for Accreditation



NCASES

Introduction

The NCASES Standards are arranged thematically within sections (e.g., Finance, Facilities) and in some cases within subsections (e.g., Insurance, Financial Management). Standards are composed of one or more Components, some of which may not be required of certain types of programs. The required Components are identified for each Standard. Key terms are hyperlinked and defined in the glossary.

In order for a Standard to be scored as Compliant all of the required Components within it must be met. The outcome of the Site Review is the aggregate of all the Standards which are scored as Compliant. Documentation of compliance must remain current and up-to-date until the site review process has been completed.

In the case of an agency undergoing an integrated NCASES/Council of Accreditation (COA) accreditation, several NCASES Standards are relegated to the COA Site Reviewers and are not subject to review by the NCASES Site Review Team. [These Standards are highlighted](#). Following each Component of these Standards there is an indication of the relevant, corresponding COA Standard.

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Organization and Administration

1. Standard: The agency is structured and governed to promote the provision of special educational and *related services*.

Required Components:

For all agencies except sole proprietorships: A and B

For sole proprietorships: A and C

A. The agency defines its mission and fulfills it through a program of special educational and *related services*.

Suggested Evidence of Compliance:

- Up-to-date description of programs and services (website, brochures, newsletters, newspaper articles)
- Documentary evidence of operating authority to offer special education and *related services* (Articles of Incorporation, bylaws, organizational chart, strategic plan, Annual Reports, other legal documents, licenses, certifications, letters of compliance)
- Board *minutes* approving mission
- Published mission statement

B. *Governance* delegates responsibility for administration to a chief executive and *evaluates his/her performance annually*.

Suggested Evidence of Compliance:

- Job descriptions of chief executive
- Letter of appointment/employment contract
- Board *minutes*
- Chief executive's performance evaluation

C. Sole proprietorships have *policies* and *procedures* in place to provide performance feedback to the chief executive officer.

Suggested Evidence of Compliance:

- Copy of *policy* and procedure
- Interview with those staff who provide feedback to CEO
- Interview with CEO
- Copy of feedback document

Executive Authority

2. Standard: The chief executive has administrative authority of the agency under broad direction of the agency's *governance*.

Required Components for all Agencies except Sole Proprietorships: A, B, C, D, and E

Required Components for Sole Proprietorships: A, C, D & E

A. The chief executive plans and coordinates with *governance*, or in the case of a sole proprietorship an advisory committee, the development of *policies* and *procedures* governing the agency's program of services.

Suggested Evidence of Compliance:

- Executive meeting/board meeting *minutes*
- Advisory committee *minutes*
- Interview with board members and chief executive
- Interview with advisory board members

- B. The chief executive plans with the agency's *governance*, coordinates its work, assists its members and committees in the performance of their duties, and ensures that it is kept informed on matters affecting the agency's finances, operation, and services.

Suggested Evidence of Compliance:

- Review documents
- Interview board members and chief executive
- Review board *minutes*

- C. The chief executive/ sole proprietor is authorized to employ and discharge staff and to otherwise administer the agency's personnel *policies*.

Suggested Evidence of Compliance:

- Copy of *policy* or chief executive's board/owner approved job description

- D. The chief executive assumes no outside duties that interfere with his/her responsibility for administration of the agency.

Suggested Evidence of Compliance:

- Board/owner(s) and chief executive interview
- Staff interviews

- E. The chief executive's responsibilities include oversight of the development, coordination, and administration of the agency's program of services. These responsibilities are delegated to staff members who are qualified by position and by professional education and experience to assume them.

Suggested Evidence of Compliance:

- Interviews of chief executive and board members/owners and administrative staff
- Review chief executive job description
- Review organizational chart

Accountability

3. Standard: There are clear lines of accountability and authority across the agency.

Required Components: A and B

- A. The agency clearly delineates and makes known to all staff the lines of accountability and authority.

Suggested Evidence of Compliance:

- Organization chart with review date
- Interviews with chief executive and staff to verify accuracy and compliance

- B. Information and concerns are communicated among all levels of staff.

Suggested Evidence of Compliance:

- Interview appropriate staff member(s)

Policies and Procedures

4. Standard: The agency maintains *policies* and *procedures* that govern its program of services.

Required Components: A, B, C, D in nonprofit agencies; A through C in for-profit agencies

- A. The *policies* and *procedures* of the agency are formulated and maintained in a way that promotes effective administration.

Suggested Evidence of Compliance:

- Review written document regarding formulating *policies* and *procedures*
- *Minutes* of governing body meetings

- B. The agency's *policies* are clearly differentiated from the *procedures* employed to implement them.

Suggested Evidence of Compliance:

- Review *policies* and *procedures*

- C. *Policies* and *procedures* are formalized and readily available for the guidance of the governing body, agency staff, cooperating agencies, and other interested groups or individuals, as appropriate.

Suggested Evidence of Compliance:

- Review *policy* and *procedures*
- Interview staff to verify their knowledge of location and accessibility

- D. In nonprofit agencies, *policy* revisions are approved by the governing board.

Suggested Evidence of Compliance:

- Review *minutes* showing board approval of the agency's *policies* and *procedures*
- For agencies that are for profit, self-study should indicate "not applicable"

Ethical Conduct

5. Standard: The agency has a written code(s) of ethics for the operation of its programs and services.

Required Components: A and B

- A. The code of ethics, approved by *governance*, is made known to all employees, contractors, volunteers, and board members and provided in writing.

Suggested Evidence of Compliance:

- Documentation of codes of ethical conduct
- Personnel files/documentation of dissemination

- B. All employees, contractors, volunteers, and board members conduct themselves as per the agency's code of ethics.

Suggested Evidence of Compliance:

- Interview results
- Observations

6. Standard: The agency implements *policies* and *procedures* regarding conflict of interest.

Required Components: A, B, C, D, E in nonprofit agencies; A through D in for-profit agencies

- A. The agency's *governance*, voluntary board, staff, and consultants are not favored in applying for or receiving the services of the agency. In the event that there is a related party transaction, there should be evidence of several documented bids that are retained as evidence. (COA ETH 5.02)

Suggested Evidence of Compliance:

- Staff interviews
- Copies of bid *policy* and bid documentation

- B. The agency neither receives nor provides payment (or other consideration) from or to another provider of services for the referral of any applicant or student/client to or from such provider of services. (Note: This prohibition does not preclude one organization from contracting with and compensating another for the provision of services.) (COA ETH 5.02).

Suggested Evidence of Compliance:

- Staff interviews

- C. The agency has a mechanism for reviewing and approving directed referral of its applicants, students/clients, or their families to any private practice in which its staff or consultants may be engaged. Such approval is based on the best interests of the applicant, student/client, or family, who is notified in advance of the relationship between the practitioner and agency. (COA ETH 5.02)

Suggested Evidence of Compliance:

- *Policy* statements
- Staff interviews

- D. A *policy* exists that requires that where a conflict of interest might exist for board members, staff, and consultants, there is prior written disclosure, and such persons exempt themselves from voting or otherwise influencing results for personal gain or to advantage any entity at the expense of the agency. (COA ETH 2.03)

Suggested Evidence of Compliance:

- Relevant conflict of interest *policy*
- Evidence of implementation when applicable (e.g., personnel file memos, board *minutes*, contracts, etc.)

- E. In the case of nonprofit agency board members, staff, and consultants have no direct or indirect financial interest in the assets, leases, business transactions, or professional services of the agency. (COA ETH 2.02)

Suggested Evidence of Compliance:

- Conflict of interest *policy*
- Signed receipt of conflict *policy* by board members, staff, and consultants
- Staff interviews

Finance

Insurance

7. Standard: The agency maintains insurance as protection for its governing body, staff, students/clients, funds, and properties.

Required Components: A, B, C

A. The agency carries insurance that meets the following minimum requirements: (COA RPM 4.01)

- » Fire and theft insurance
- » Professional and facility liability coverage
- » Workers' compensation coverage

Suggested Evidence of Compliance:

- Property assessment values
- Insurance documents
- Copies of applicable regulations

B. All persons delegated the authority to sign checks or manage funds are *bonded*, or the agency carries insurance to protect against financial loss due to employee malfeasance. (COA RPM 4.01)

Suggested Evidence of Compliance:

- List of persons approved to sign checks
- Document demonstrating bonding
- Staff interviews

C. The agency's insurance program is evaluated annually to assure appropriate coverage. (COA RPM 4.01)

Suggested Evidence of Compliance:

- Documented review process
- Staff interviews

Financial Management

8. Standard: The agency plans, prepares, and maintains an approved annual budget to manage and allocate agency funds to maintain fiscal solvency.

Required Components: A, B, C

A. The agency has financial *policies* and *procedures*. (COA FIN 1)

Suggested Evidence of Compliance:

- Written *policies* and *procedures*
- Staff interviews

- B. The agency has a mechanism for approving the annual budget as well as approving and tracking any revisions to the budget (for an agency with a governing board that board approves the annual budget and any revisions to the approved budget). (COA FIN 1)

Suggested Evidence of Compliance:

- Annual budget on file; with any tracked revisions to budget
- Executive meeting *minutes*
- Governing Body *minutes* (board for nonprofit, owner or owners for-profit)
- Board member interviews
- *Policy* and *procedures*

- C. The agency has a *policy* and *procedures* that define operational reserve and how operational reserves can be used.

Suggested Evidence of Compliance:

- Written *policies* and *procedures*
- Interviews

- D. The agency engages in cost analyses at set intervals. The analysis includes: (COA FIN 7.03)

- » An analysis of financial performance against budget projection with budget-to-actual variance analyses performed on interim financial statements of activities
- » Cash reserves in alignment with an operating reserves *policy*
- » Service revenues and actual service delivery costs
- » An inventory of significant assets, including securities

Suggested Evidence of Compliance:

- Written *policy* and procedure
- *Minutes* from finance committee or similar group
- Staff interviews
- Financial statements
- Financial records demonstrating fiscal solvency

Fiscal Accountability

9. Standard: The agency demonstrates fiscal accountability by following Generally Accepted Accounting Principles (GAAP), the Financial Reporting Framework for Small and Medium-sized Entities (FRF for SME) or internationally recognized accounting standards such as the International Financial Reporting Standards (IFRS).

Required Components: A, B, C, D for nonprofit agencies; A & B for for-profit agencies

- A. The agency completes an independent *audit* at least annually by a CPA, who attests to following GAAP, FRF for SME, or IFRS. (COA FIN 6.02)

Suggested Evidence of Compliance:

- Annual *audit*
- Signed attestation from CPA
- Fiscal/administrative staff interviews

- B. The agency maintains *policies* and *procedures* for following GAAP, FRF for SME, or IFRS. (COA FIN 7.01))

Suggested Evidence of Compliance:

- Written *policies* and *procedures*
- Fiscal/administrative staff interviews

C. For an agency with a governing board the agency has a system for reporting financial statements to the board on, at minimum, a quarterly basis. (COA FIN 1)

Suggested Evidence of Compliance:

- Board *minutes*
- Staff interviews
- Board member interviews

D. For an agency with a governing board the *audit* or reviews the *audit* and management letter in an open or executive session. (COA FIN 6.03)

Suggested Evidence of Compliance:

- Board *minutes*
- Fiscal/administrative staff interviews
- Annual financial statement and management letter
- Board member interviews

Planning/Evaluation

10. Standard: The agency has a systematic process for integration of technology to support administrative and education services.

Required Components: A and B

A. The agency has a plan for how technology is integrated into administrative and educational services.

Suggested Evidence of Compliance:

- Copy of the Technology Plan or other document that details plans for technology integration
- Staff interviews
- Planning *minutes* or other documentation of the planning process

B. Agency implements technology integration plan(s).

Suggested Evidence of Compliance:

- Staff interviews
- Documentation of planned acquisition and installation of technology (e.g., invoices, service logs, etc.)
- Observation of technology being used as per plan

11. Standard: The agency utilizes a system for strategic planning.

Required Components: A, B, C, D

A. The strategic plan documents desired outcomes.

Suggested Evidence of Compliance:

- Copy of strategic plan

B. *Governance* approves the strategic planning at intervals as defined by agency policy.

C. *Governance* reviews progress towards achievement of the strategic plan at intervals as defined by agency *policy*.

Suggested Evidence of Compliance:

- Board and Strategic Committee Meeting *minutes*
- Board and staff interviews

D. The agency demonstrates progress towards the strategic plan outcomes, or, in the event that progress is not made, can demonstrate a system of reviewing and revising the strategic plan.

Suggested Evidence of Compliance:

- Strategic plan progress reports
- Staff interviews
- Partner interviews
- Board and Strategic Committee Meeting Fiscal Accountability

12. Standard: The agency utilizes an ongoing evaluation and quality improvement process for its programs and services and other operations.

Required Component: A

Optional Component: B

A. The agency uses an evaluation and quality improvement process that systematically collects, analyses, and reports data to determine program effectiveness and inform program improvement, captured in a written plan. The plan minimally: (COA PQI 4.01-4.05; PQI 6.04)

- | | |
|---|---|
| » Produces a written summary of evaluation findings | » Identifies a review person(s) and establishes a regular schedule for the review and analysis of collected data |
| » Establishes priority variables (such as referrals, census, student outcomes, behavioral interventions, etc.) for data collection and analysis | » Establishes quality improvement goals/objectives to be reviewed at least annually based on evaluation data |
| » Includes among its data collection methodology surveys of employees, students/clients, staff, and other relevant partners | » Shares evaluation findings and progress toward goals/objectives with its staff, <i>governance</i> structure, and appropriate identified partners on a regular basis |

Suggested Evidence of Compliance:

- | | |
|---|--|
| • Applicable <i>policy</i> or <i>procedures</i> | • <i>Minutes</i> of planning meetings and other documentation supporting the implementation of practices based on data collected |
| • <i>Copy of quality improvement plan</i> | • Tracking reports or other supporting documentation |
| • Staff and partner interviews | |
| • Data samples | |
| • Exit interview records | |

B. Staff responsible for data collection are trained in data collection, analysis, and reporting methodologies or have access to adequate consultative resources. (COA PQI 3.01-3.03))

Suggested Evidence of Compliance:

- Personnel records
- Training logs
- Staff interviews

Administration

Personnel Practices

13. Standard: The agency utilizes approved and comprehensive personnel *policies* and *procedures*.

Required Components: A, B, C, D, E, F, G, H

- A. The agency demonstrates a systematic process that addresses non-discrimination in both hiring and employment practices based on race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older), disability and genetic information (including family medical history).
- B. The agency actively recruits to promote the diversity of its staff. (COA HR 2.02)
- C. The agency administers its personnel practices in a non-discriminatory fashion. (COA HR 1.01)

Suggested Evidence of Compliance:

- *Policy/procedure* regarding hiring practices
- Staff interviews
- Examples of advertising in diverse publications, as well as other recruitment efforts

- D. The agency has a written personnel manual detailing personnel *policies* and *procedures* that is available and acknowledged by all staff. (COA HR 5.02)

Suggested Evidence of Compliance:

- Copy of the personnel *policy* and *procedures* manual (paper or digital)
- Written documentation signed by each employee indicating they have read and agree to comply with the agency's *policies* and *procedures*.

- E. Personnel *policies* are reviewed and approved by *governance* on, at minimum, a biennial basis. (COA GOV 6.02)

Suggested Evidence of Compliance:

- *Minutes* or other documentation of the governing unit's biennial (at minimum) approval of the *policies* and *procedures*
- Relevant documentation of *policy* review

- F. The agency has written *policies* and *procedures* relating to conflict of interest, favoritism, nepotism, and undue influence in its personnel practices. (COA HR 5.02)

Suggested Evidence of Compliance:

- *Policy* and procedure documents containing the following elements:
 - » Explicit definition of what constitutes a conflict of interest, favoritism, or undue influence -including conflict of interest, favoritism, or undue influence connected to the employment of individuals related to or personally connected to board members or staff members in capacities of supervision, administration, or decisions that pertain to personnel practices or decisions
 - » Grievance
 - » Procedure for reviewing and resolving any potential conflict of interest, issue of favoritism, or undue influence that an employee has indicated

- Staff interviews
- Board/owner(s) interviews
- A procedure for any potential conflict of interest or issue of favoritism or undue influence that may apply to their employment

G. The agency has a fully implemented grievance *policy* and procedure. (COA HR 5.02)

Suggested Evidence of Compliance:

- The *policy/procedure*
- Staff interviews

H. The agency implements *procedures* that promote staff stability in those areas that are under the agency's control.

Suggested Evidence of Compliance:

- *Procedures*
- Exit interviews
- Staff surveys
- Staff interviews

Personnel Records

14. Standard: The agency maintains a personnel record for each employee that is systematically organized.

Required Components: A and B

A. The agency has personnel records for all employees that include the following: (COA HR 7.01)

- » Job application and/or resume
- » Current job description, including classification of position (professional, paraprofessional, related service, contractual, administrative, etc.)
- » Copies of required licensure or certification
- » Transcripts or other verification of completion of educational requirements for the position as outlined in the job description
- » Letters of reference/reference check summary
- » Criminal background checks/clearance (as required by state or local regulations)
- » Emergency contact information
- » Salary history
- » Training history
- » Acknowledgment of personnel *policies* and *procedures* or handbook
- » Annual evaluations (a minimum of one evaluation for each year of employment)
- » Performance related correspondence

Suggested Evidence of Compliance:

- Copy of written *policy/procedure* regarding the organization of personnel records
- Personnel records reviewed for required elements

B. The agency has a *policy* regarding the content of personnel records approved by *governance*.

Suggested Evidence of Compliance:

- Personnel records *policy*
- Board *minutes* reflecting adoption of personnel records *policy*

15. Standard: The agency demonstrates *procedures* and practices to ensure that personnel records are maintained in a secure environment.

Required Components: A and B

A. The means of securing the personnel records is clearly stated within written *procedures*.

Suggested Evidence of Compliance:

- *Policy/procedure* for securing personnel records

B. The area in which personnel records are stored is secured against loss, destruction, and/or unauthorized access.

Suggested Evidence of Compliance:

- Observation of the space that is used to store personnel records to ensure that records are locked or otherwise secured (e.g., locked files, locked rooms, or other security systems)

16. Standard: The agency consistently implements policies and procedures regarding maintenance of personnel records.

Required Components: A, B, C, D

A. There are *policies* in place that clearly identify the *procedures* for releasing information about employees, the staff members of the agency (by position) that control access to the information about employees, and who may release information about employees.

Suggested Evidence of Compliance:

- Copy of relevant *policies*
- Relevant supporting documentation
- Staff interviews
- Human resource manager interview

B. Documentation of any release of information about employees is maintained in writing and available for review.

Suggested Evidence of Compliance:

- Relevant supporting documentation
- Staff interviews
- Human resource manager interview

C. There are *policies* in place on employee access to their own personnel records, including how they may comment on their review of the record.

Suggested Evidence of Compliance:

- *Policy* statement on employee access to their own personnel records
- Relevant supporting documentation (e.g., a form that indicates when the employee has reviewed the personnel record with space for comments by the employee)
- Staff interviews
- Human resource manager interview

D. There are *policies* and *procedures* in place addressing the maintenance and destruction of records post-employment.

Suggested Evidence of Compliance:

- *Policy* statement regarding personnel record maintenance post-employment
- Documentation of the destruction of records

Job Descriptions/Staff Qualifications

17. Standard: The agency has a written job description for each position.

Required Components: A and B

A. Each job description contains the following: (COA HR 5.01)

- » The qualifications, including specialized knowledge or skills, education, certification, or license required for the position
- » The physical requirements for the position
- » Experience required for the position
- » Essential job functions
- » Clear lines of supervision and support

Suggested Evidence of Compliance:

- Copies of job descriptions
- Organizational chart
- Staff interviews

B. Each employee is provided with a job description, and there is evidence of him/her having reviewed it. (COA HR 3.02)

Suggested Evidence of Compliance:

- Form signed by employees indicating they have reviewed the requirements for their respective positions
- Supervision notes describing review of job description
- Checklist of materials reviewed by employees
- Staff interviews

Staff Development

18. Standard: The agency demonstrates a systematic and comprehensive program of staff orientation and development.

Required Components: B and either A or C

A. Staff development is driven by an annual needs assessment and/or by external mandates.

Suggested Evidence of Compliance:

- Copies of meeting *minutes* that summarize staff development needs assessments results and recommendations
- Copies of any external staff development mandates

B. All new staff receive orientation training that includes:

- » Orientation to the agency's mission, *policies*, and *procedures*
- » Position specific training *curriculum*/program
- » Training specific to the agency and/or required by external mandates

Suggested Evidence of Compliance:

- Staff orientation agenda/program
- Position specific orientation/program
- Staff orientation *policy* and *procedures*
- Staff orientation training records
- Staff interviews

- C. The agency maintains a comprehensive and ongoing staff development program that provides multiple yearly opportunities that contains the following essential elements:
- » Emphasis on awareness, sensitivity, and appreciation of the perspective of students/clients
 - » Opportunities for staff to improve knowledge and skills needed to enhance service delivery to students/clients, including developments, changes, and trends in the fields of respective positions
 - » Utilization of a variety of training methods and resources, including those available to the region and/or *community* (e.g., area experts, local colleges/universities, online sources, internet sources, Skype, etc.)

Suggested Evidence of Compliance:

- Professional development agenda or calendar for the current or last school year
- Sample agenda or handouts from sessions to demonstrate variety of topics
- List of resources and partners used in professional training sessions, especially colleges/universities offering courses or sessions on topics related to the services delivered by the agency
- Interviews with staff about usefulness of professional development training
- Documentation of staff attendance in professional development sessions
- Any other supportive documentation (e.g., invoices, registration forms, certificate of attendance, etc.) that indicate participation in training activities

Facilities

Information Technology (IT)

19. Standard: The agency demonstrates a systematic approach to network management, security, and maintenance.

Required Components: A, B, C

- A. The agency has *policies* and *procedures* that address network management, security, and maintenance.

Suggested Evidence of Compliance:

- Copies of *policies* and *procedures*
- Interview with IT staff or IT vendor(s)

- B. The agency implements network management, security, and maintenance *procedures*.

Suggested Evidence of Compliance:

- Copies of network maintenance logs
- Interview with IT staff or IT vendor(s)
- Interview staff regarding network security (password *policy*, remote access, or other topics within the scope of *policies* and *procedures*)

- C. The agency has a disaster recovery plan that addresses the catastrophic loss of data or network services.

Suggested Evidence of Compliance:

- Copy of disaster recovery plan or similar documentation
- Interviews with IT staff and senior administrators

Physical Plant Safety

20. Standard: The agency's facilities, grounds, and equipment are structurally sound, functional, safe, and appropriate to the needs of its students/clients, staff, and visitors.

Required Components: A, B, C, D, E and F

A. The agency's buildings and grounds, offices and other structures have been reviewed by an independent third party and deemed safe to operate.

Suggested Evidence of Compliance:

- Copies of supporting documentation (e.g., occupancy certificates, fire inspection reports, etc.)
- Staff interviews
- Copies of applicable regulations

B. Food preparation/storage areas are periodically reviewed and found to be safe or corrective actions completed.

C. The agency's plumbing, ventilation, heating, cooling, lighting, pools and water temperature, elevators, and other fixtures and equipment are periodically reviewed and found to be safe, or corrective actions completed.

Suggested Evidence of Compliance:

- Copies of supporting documentation (e.g., health inspections, elevator certificates, boiler inspections certificate, etc.)
- Staff interviews
- Copies of applicable regulations

D. The agency conducts a program of inspection and preventive maintenance at set intervals to ensure the soundness and safety of its premises, equipment, and fixtures as evidenced by records of all inspections and maintenance activities.

Suggested Evidence of Compliance:

- Staff interviews
- Maintenance logs
- Maintenance planning/inspection documentation
- Relevant *policies* and *procedures*

E. There are no observable safety issues, or if an issue is present, corrective action are being taken.

Suggested Evidence of Compliance:

- Observation
- Interviews
- Corrective action plan

F. The agency addresses staff and students'/clients' facility concerns.

Suggested Evidence of Compliance:

- Staff Interviews
- Student/client interviews
- Corrective action plan

Emergency Procedures

21. Standard: There are written policies and procedures for meeting reasonably predictable types of emergencies. These policies and procedures reflect the cognitive, physical, and behavioral needs of the students/clients served.

Required Components: A, B, C, D

A. There are policies and procedures for responding to, at a minimum, the following emergencies:

- Fire
- Active Shooter
- Bomb Threat
- General Evacuation
- Weather/ Natural Emergency
- Community emergency
- Missing Student/ Client

B. Emergency procedures are reviewed annually and any updated procedures are distributed to all staff.

Suggested Evidence of Compliance:

- Emergency procedures documents
- Staff acknowledgment of receipt
- Minutes reflecting review of procedures

C. The agency completes comprehensive staff and client training regarding emergency procedures at set intervals as defined by agency policy.

Suggested Evidence of Compliance:

- Training records
- Staff interviews

D. The agency conducts emergency drills at set intervals, but not less than every other month in which services are in session. Consideration should be given to spreading drills across service hours and all service environments. Drills must comply with local and state regulations.

Suggested Evidence of Compliance:

- Drill logs or other documentation that confirm when drills occurred
- Copies of local and/or state regulations that mandate type and/or frequency of emergency drills

Emergency Services

22. Standard: The agency follows all *policies* and written *procedures* for responding to student/client medical and mental health emergencies

Required Components: A

A. The medical and mental health emergencies *policy* and *procedures* contain logical and sequential steps for staff to follow including appropriate notifications and documentation.

Suggested Evidence of Compliance:

- Relevant *policy* and *procedures*
- Emergency response documentation that includes comprehensive documentation of the medical or mental health emergency to minimally include:
 - » Known precipitants
 - » Description of the emergency
 - » Attempts to resolve
 - » The outcome
- Documentation of notifications

Admission and Exit Procedures

23. Standard: The agency clearly defines the types of students/clients served and the process by which students/clients are admitted into the program.

Required Components: A and B

A. Admissions criteria and *procedures* include the following essential components:

- » A *policy* of administering its admissions practices and delivery of services to students/clients without regard to age, sex, sexual orientation/preference, race, ethnicity, nationality, or disability consistent with the mission and population served
- » Admission criteria that clearly define who the agency serves
- » Activities to be completed, responsibilities of personnel, timelines, *procedures*, and assessment to determine eligibility
- » Process to follow to obtain previous records and assessment protocols should previous records be unavailable

Suggested Evidence of Compliance:

- Admissions *policy* documents; including statement of non-discrimination
- Demographic information of students/clients and *community*
- Checklist and evidence of timelines followed within a client record
- Step-by-step description of the admissions process, person(s) responsible for each step or task, timeline for completion
- Phone logs or other documentation that demonstrate compliance with all admissions protocols
- Documentation of attempts to obtain previous records
- Assessments used to determine eligibility, if previous records unavailable

B. For all declined admissions a reason is documented and the appropriate entity is notified.

Suggested Evidence of Compliance:

- Examples of acceptance and rejection letters
- Referral/intake records

Exit Procedures

24. Standard: The agency clearly defines the process by which students/clients are discharged.

Required Components: A

A. The agency utilizes clearly defined criteria and *procedures* for student/client exit or discharge that include written notification to appropriate entities with reason for exit or discharge.

Suggested Evidence of Compliance:

- Procedure
- Written exit or discharge *procedures*/checklists to be followed
- Examples or templates of exit/discharge letters that include statement identifying reason for exit or discharge
- Evidence of team meeting *minutes* when exit or discharge decision is made

Confidentiality

25. Standard: The agency's education program and services policies include clearly defined procedures governing the collection, protection, maintenance, and dissemination of student/client information.

Required Components: A

A. The agency implements *policy* that minimally addresses the following:

- » Internal dissemination of confidential student/client information to staff, including exceptions to confidentiality, which is shared with appropriate entities
- » The requirement that signed releases be obtained for communications with other organizations involved in the student's/client's treatment or education
- » Media postings and school releases that contain personal student/client information, images, identification or work products
- » That appropriate entities are informed of the use of audio or visual recording methods for any purpose
- » Forms or permissions identifying to whom the information is being released, signed by the appropriate authority (parent, guardian, adult student/client)

Suggested Evidence of Compliance:

- *Policy*
- Documentation of examples of *policy* in practice
- Staff interviews

Student/Client Record

26. Standard: The agency maintains a record (hardcopy or electronic form) for each student/client. The records are clear, concise, legible, and chronologically complete from student/client entrance to exit.

Required Components: A, B, C, D

A. The agency has a *policy* addressing the structure and maintenance of student/client records

Suggested Evidence of Compliance:

- Copy of relevant approved *policy(ies)*
- Staff interviews

B. Student/client records include:

- » Access log
- » Demographic data
- » The *IEPs* or analogous document
- » Transition plan where appropriate
- » Current and past assessment data
- » Treatment and educational progress notes
- » Correspondence
- » Discharge plan where appropriate

Suggested Evidence of Compliance:

- Review of select student/client records

C. The agency has a *policy* that establishes *procedures* to allow the student/client, or where applicable, the guardian, to review the record and to request amendment to or correction of inaccurate information.

Suggested Evidence of Compliance:

- Review of select student/client records
- Access logs documenting the student/client name, name and affiliation of person accessing record, date of access, or time, if applicable, brief statement of purpose

D. A complete record of discharged students/clients is maintained by the agency, unless agency *policy* indicates files of discharged students/clients are returned to the referral source and will not be maintained by the agency.

Suggested Evidence of Compliance:

- Review of select records of discharged students/clients
- Agency *policy*

27. Standard: The agency's student/client recording and record-keeping practices have procedural, physical, and technological safeguards to prevent unauthorized access to information.

Required Components: A and B

A. The agency has a *policy(ies)* for access and storage of student/client records to prevent unauthorized access.

Suggested Evidence of Compliance:

- Copy of approved *policy(ies)*.

B. The agency implements *policies* and *procedures* for access and storage of student/client records to prevent unauthorized access.

Suggested Evidence of Compliance:

- Copies of *policies* and *procedures* regarding the access and storage of student/client records
- Access logs, if applicable
- Copies of applicable regulations

Instructional Process Individualized Education Program (IEP)

For agencies servicing clients to whom IDEA does not apply (clients over the age of 21, infant/toddler programs, etc.), while the requirement to write a formal *IEP* does not apply, for the purpose of NCASES a comparable individualized service or treatment plan that meets similar criteria should be developed. In the following standards, *IEP* refers to the overarching plan that establishes goals and objectives for a client in the program. An *IEP* or analogous document must be initially developed, reviewed and revised every year (annually) within 12 months of the previous review.

28. Standard: The agency maintains and implements an *IEP*, or an analogous document, for each classified or 504 eligible student/client.

Required Components: A

A. The agency has a *policy* for the development, maintenance, and implementation of an *IEP*, or analogous document, that contains all required elements:

- » A statement of the individual's present levels of educational performance
- » A statement of annual goals, including short-term instructional objectives
- » A statement of the specific special education services, programmatic components and *related services* to be provided to the client
- » The extent to which the individual will be able to participate in regular educational programs
- » A specified timeline for initial development, initiation of services, *annual review* (or more frequent as required by law or regulation) and revision of individual education plans
- » Appropriate goals based on the students'/clients' documented needs, measurable objectives, evaluative criteria, accommodations and/or modifications as well as time frames for determining whether the short-term instructional objectives are being achieved
- » A transition plan for students/clients, ages 14 and above, covered under IDEA
- » A family service plan for infant/toddler or adult programs only

Suggested Evidence of Compliance:

- *Policy* statement with provisions for involving parents, guardians, and referral source in the development and review of *Individualized Education Programs*
- *Individualized Education Programs*, or analogous documents with review dates
- *Minutes* of all Planning and Placement Team meetings, or analogous documents

29. Standard: There is an observable and documented cycle of instructional planning, instructional delivery, and evaluation of instruction.

Required Components: A and B

A. The agency demonstrates the following essential elements to ensure systematic instructional planning:

- » Instructional objectives are aligned to student/client *Individualized Education Programs* (or analogous documents) and/or approved *curriculum*
- » Lesson and unit plans for all content include
 - Identification of mastery levels for individual students/clients
 - Multi-modal opportunities for learning – visual, auditory, kinesthetic, tactile – as appropriate to the population and the content
 - Use of technology to support (not replace) instruction, provide students/clients with access to *curriculum*, and maximize independent function
 - Differentiation; including a statement of modifications and accommodations
 - Effective pacing designed for the accomplishment of instructional and course goals
 - Changes over time to reflect student/client mastery of materials covered, or adjustments due to lack of student/client progress

Suggested Evidence of Compliance:

- Unit/lesson plans and other applicable instructional planning documents
- *IEP* document samples
- Interviews with instructional and administrative staff
- Student/client interviews

B. Instructional delivery demonstrates at least half of the following essential elements:

- » Instructors provide homework only as appropriate to the developmental and behavioral level of the student/client
- » Instructors adapt, accommodate, and modify instructional methods, assignments, and tests to different learning styles and paces
- » Instructors use simple, precise, direct language appropriate to the age, grade, and developmental level of the student/client to introduce and implement lessons
- » Instructors use appropriate modeling techniques (visual and verbal) to introduce and demonstrate concepts and materials that are part of lessons
- » Instruction connects to prior lessons/units and to future levels of content instruction
- » Instructors provide:
 - Introductory overview of the day's lesson
 - Clear written and verbal directions
 - Appropriate repetition of key points and directions
 - Appropriate questioning techniques
 - Appropriate use of technologies
 - Ongoing check of student/client understanding
 - Smooth transitions among instructional activities
 - Appropriate summary of the lesson
 - Adequate and varied forms of positive reinforcement of student/client effort
- » Instructors match teaching and testing activities to instructional objectives to promote optimal levels of achievement
- » Instructors group students/clients to maximize instruction and learning; one-to-one, small group
- » Instructors use high interest materials and examples to support student/client engagement
- » Appropriate remediation is provided for those needing additional assistance, including individual assistance by the instructor or by another staff member qualified to provide remedial assistance
- » Homework is assigned to support and reinforce learning, and appropriate and timely feedback is provided

Suggested Evidence of Compliance:

- Interviews with instructors/administrators
- Observation of instruction using Classroom Observation Form
- Observation of computers, tablets, iPads, calculators, interactive whiteboards, software, and/or apps, etc. available for client use during instruction
- Lesson Plans
- Interview with students/clients
- Program description of instructional methods, accommodations, and modifications

30. Standard: Students/clients are regularly assessed to evaluate progress and effectiveness of instruction.
Required Components: A and B

A. Instructors maintain day-to-day records of student/client progress in each *curriculum* area.

Suggested Evidence of Compliance:

- Anecdotal notes, charts, worksheets, or other instructional records
- Interviews with instructors/administrators

- B. Students/clients who are not making the expected progress receive further evaluation that may lead to alternative instructional approaches or therapeutic intervention with resulting program changes.

Suggested Evidence of Compliance:

- Instructional/administrative interviews
- Student/client interviews
- *Policy* and *procedures* manual section on assessment of progress
- Copies of applicable assessment timeline regulations
 - » Assessment section of student/client records demonstrating documentation of progress
 - » Assessment protocols and tools -- formal, informal, criterion-referenced, and benchmark
 - » Note any meetings held to discuss assessment data and resulting decisions that may impact placement or the student/client plan

31. Standard: The agency utilizes the *IEP*, Individual Training Plan (ITP), analogous document, or *curriculum* to monitor and document student/client progress.

Required Components: A

- A. Instructors collect data on progress as outlined in the *IEP* for individual students or as delineated in the *curriculum*.

Suggested Evidence of Compliance:

- Data are collected and documented in a manner that is easy to interpret progress
- Interviews with instructors/administrator

32. Standard: The agency implements *policies* and *procedures* that ensure the integrity of the instructional process.

Required Components: A and B

- A. Instructional plans are systematically reviewed and approved by a school administrator, or designee.

Suggested Evidence of Compliance:

- Documentation of *policies* and *procedures* pertaining to instructional planning
- Documentation of review of instructional plans
- Administrative/instructional staff interviews

- B. The school administrator or supervisor provides systematic instructional observations with associated feedback at least two times per academic year for each instructional staff member.

Suggested Evidence of Compliance:

- Documentation of *policy* and *procedures* pertaining to the provision of instructional feedback including but not limited to formal and informal observations
- Documentation of observations with associated feedback conducted according to *policy*
- Performance evaluations of instructional staff
- State guidelines

Related Services

33. Standard: *Related services* are delivered to support educational programs.

Required Components:

For Post-Secondary Programs: F

For All Other Program Types (PS -12 schools): A, B, C, D, E

A. *Related services* are specified in each student's/client's *Individualized Education Program (IEP)*/Individualized Service Plan (ISP) in terms of duration, frequency, and modality of service.

Suggested Evidence of Compliance:

- IEP/ISP review
- Staff interviews

B. The delivery of *related services* is documented.

Suggested Evidence of Compliance:

- Service log review
- Review of other tracking documentation
- Planning and Placement Team (PPT) *minutes*
- Staff interviews

C. Related service provides work in collaboration with educational and, where applicable, residential personnel.

Suggested Evidence of Compliance:

- Case management notes
- *Minutes* from meetings
- Other documentation which illustrates collaboration
- Staff interviews

D. When the agency contracts with external vendors/service providers to deliver *related services*, there is documented proof of required licensure and certification to deliver such services.

Suggested Evidence of Compliance:

- Evidence of current credentials for each external service provider

E. *Related services* provides, at minimum, annual progress summaries to appropriate entities.

Suggested Evidence of Compliance:

- Progress reports
- Conference summary forms
- Phone logs
- Other documentation that indicates that progress has been shared
- Staff interviews
- Parent interviews
- Referral source interviews

F. The *post-secondary program* documents the provision of those *related services* identified within individual services plans, whether provided internally or externally.

Suggested Evidence of Compliance:

- *Related services* documentation
- Staff interviews
- Client interviews
- Parent/Guardian Interviews
- External service provider interview

34. Standard: Educational, clinical, behavioral, and/or therapeutic evaluations are conducted according to established *policy* and *procedures*, and results are used to support student/client educational program.

Required Components: A, B, C, D, E

- A. All evaluations used by the agency are authorized through written *policy*, *procedures*, or protocols and are conducted according to these protocols.

Suggested Evidence of Compliance:

- Copy of agency's *policy*, *procedures*, or protocols regarding evaluations
- Supporting documentation

- B. All evaluations are discussed with, and approved by, the student's/client's parent, guardian, and/or adult student/client.

Suggested Evidence of Compliance:

- Evaluation meeting *minutes*
- Signed evaluation plan or signed evaluation release form
- Staff and parent interviews

- C. Evaluations include validated instruments and/or processes.

Suggested Evidence of Compliance:

- Evaluative instrument(s) documentation

- D. The results and recommendations of all evaluations are shared, either in writing or verbally, with staff that has programmatic responsibilities for the student/client.

Suggested Evidence of Compliance:

- Meeting *minutes*
- Written reports with cover letter indicating recipient(s)
- Interviews with staff, parents, and emancipated adult student/client

- E. Evaluation recommendations are implemented within the program.

Suggested Evidence of Compliance:

- Staff interviews and other supporting documentation

Curriculum

35. Standard: The agency has a comprehensive, written *curriculum* that addresses all of the program's specific areas of instruction or training and meets state or local requirements, if applicable.

Required Components: A and B

- A. The agency has a comprehensive, written *curriculum* that addresses the program's primary areas of instruction or training.

- » The specific abilities and educational needs of the students/clients at each grade or developmental level taught, including academic, personal, social, behavioral, and career independence content where appropriate
- » Content required for graduation and/or successful completion of identified program

Suggested Evidence of Compliance:

- Copies of *curriculum*
- Staff and student/client interviews
 - » Staff describe how they facilitate student/client self-awareness
 - » Students/clients indicate their self-awareness of abilities, feelings, and needs related to work and independent daily living
- Classroom observations
- Student/client transcripts documenting accrual of credits toward graduation where appropriate
- Copies of applicable requirements

B. The agency has *policies* and *procedures* guiding the selection, development, and implementation of curricula.

Suggested Evidence of Compliance:

- Copy of relevant *policies* and *procedures*
- Staff interviews

C. The *curriculum* is modified as necessary to remain congruent with needs defined by the formal individual student/client plans (e.g., *IEP*).

Suggested Evidence of Compliance:

- Classroom observation
- Examples of curricular modifications
- Student/client education plans identifying requirements for *curriculum* modification
- Staff interviews—staff can describe how they modify *curriculum* to address academic, social, behavioral, communication, developmental, and technology needs of student/client

36. Standard: Within the program's *curriculum* there is an observable and documented scope and sequence for planning instruction.

Required Components: A

A. The agency demonstrates the following essential elements to ensure systematic instructional planning as described in the *curriculum*:

- » Instructional objectives are aligned to student/client *IEP* or analogous documents and the *curriculum*
- » Lesson and unit plans for all content include:
 - Identification of mastery levels for individual students/clients
 - Identification of multi-modal opportunities for learning – visual, auditory, kinesthetic, tactile – as appropriate to the population and the content
 - Plans for the use of technology to support (not replace) instruction
 - Plans for the use of differential instruction; including a statement of modifications and accommodations for individuals, as appropriate
 - Plans for appropriate grouping
 - Plans for pacing of the lesson so that students/clients remain engaged

Suggested Evidence of Compliance:

- Unit and lesson plans and other applicable instructional planning documents aligned to the *curriculum*
- *IEP* document samples
- Interviews with instructional and administrative staff
- Student/client interviews

Classroom Management

37. Standard: The instructor provides a structured and predictable environment that promotes positive behaviors.

Required Components: A

A. The instructor promotes positive behaviors as demonstrated by all of the following:

- » Provides/maintains structure and routine within the educational setting while demonstrating the ability to react spontaneously to unexpected occurrences
- » Exercises appropriate visual monitoring and verbal cues
- » Develops a climate of respect, encouragement, and group cohesion at a level consistent with the needs of the population served
- » Develops a sense of group cohesiveness among the students/clients in a class
- » Provides students/clients with frequent, consistent, and meaningful praise and encouragement
- » Responds to behavioral outbursts in a calm, controlled, and consistent manner

Suggested Evidence of Compliance:

- Interviews with students/clients
- Interviews with Instructional and administrative staff
- Classroom observations
- Examples of lesson plans
- Supervision logs
- Student/client/staff interviews
- Student behavior documents

Behavioral and Affective Practices

38. Standard: The agency implements a systematic approach to behavior support.

Required Components: A, B, and C

A. The agency has *policies* and *procedures* that define the agency's *behavior support* practices.

Suggested Evidence of Compliance:

- Copy of relevant approved *policy(ies)*

B. The agency ensures that *behavior supports* are designed and implemented to ensure the safety and dignity of the individual.

Suggested Evidence of Compliance:

- Copies of behavior support plans
- Interviews with staff and student/clients
- Observations

C. The behavior support system is written, taught, and reviewed with the staff and students/clients in detail at the start of the program, are administered effectively throughout the year and contain the following key components/elements:

Suggested Evidence of Compliance:

- Relevant *policy* and *procedures*
- Written behavior systems
- Observations
- Documentation of training
- Clinical notes
- Staff and student/client interviews
- Samples of *behavior support* plans

39. Standard: Individual behavior plans are based on analysis of the student's/client's behavioral support needs and utilized in accordance with an established and observable hierarchy of interventions used in the agency.

Required Components: A and B

- A. There is a policy and procedure in place for determining when a behavior support plan is warranted and utilizes the least restrictive/least invasive behavioral interventions sufficient to achieve the student's/client's safety, behavioral, and instructional goals.

Suggested Evidence of Compliance:

- Copy of *policy* and *procedures* pertaining to *behavior support* plans
 - Clear statement that lists the hierarchy of interventions used in the agency
 - Staff interviews
 - Samples of *behavior support* plans
- B. The staff uses principles of *behavior support* effectively with students/clients, as appropriate to the population served. This includes:
- » Highly individualized plans that reflect an awareness of the cognitive level and frustration level of a student/client when developing interventions
 - » Continually supporting the student/client to a higher level of performance.
 - » Use of data to assess the effectiveness and make necessary modifications.

Suggested Evidence of Compliance:

- Observation
- Student/client/staff interviews
- Samples of *behavior support plans*

40. Standard: If a program utilizes restraint and/or seclusion, the program follows established best practices including having documented *policies* and *procedures* regarding the training of staff and application of these interventions. An agency that prohibits the use of restraint and/or seclusion must have a policy stating that the agency does not practice restraint and/or seclusion.

Required Components: A and B

- A. Personnel authorized to use restraint and *seclusion* are required to undergo agency and other required training prior to initiating these interventions including a refresher course at least annually.

Suggested Evidence of Compliance:

- Written protocols, *policies*, and *procedures* regarding the use of restraint and *seclusion*
- Training program/*curriculum* and assessment tool if applicable
- Training records
- Copy of training certificates
- Staff interviews
- Observations
- Copies of applicable regulations

B. Restraint and/or *seclusion* is implemented in accordance with the following principles:

- » Every effort is made to prevent the use of restraint and *seclusion*
- » *Mechanical restraint* is never used
- » *Physical restraint* is only used in a situation where the student/client's behavior poses imminent danger of serious physical hardship and all other less intrusive methods have failed
- » Restraint and/or *seclusion* is never used as punishment
- » Restraint and/or *seclusion* is never done in a way that restricts breathing
- » Restraint and/or *seclusion* repeatedly used as an intervention for a student/client triggers a review of strategies to address behavior
- » Every instance of restraint and/or *seclusion* is continuously and visually monitored to ensure appropriate use and safety of all involved
- » Parents/guardians are informed of the use of restraint and/or *seclusion*
- » Parents/guardians are aware of policies regarding restraint and/or *seclusion*

Suggested Evidence of Compliance:

- Written protocols, *policies*, and *procedures* regarding the use of restraint and *seclusion*
- Staff interviews
- Observations
- Incident reports
- Copies of applicable regulations

Medication Administration

Agencies have four options for policy that address the administration of student/client medication within its program(s).

- » **Option 1** — the agency explicitly prohibits the administration of medications within its programs.
- » **Option 2** — the agency allows for self-administration of medication within its program(s).
- » **Option 3** — the agency only allows specific staff to administer medications within its program(s).
- » **Option 4** — the agency allows for both self-administration and staff administration of medications within its program(s). *Procedures* must address the criteria used to determine when self-administration versus staff administration is appropriate.

41. Standard: The agency has *policies* and *procedures* that, in accordance with applicable state regulations, explicitly address the options for administration of student/client medication within its program(s).

Required Components: A, B, C

A. The agency has *policies* and *procedures* which explicitly address the options for administration of student/client medication within its program(s).

Suggested Evidence of Compliance:

- Policy statement (Options 1-4)
- Copy of all applicable state regulations (Options 3 & 4)

B. The agency has written *procedures* to support its administration of medications policy.

Suggested Evidence of Compliance for Option 1:

- No evidence of *procedures* required

Suggested Evidence of Compliance for Option 2:

- Copy of written *procedures* detailing:
 - » The process for, and documentation of, determining a student's/client's ability to safely self-medicate along with *procedures* to annually review student's/client's current ability to safely self-medicate
 - » Where and how medications are safely stored
 - » The response to incorrect administration of medication
 - » Guardian or conservator's right to approve self-medication for a non-emancipated adult

Suggested Evidence of Compliance for Option 3:

- Copy of written *procedures* detailing:
 - » The staff that are authorized to administer medication
 - » The *procedures* for securing medications for specific students/clients as prescribed by an individual authorized to do so in accordance with state regulations
 - » The methodology used to insure "right student/client-right medication-right dosage-right time"
 - » The methodology used to track medications administered
 - » Where and how medications are safely stored; a double lock protocol is the minimal acceptable definition of "safely stored"
 - » The response to incorrect administration of medication
 - » Maintenance of records for the disposal or return of discontinued, out-of-date, and unused medications and containers following *procedures* that are compliant with applicable state and local regulations
 - » Access to medical personnel available to consult regarding medication administration, as needed

Suggested Evidence of Compliance for Option 4:

- Copy of written *procedures* detailing all the components from Options 2 and 3

C. The agency's *policy* and *procedures* for the administration of medication are consistently implemented.

Suggested Evidence of Compliance for Option 1:

- Staff/student/client/parent interviews

Suggested Evidence of Compliance for Option 2:

- Records documenting a student's/client's right and ability to self-medicate
- Observe medication storage
- Staff/student/client/parent interviews

Suggested Evidence of Compliance for Option 3:

- Medical administration logs, review medication disposal logs
- Interviews of medical staff or staff authorized to administer medications to ascertain compliance with *procedures*
- Observation of medication storage

Suggested Evidence of Compliance for Option 4:

Same as for Option 3 and

- Records documenting a student's/client's right and ability to self-medicate
- Observation of medical storage for self-administered and staff administered medications.

Research

42. Standard: The agency has and implements a policy regarding conducting *research* within its services or utilizing its clients/students as subjects. An agency that prohibits *research* must also have a policy.

Required Component: A

- A. The agency has and implements *research policies* and *procedures* to protect the right of individuals who may participate as *research* subjects that minimally: (COA ETH 6.01-6.03)
- » Distinguishes explicitly between program/service evaluation and *research*
 - » Requires the use of an internal Institutional Review Board (IRB) that must review and approve all *research* prior to its initiation following a standardized review procedure
 - » Guarantees the individual's right to refuse to participate or withdraw from participation without penalty
 - » Informs potential subjects of the potential risks and benefits of participation
 - » Requires that informed consent agreements articulate the *research* conditions, risks, and benefits, as well as the individual's right to refuse to participate or continue participation without penalty, be signed by the individual, where capable of doing so, and by the individual's guardian, where applicable
 - » Ensures participants' confidentiality throughout the process, providing adequate data protection safeguards

Suggested Evidence of Compliance:

- *Research Policy/Procedure*
- IRB handbook and/or *minutes*
- Records of past *research*
- Copies of signed Informed Consent Forms
- Staff and student/client interviews regarding *research*

Community

Community Identification and Education

43. Standard: The agency demonstrates a commitment to educating and providing information about its services to the *community(ies)* in which it operates.

Required Component: A

- A. The agency offers an ongoing supply of information about its services to the *community* and related agencies to assure and increase their general understanding of the agency's mission, purpose, population, functions, and services. (COA GOV 4.01).

Suggested Evidence of Compliance:

- Clear statement identifying the agency's *community(ies)*, including related agencies
- Information distributed to the public that includes its mission and information about the services offered
- Documentation of *community* education initiatives
- Interviews with *community* representatives, including representatives of related agencies
- Media articles, announcements, and advertisements

Community Planning

44. Standard: The agency establishes relationships with others in the *community* (relevant agencies, organizations, and individuals) and responds to their input to coordinate programs and/or services..
Required Component: A

- A. There are *community* partnerships and relationship-building initiatives that demonstrate:
- » The contributions of related agencies, organizations, and members of the *community*
 - » Planning with the *community* is ongoing; the *community* and agency representatives participate in planning
 - » That the agency incorporates *community* input into its planning

Suggested Evidence of Compliance:

- Schedules and agendas of *community* meetings
- Notes about outcomes of meetings with *community* representatives
- Interviews with *community* and agency representatives
- *Community* feedback
- Examples of agency decisions that incorporate *community* input

Vocational Education and Job Placement Services

45. Standard: For agencies serving *long term* students/clients who are *developmentally appropriate* and who are at least 14 years of age, the agency provides comprehensive *vocational education* programming.

Required Components:

For Schools with grades 9 – 12: A and B

For Post-Secondary Programs: C

- A. The agency has a comprehensive *vocational education curriculum* containing the following essential training elements:

- » Work readiness skills
- » Opportunities for job sampling
- » Job seeking skills
- » Job maintenance skills
- » *Procedures* for evaluating a student's/client's progress and readiness for employment

Suggested Evidence of Compliance:

- Vocational training *curriculum*
- Vocational training schedule of job sites
- Observation of vocational training
- Vocational training records
- Vocational assessment *policy* and *procedures*
- Vocational assessment tools
- Vocational/administrative staff interviews
- Student/client interviews

- B. The agency maintains and implements an individualized vocational plan or analogous document that includes the following:

- » Vocational assessments
- » Identification of vocational interests, preferences, and employment goals
- » Identification of optimal work environment and conditions
- » Work history
- » Education and training history
- » Employments skills
- » Transportation needs
- » Impact of paid employment on any federal and state benefits the client is receiving
- » Workplace accommodations, assistive technology, and other support services needed to sustain employment
- » Time frame for achieving goals

Suggested Evidence of Compliance:

- Vocational planning *policy* and *procedures*
- Student/client vocational plans or analogous documents
- Student/client vocational evaluations
- Vocational counseling notes
- Vocational and administrative staff interviews

C. If individual service plans identify the need for *vocational education*, the post- secondary program documents the provision of the service.

Suggested Evidence of Compliance:

- Client records
- Vocational *Curriculum*
- Vocational Assessment
- Vocational *policies* and *procedures*
- Staff interviews
- Client interviews
- Parent/Guardian interviews
- External service provider interview

Job Development and Placement

46. Standard: For agencies serving clients who are *developmentally appropriate* and of the chronological age to prepare for post-secondary work, the agency implements comprehensive *job development* and placement procedures to assist students/clients in securing employment aligned with their vocational goals, preferences, skills, and needs.

Required Components:

For Schools with grades 9 – 12 schools: A and B

For Post-Secondary Programs: C

A. *Job development* and placement *procedures* include:

- » *Policy* and *procedures* for building and sustaining employment networks
- » *Policy* and *procedures* for providing education to employers about the agency's services, applicable federal, state, or employer tax credits, disability awareness, accommodations, and strategies for building successful employment opportunities for individuals with disabilities within the workplace
- » *Policy* and *procedures* for conducting worksite analyses including work conditions, job duties and expectations, potential barriers to employment, identification of natural supports
- » Negotiating job accommodations as appropriate for the student/client and employment situation
- » *Procedures* for defining lines of communication with employment placements

Suggested Evidence of Compliance:

- *Job development policy* and *procedures*
- *Job placement policy* and *procedures*
- Documented evidence of sensitivity training and other education provided to employers
- *Job development* notes/system for tracking *job development* activities
- Vocational planning/counseling meeting records for students/clients
- Examples of student/client job descriptions
- Documentation of worksite analyses
- Interviews with *job development* staff administration
- Student/client interviews
- Employer interviews

B. Students/clients receive on the job training and post-placement support as defined in their vocational plan:

- » Orientation to the work environment, workplace culture, job duties and expectations, compensation and benefits, and other position specific orientation as dictated by the employer
- » Training on how to complete all work tasks
- » Assistance integrating into the workplace culture
- » Use of natural supports, compensatory strategies, utilization of workplace accommodations, and assistive technology as needed
- » Identification of short and *long term* support needs
- » Identification of intervals for follow up assessment and communication with employers to assess the continued appropriateness of the placement, need for additional support, and opportunities for growth and advancement

Suggested Evidence of Compliance:

- Job coach/ training and assessment records
- Documentation of employer contact and meeting *minutes*
- Documentation of vocational planning meetings discussing continued appropriateness of the worksite and adjustment to vocational plans as needed
- Interviews with vocational staff and administration
- Student/client interviews

C. If individual service plans identify the need for *job development*, the post- secondary program documents the provision of the service.

Suggested Evidence of Compliance:

- Job coach/ training and assessment records
- Documentation of employer contact and meeting *minutes*
- Documentation of vocational planning meetings discussing continued appropriateness of the worksite and adjustment to vocational plans as needed
- Interviews with vocational staff and administration
- Student/client interviews

Residential

In agencies that provide a residential program whose residents also receive educational services the following standards apply.

47. Standard: Daily communication occurs between the educational program staff and residential staff regarding student/client performance.

Required Components: A, B

A. There is purposeful daily communication as students/clients transition between the educational and the residential programs.

Suggested Evidence of Compliance:

- Staff interviews confirm purposeful communication occurring during times of transition
- If available, written documentation that reflects transition communication

- B. There is a systematic process in place for sharing client centered information between the educational and the residential programs.

Suggested Evidence of Compliance:

- *Policy* and *procedures* for sharing information between programs
- Documentation of communication
- *Minutes* for team meetings

48. Standard: Educational and residential staff works collaboratively to identify and plan for those activities that can occur throughout the student's/client's day.

Required Components: A, B, C, D

- A. When collaboratively identified, residential staff provides adequate time and support to students/clients for the completion of homework as applicable.

Suggested Evidence of Compliance:

- Documented evidence of collaboration exists in the development of homework assignments
- Staff interviews
- Observation of support provided for homework completion

- B. The educational and residential programs collaborate to address the extracurricular needs of students/clients.

Suggested Evidence of Compliance:

- Documented collaborative planning regarding extracurricular activities
- Written schedule of extracurricular activities

- C. Life-skills training is consistently provided between the school and residential program.

Suggested Evidence of Compliance:

- Documented collaborative planning regarding functional skills training
- Written schedule of functional life skills training
- Staff and student/client interviews

- D. Opportunities for *community* involvement are a part of the student's/client's program and are made available as appropriate.

Suggested Evidence of Compliance:

- Staff and student/client interviews
- Written schedule of *community* activities

49. Standard: Education program staff and residential staff are knowledgeable about and support the services offered in each program.

Required Components: A and B

- A. Staff can articulate the services provided in each program.

Suggested Evidence of Compliance:

- Interviews with staff confirm that there is a system of ongoing communications in place
- Interviews of education program staff confirm that they can articulate the services provided by the residential staff
- Interviews of residential staff confirm that they can articulate the services provided by the residential staff

B. Staff in each program supports the services of the other.

Suggested Evidence of Compliance:

- Staff interviews confirm specific example of support rendered
- Documentation reflects circumstance of joint problem solving and problem resolution

50. Standard: Service policies are consistent throughout the programs.

Required Components: A and B

A. *Policy* and *procedures* implemented across educational and residential programs are not in conflict.

Suggested Evidence of Compliance:

- Staff and student/client interviews
- Review of *policies* and *procedures* across programs

B. Behavioral support *policies* and *procedures* are consistently implemented throughout the agency.

Suggested Evidence of Compliance:

- Staff interviews
- Observations
- *Policies* and *procedures* that cross programs
- Documentation of behavioral supports confirm consistent implementation in both the educational and residential programs

Workplace Environment

51. Standard: The agency implements policies and procedures that address staff safety, wellness and engagement.

Required Components: A, B, C, D & E

A. The agency implements a written staff dress code that addresses safety concerns associated with working in proximity to students/clients and prohibits such apparel that could lead to injury.

Suggested Evidence of Compliance:

- Copy of staff dress code
- Staff interviews
- Staff training/orientation records
- Observations support compliance with dress code
- Review of *policies* and *procedures* across programs

B. The agency implements *policy* and *procedures* for the use or non-use of personal protective equipment.

Suggested Evidence of Compliance:

- Copies of relevant *policy(ies)*
- Personal protective equipment as chosen by the agency is applicable and relevant in meeting the medical, behavioral, and environmental needs of the population served
- Staff interviews
- Observations confirm the availability and use of personal protective equipment if detailed in *policy*
- Staff training records

C. The agency implements *policies* and *procedures* to provide staff with information regarding internal and/or external wellness supports, or how to access an employee assistance program (EAP).

Suggested Evidence of Compliance:

- Copies of relevant *policy(ies)*
- Staff interviews
- Staff manual or handbook

D. The agency implements *policies* and *procedures* that describe mechanisms in place to address staff concerns.

Suggested Evidence of Compliance:

- Copies of applicable *policies* and *procedures*

E. The agency implements practices that support staff engagement in the following areas:

- » Staff report they have multiple levels of positive connections within their organization
- » Staff report that they feel valued and that their concerns are addressed, and
- » Staff report that they have opportunities for growth (continuing education, cross-training, deepening skills, mentoring, etc.)

Suggested Evidence of Compliance:

- Staff Interviews
- Staff satisfaction survey results
- Staff training records

F. The agency implements a risk management plan that analyzes trends in staff injuries and/or accidents and identifies and implements corrective actions.

- » There are individuals identified who bear the responsibility for reviewing data and making recommendations for corrective actions.
- » Data is collected to inform analysis
- » Corrective actions are implemented and evaluated as appropriate.

Suggested Evidence of Compliance:

- | | |
|--------------------------|------------------------|
| • Risk management plan | • Risk management data |
| • Meeting <i>minutes</i> | • Training records |
| • Staff interviews | |

Transportation

Agencies have three options for *policy* that address the transportation of student/clients within its program(s). Some agencies may utilize both Options 1 and 2; in this case, components A – C are required.

- » **Option 1** — the agency owns and/or leases vehicles that are used by employees to transport persons served. (requires components A - C)
- » **Option 2** — employees use their personal vehicles for agency business that includes transportation of persons served. (requires components A, C)
- » **Option 3** — the agency does not own and/or lease vehicles used to transport persons served and employees do not use their personal vehicles to transport persons served. (requires component A)

52. Standard: Persons served are transported in well maintained vehicles and driven by employees appropriately licensed and trained.

Required Components: A, B, C

- A. The agency maintains *policies* and/or *procedures* that describe the transportation options available to transport persons served, and the scope of transportation for which the program has responsibility.

Suggested Evidence of Compliance:

- *Policy and/or Procedures*

- B. The agency maintains *policies* and/or *procedures*, as well as supporting documentation, that describe relevant information regarding the use and implementation of transportation with agency owned and/or leased vehicles, covering, at minimum:

- » Description of vehicle maintenance and repair
- » Routine safety inspections of agency owned and/or leased vehicles.
- » Method that employees can report safety concerns for all agency owned and/or leased vehicles.

Suggested Evidence of Compliance:

- *Policy and/or Procedures*
- Staff Interviews
- Inspection Logs
- Safety Report Forms
- Repair history for reported issues

- C. The agency maintains *policies* and/or *procedures*, as well as supporting documentation, that describe relevant information regarding the use and implementation of transportation, covering, at minimum:

- » Reporting of vehicle accidents and incidents
- » Descriptions of which staff are eligible to drive students in agency or personal vehicles.
- » Trainings required for eligible drivers
- » Personal insurance required for eligible drivers
- » Specifics of the type of licensure required for drivers.
- » Method that employees can report safety concerns for all agency owned and/or leased vehicles.

Suggested Evidence of Compliance:

- *Policy and/or Procedures*
- Staff Interviews
- Training Logs for Drivers
- Personnel files

Glossary

Annual Review: A meeting that is held to review and revise Individual Education Programs, or analogous documents, within 12 months of initial development or previous review.

Audit: An official inspection completed by an independent body of an agency's accounts and financial records.

Behavior Supports: A systematic strategy or intervention designed to help an individual self-regulate his/her behavior, whether or not it is a proprietary model.

Bonded: The maintenance of a fidelity bond or other type of insurance to protect against monetary losses resulting from the fraudulent acts performed by employees or others engaged by the organization.

Community: The social context within which an agency offers its services, as defined by geography, demographic group, service population, consumers, potential partners, etc.

Curriculum: The framework of an educational program. It ultimately determines the skills and competencies that student/client/students will learn. While subject matter, methods, and techniques may vary, the delivery of curriculum requires balancing the demands of traditional subject matter and methods with the unique needs of the individual learner.

Developmentally Appropriate: Refers to students/clients with the necessary functional life skills and academic readiness prerequisites for successfully participating in community activities such as volunteering, supported or paid employment, or community living.

Drill: Any practice, training, activity, or exercise designed to increase emergency preparedness for staff, and as appropriate for students/clients.

Governance: The entity that has ultimate accountability for the operations of the organization, normally the owner(s) in a for-profit organization and the board of voluntary trustees or directors in the case of a nonprofit organization.

Individualized Education Program (IEP): IEP refers to the overarching plan that establishes goals and objectives for a client in the program. For the purpose of special educational, *post-secondary programs*, and analogous document must take the place of an IEP. Examples of analogous documents are Individual Training Plans (OTP) or Individual Service Plans (ISP). An IEP, or analogous document, must be initially developed, then reviewed and revised every year (annually) within 12 months of the previous review.

Job Development: The ongoing acquisition or refinement of skills that are necessary to perform one's job.

Job Placement: The service that educational institutions offer to help individuals find work.

Long term: Refers to programs that are designed to serve students/clients for a minimum of a one-year period.

Mechanical Restraint: The use of any device or equipment to restrict a student's freedom of movement. This term does not include devices implemented by trained school personnel, or utilized by a student that have been prescribed by an appropriate medical or related services professional and are used for the specific and approved purposes for which such devices were designed, such as: Adaptive devices or mechanical supports used to achieve proper body position, balance, or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports; Vehicle safety restraints when used as intended during the transport of a student in a moving vehicle; Restraints for medical immobilization; or Orthopedically prescribed devices that permit a student to participate in activities without risk of harm.

Minutes: Dated notes taken during a meeting that document the specifics of what was discussed, actions to be taken or decisions made, and a record of those present or absent.

Post-secondary Program: A program that provides services to adults with special needs who are 22 and over.

Physical Restraint: A personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely. The term physical restraint does not include a physical escort. Physical escort means a temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out to walk to a safe location.

Related Services: Clinical services are those services which provide therapeutic supports so that the student/client can benefit from his/her educational program. These therapeutic services can include, but are not limited to, speech therapy, occupational therapy, physical therapy, art therapy, music therapy, ABA therapy and counseling.

The following are operational definitions of policy and procedure. These definitions are applied to Standards interpretation and scoring regardless of how an applicant agency labels or identifies a document that describes required actions or processes.

Policies are written statements that set limits or parameters for significant organizational decisions. They are generally in the form of a concise but broad statement that has widespread application. Policies are non-negotiable, change infrequently, and address major operational issues.

Procedures articulate the process and sequence for accomplishing controls and operationalizing policies. They provide step-by-step descriptions of the tasks required to support and carry out organizational policies. Procedures are usually highly detailed descriptions of processes that are narrow in focus and subject to change.

Research: Research includes all forms of internal or external research involving service recipients, except internal program evaluation and outcomes research, and educational projects carried out by students and interns as part of their professional training.

Seclusion: The involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. It does not include a timeout, which is a behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting, and is implemented for the purpose of calming.

Vocational Education: Vocational Education is secondary or post-secondary training that provides practical experience in a particular field or trade.

NCASES

National Commission *for the Accreditation of* Special Education Services