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## **Juvenile Welfare Board ASSET Review : 2008 : 11**

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# JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY A.S.S.E.T. COMPREHENSIVE PROGRAM REVIEW

## FORWARD

The materials contained in this document have been revised (2003, 2006, 2008) from the original design (2000) utilizing feedback collected over the past nine years. During this revision process, the JWB focus on organizational development and quality improvement has been maintained utilizing the feedback and experiences of the JWB funded agencies and peer reviewer teams.

The revisions have resulted in:

- A reduction of A.S.S.E.T Standards.
- An increased focus on administrative capacity.
- Acceptance of specific national accrediting bodies in lieu of A.S.S.E.T.
- The provision of specific guidance on evidence submission resulting in less duplication.
- Blending the A.S.S.E.T. review and annual sites visits resulting in one comprehensive report every three years.

It is anticipated that these changes will result in either maintaining or building increased administrative capacity and quality service delivery frameworks.

We wish to acknowledge the continued support and contributions provided by JWB funded agencies, A.S.S.E.T. reviewers, and JWB staff for their creativity, experience, and new perspectives and for maintaining the integrity of the A.S.S.E.T. program in the current design and development of the revised standards.

Best regards,



Cindy Bell, M.S.  
Director, Facility Management, I.T. & Training



Michael Stone  
Trainer/A.S.S.E.T. Coordinator



**JWB CHILDREN’S SERVICES COUNCIL OF PINELLAS COUNTY  
A.S.S.E.T. COMPREHENSIVE PROGRAM REVIEW**

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**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY**  
**A.S.S.E.T.**  
**(Agency Self-Study Efficacy Tool)**  
**Comprehensive Review Procedures**

**I. Introduction**

These procedures are designed to provide guidance to funded agencies, JWB staff, and peer reviewers regarding all aspects of the A.S.S.E.T. process. JWB will operate within these established procedures as it conducts each A.S.S.E.T. Comprehensive Review; selects, trains, and monitors peer reviewers; and renders certification decisions.

**II. A.S.S.E.T. Overview**

The Juvenile Welfare Board (JWB), in alignment with its Strategic Plan developed a standards-based comprehensive review process for funded agencies to assist them in facilitating strong services for the children, families, and communities of Pinellas County (1998). The review process, A.S.S.E.T. (Agency Self-Study Efficacy Tool), integrates and encourages quality improvement and public accountability practices in the delivery of results-based outcomes. This process uses best practice standards in building administrative capacity to deliver effective services.

In 2008, the restructuring of A.S.S.E.T. resulted in the blending of the A.S.S.E.T. review and annual contract monitoring. These two previously separate monitoring activities are now combined in this edition of the A.S.S.E.T. Comprehensive Review. The A.S.S.E.T. component focuses on administrative capacity and the contract monitoring focuses on compliance and service delivery activities.

Nationally accredited agencies in good standing and who have been certified may be waived from the comprehensive review process. JWB recognizes those agencies that have accreditation with the Council on Accreditation for Children and Family Services (COA), Commission on Accreditation of Rehabilitative Facilities (CARF), and the Joint Commission on the Accreditation Health Care Organizations (JCAHO). These agencies will continue to receive annual site reviews and will be requested to submit documents that confirm their accreditation status and any actions being taken in response to recommendations for improvement. Accredited agencies experiencing performance issues may be required to participate in a full A.S.S.E.T. review.

JWB funded agencies not currently nationally accredited by either COA, CARF, or JCAHO will participate in the comprehensive A.S.S.E.T. review at least once every three years. These agencies will continue to receive annual site reviews in the intervening years. A team consisting of JWB staff and funded agency personnel will conduct each review. Key elements of the review process include the following:

- JWB funded agency staff will be offered opportunities for self-study training in advance of conducting a four-month self-appraisal and assessment of their performance against the A.S.S.E.T. standards, service delivery, and contract compliance.

- Agencies will conduct a thorough examination of their policies, procedures, and organizational structure. Each agency is required to submit supportive documentation for addressing core administrative functions that include: Governance, Organizational Management, Quality Improvement, Risk Management, Financial Management, and Human Resource Management. In addition, programs should be prepared to demonstrate quality service delivery and compliance with the terms outlined within the JWB contract.
- Agencies will have the opportunity to meet with the A.S.S.E.T. Coordinator prior to or during the four-month self-study period to confirm those standards that are applicable to their review.
- Agencies will submit their materials to the JWB within the four-month timeframe. A review team will be assigned to conduct an on-site assessment and review of the agency. This review will occur approximately two months after submitting the A.S.S.E.T. materials.
- A.S.S.E.T. site reviews will be conducted by a team of reviewers that at a minimum include: a team leader (JWB staff), peer reviewer(s) (funded agency representative), a fiscal reviewer (JWB staff), and the contract manager (JWB). The total number of reviewers will be based upon the size of the agency and number of programs funded by JWB.
- Agencies may receive pre-site visits for the purpose of either reviewing additional on-site evidence or to facilitate observation of program activities. Agencies will be notified prior to the visit in order to coordinate relevant activities and review of on-site evidence.
- Agencies will receive a written report and notification of certification status within six weeks following the on-site review. This report will provide a summary of strengths and recommendations requiring action for further improvement.
- Agencies are expected to conduct business in accordance to certification criteria.
- Agency certification may be revoked if A.S.S.E.T. requirements are not maintained. (i.e. poor program performance, lack of fiscal integrity, and non-adherence to general conditions of the JWB contract).
- Agencies who do not achieve certification will be required to meet the terms of a corrective action plan. Upon completion of the plan, A.S.S.E.T. certification may be recommended.
- Any agency that does not currently receive funding from JWB will be required to submit additional materials when responding to a JWB Request for Proposal. In addition, the agency will receive an on-site review to confirm organizational capacity to administer effective services. This process may lead to the determination of a provisional A.S.S.E.T. status. If funding is received, the agency must participate in a full A.S.S.E.T. review within three years of initial funding and every three years thereafter.

### **III. A.S.S.E.T. Comprehensive Program Review**

#### **A. Eligibility**

JWB funded agencies (including those agencies applying for first time funding) will participate in the A.S.S.E.T. Comprehensive Review. Agencies currently funded by JWB with national accreditation\* in good standing and who are currently A.S.S.E.T. certified may receive an exemption from the A.S.S.E.T. Comprehensive Review but will be expected to participate in annual site visits. Agencies with national accreditation applying for first time funding will be required to participate in a provisional A.S.S.E.T. review. After successfully completing a full A.S.S.E.T. certification within three years of initial funding, the agency may be exempted from participation in subsequent A.S.S.E.T. reviews.

\*National accrediting bodies recognized by JWB include: Council on Accreditation (COA), Joint Commission on the Accreditation of Health Care Organizations (JCAHO), and Commission on Accreditation of Rehabilitation Facilities (CARF).

#### **B. Agency Self-Study**

##### **1. Agency Responsibility**

The agency self-study process serves to guide agencies through a period of self-evaluation and change and provides a systematic means for organizational improvement. It is an opportunity for agencies to involve key stakeholders in a thorough examination of their policies, procedures, practices, and organizational structure for the purpose of producing increased programmatic outcomes.

During the self-study process agencies have several key responsibilities that include:

- Attending JWB self-study workshops to address the content, format, and applicability of the A.S.S.E.T. standards and JWB's process for self-study, site visits, and certification decisions.
- Gathering and documenting key types of evidence that support conformance with the A.S.S.E.T. standards.
- Conducting assessments of both the agency and program(s) current level of functioning.
- Submitting identified evidence to JWB at the conclusion of the agency self-study or otherwise pre-determined date.

The A.S.S.E.T. Standards Instruction Sheet provides specific step-by-step self-study instruction. (Page 16)

##### **2. Time Frame**

Agencies participate in A.S.S.E.T. at least once every three years. The JWB A.S.S.E.T. Coordinator will notify each agency of the timetable in which they are to conduct their self-study. In addition, the JWB A.S.S.E.T. Coordinator will contact the agency to negotiate a date for the site review.



### 3. Extensions

In preparing for the A.S.S.E.T. site review, each agency is held accountable to a four-month self-study timeframe. Therefore, requests for extensions are not typically honored. On rare occasions, due to extenuating circumstances resulting in a significant event, an agency may request an extension for submitting their A.S.S.E.T. evidence. Requests must be submitted in writing to the JWB A.S.S.E.T. Coordinator clearly outlining the reasons for the extension. Extension requests must be received no later than 30 days prior to the scheduled evidence submission date. Requests will be reviewed with the A.S.S.E.T. team, the JWB Contract Manager, and the Director of Contract Management, Finance and Research. A decision will be awarded within three business days of receipt of the request. The agency will receive a telephone call followed by a written response confirming the extension decision.

Site review dates are established by the JWB A.S.S.E.T. Coordinator in consultation with the review team and agency representative. Site review dates will be scheduled during the agency's normal workweek. JWB encourages the agency to identify days or periods of time during the tentative scheduling timeframe that may pose insurmountable problems for the agency. Examples of such events may include major fundraising/community events and religious holidays. Once site review dates are established (typically 30 days prior to), a change in the dates for the site review will not be considered.

#### **C. Site Review Process**

The site review follows the self-study assessment phase. Typically, site visits will last two full days, but may be adjusted depending on the size of the agency and number of programs scheduled for review.

##### 1. Review Team Selection

Selection of the A.S.S.E.T. review team will be guided by the principle of matching background and experience of reviewers to each organization's characteristics and service patterns. The review team will consist of a minimum of four reviewers: a JWB Team Leader, one agency representative (peer reviewer), a JWB Contract Manager, and Fiscal Analyst. The size of a review team may be increased depending upon the individual characteristics of each agency/program. These review teams will be selected by the JWB A.S.S.E.T. Coordinator and approved by each agency representative prior to the scheduled site review date. In making assignments of reviewers to a particular organization, JWB will make every effort to assure that there is no conflict of interest (prior employment, personal relationship). Reviewers will sign a confidentiality statement and conflict of interest disclaimer on an annual basis. Reviewers will not accept any appointments or activities where a prior or current relationship with personnel or Board Members exists.

Agencies may contact the A.S.S.E.T. Coordinator to discuss any concerns regarding the assigned review team members. This should occur soon after the members of the team are provided to the agency. Changes of review team members will not take place 30 days prior to the formal site review.

## 2. Pre-Site Review Activities

The review team is provided up to 60 days to review evidences, coordinate site review logistics that include travel, scheduling, division of labor, and to meet with other assigned A.S.S.E.T. team members to determine preliminary agency assessment ratings. Team Leaders are strongly encouraged to make initial contact with the agency immediately upon receipt of the agency evidence. At that time, the Team Leader will establish communication with the assigned agency personnel and the review team members to determine sites to be visited, personnel to be interviewed, and number of participant records to be reviewed. The Team Leader will distribute copies of the site review schedule to the agency representative and to the other review team members no later than two weeks prior to the scheduled site visit. In addition, if reviewers require additional evidences from the agency, the request must be made to the agency no later than two weeks prior to the scheduled site review date. (Team Activity Chronology, Appendix B)

## 3. Site Review

During the entrance meeting, the A.S.S.E.T. review team will orient agency attendees to the purpose of the A.S.S.E.T. review process and the role of the team, as well as their qualifications. In addition, the two-day schedule highlighting the major components of the review process will be discussed.

While conducting the site review, the review team will provide an impartial evaluation of the program's self-assessment against the A.S.S.E.T. administrative standards, service delivery performance, and contract compliance. Additional information may be offered by the agency or program or requested by the review team to more clearly demonstrate a program's conformance with a standard. In addition, the review team will gather data on program operations and performance through observation, interviews, and participant record reviews.

A typical site review will include the following activities:

- Entrance meeting with the agency Executive Director and key stakeholders
- Facility tour/site visits to satellite offices (Safety and Emergency Checklist (Appendix G))
- Interviews with staff at all levels, including volunteers
- Interviews with the Board Chair and representatives of the governing body
- Interviews with service participants
- Observation of service practices
- Exit meeting with the agency Executive Director and key stakeholders

The A.S.S.E.T. Interview Guidelines included in this handbook (Appendix C and C.1) serve to provide consistency among the review team when conducting interviews.

In addition, a Site Review Checklist is provided (Appendix H) as a guide for both review team members and the agency or program representatives. The checklist captures the critical components required during each site review and allows both the team members and agency representatives to ensure all mandatory activities are carried out.

Materials and information gathered during the course of a site review are considered confidential. The content may only be discussed among assigned review team members and other professionals who are involved in the process.

Confidential information may include:

- Reports or descriptive narratives
- Legal information
- Proprietary materials
- Forms and templates
- All participant information

Once the site review is complete, the review team has the responsibility to report on their findings. An exit meeting presented by the review team will summarize agency and program strengths and discuss areas for improvement. Actual numerical ratings will not be discussed during the exit meeting, nor will pass or fail assessments.

#### **D. Reporting Protocols**

The review team will draft a written report. (A.S.S.E.T. Review Report Format, Appendix I and I.1). The report will be delivered to the JWB A.S.S.E.T. Coordinator no later than two weeks following the site review. The Team Leader should retain a copy of the final report for future reference if warranted.

The A.S.S.E.T. report will summarize key administrative findings of agency and program strengths identified by the review team and will clearly document areas requiring additional action for improvement. The A.S.S.E.T. review team is not authorized to make final recommendations regarding A.S.S.E.T. certification or funding commitments.

The agency will receive a copy of the final written site review report 4 – 6 weeks from the conclusion of the site review.

### **IV. Roles and Responsibilities**

#### **A. A.S.S.E.T. Coordinator**

The role of JWB A.S.S.E.T. Coordinator during the review process includes:

- Provide training and other guidance pertaining to the AS.S.E.T. standards and the review process.
- Negotiate self-study timeframes, schedule site visits, and assign appropriate review teams.
- Distribute review findings to agencies.

- Facilitate supportive networking opportunities that may include the identification of additional resources for funded agencies.
- Recruit reviewers, conduct training, and evaluate individual reviewer performance.
- Analyze and revise the A.S.S.E.T. process for continuous improvement.

**B. Contract Manager**

The role of the JWB Contract Manager is to review all program services. The role of the Contract Manager during the review process includes:

- Serve as a member of the review team.
- Review for contract compliance.
- Review for adherence to program methodology.
- Analyze performance reported in SAMIS.
- Conduct participant file reviews.
- Verify SAMIS user access.
- Contribute to the development of the final report.
- Serve as a general resource consultant for the team.

**C. Fiscal Analyst**

The role of the Fiscal Analyst during the review process includes:

- Serve as a member of the review team.
- Select and review reimbursement samples.
- Select and review personnel files.
- Review agency's fiscal and personnel policies.
- Review and analyze agency's financial data.
- Contribute to the report for fiscal and personnel management.
- Serve as a resource consultant to the team.

**D. Web-Based A.S.S.E.T. Submission Help Desk**

The role of the web-based A.S.S.E.T. submission help desk during the review process includes:

- Answer phone calls related to using the web-based A.S.S.E.T. program.
- Provide technical assistance and training.
- Provide access to the web-based program.

Technical support is available Monday through Friday during normal business hours.

## **E. Review Team**

The review team consists of JWB staff and funded agency peer reviewers. JWB may increase the number of review team members based upon the size of the agency and the number of programs to be reviewed. In all cases, a JWB staff will assume the responsibility of Team Leader. Once a team is established, a division of responsibilities will be negotiated among team members to organize and expedite the review process.

Roles for review team members include:

- Review the agency's evidence prior to site review dates.
- Meet together prior to the scheduled site review to discuss preliminary findings.
- Attend and participate in entrance meetings.
- Conduct on-site tours, interviews, and records review.
- Attend and participate in exit meetings.
- Participate in the development of the written report findings.

Each reviewer plays an important role in the overall accountability of the A.S.S.E.T. Comprehensive Review process. Each team member has the responsibility to objectively assess and facilitate the agency's conformance with all applicable A.S.S.E.T. standards. A.S.S.E.T. reviewers must perform their tasks and responsibilities in a manner that maintains and supports the credibility of the reviewers, the JWB, and the A.S.S.E.T. process.

Agency peer reviewers volunteer to participate in the A.S.S.E.T. Comprehensive Review process. Benefits gained from the review experience include an opportunity to learn from other organizations, personal and professional development, an opportunity for professional networking, and the exchange of ideas and "best practices." JWB offers mandatory training to each A.S.S.E.T. reviewer prior to receiving an initial site review assignment. Travel for site reviews and meals will be the responsibility of each reviewer.

### 1. Team Leader

The Team Leader will be a JWB staff member. The Leader's duties include:

- Distributing evidences to each reviewer assigned.
- Contacting peer reviewers to divide the labor according to skill and preference.
- Making logistical arrangements with the agency delegate at least one month prior to the scheduled site visit (i.e. site visit schedule, request for schedule changes, and request for additional records).
- Providing guidance regarding final ratings to other team members.
- Facilitating the entrance and exit meetings.
- Providing mentoring to new reviewers.
- Drafting the final agency site review report.

During the site review, the Team Leader is expected to:

- Coordinate the work of the team.
- Assure that all expected elements of the entrance and exit meetings are covered.

- Assure that all activities required for the reliable assessment of conformance are completed.
- Verify that team members conduct themselves in accordance with JWB's expectations.
- Apprise the A.S.S.E.T. Coordinator immediately of any emergencies, unresolved questions, issues, or serious problems with staff or consumers.
- Assure that all team members reach consensus on all assessment ratings.
- Assure the preliminary report is complete and accurate.
- Assure that agency personnel have been fully apprised of areas of conformance where the team has been unable to find adequate evidence.

## 2. Contract Manager

During the site review, the Contract Manager is expected to:

- Conduct a thorough review of programmatic services funded by JWB.
- Monitor compliance with the JWB contract.
- Participate in all entrance and exit meetings.
- Participate in the development of the written report findings.

## 3. Fiscal Analyst

During the site review, the Fiscal Analyst is expected to:

- Conduct a thorough review of all fiscal and personnel related evidence.
- Participate in all entrance and exit meetings.
- Participate in the development of the written report findings.

## 4. Qualifications

To be eligible as an A.S.S.E.T. reviewer, an individual must either be employed by JWB or work for a JWB funded agency. Applications are accepted on a year-round basis. Blank referral and nomination forms can be found at the back of this manual (Appendix L) or by contacting JWB.

A.S.S.E.T. reviewer training will be provided by JWB on an annual basis.

The following minimum requirements\* must be met:

- Three years experience in program leadership
- A minimum of a BA/BS degree in a human service related field
- Commitment to the promotion and enhancement of quality services to children, families, and communities
- Ability to travel within Pinellas County
- Copy of current resume or curriculum vitae on file

A successful reviewer will possess the following personal attributes:

- Objectivity
- Interpersonal Skills
- Leadership Skills
- Facilitative Skills
- Ethical Principles
- Problem Solver
- Writing Skills

\*Special consideration will be afforded to individuals who possess a unique set of professional experiences and/or skills. Every effort will be extended to interview any person expressing an interest in becoming an A.S.S.E.T. reviewer.

#### 5. Time Commitment

A.S.S.E.T. reviewers must be willing to commit to the following:

- Participation in at least one review a year.
- Participation in an initial two-day training program provided by JWB.
- Participation in annual (one-day) “refresher” training provided by JWB.
- Commitment to the role of reviewer for at least one year.
- Commitment to the concept or philosophy of Quality Improvement.
- Secure a replacement in the event a crisis precludes the reviewer from performing a review.

#### 6. Ethical Guidelines

Reviewers will not accept an assignment to an organization where a prior or current relationship with personnel or Board members might affect, or appear to affect, objectivity during a review. In addition, each A.S.S.E.T. reviewer will be required to sign a Confidentiality Agreement and Conflict of Interest Statement, (Appendix M), on an annual basis. Protection of client confidentiality and discretion in handling information about JWB funded agencies cannot be compromised. Discussing the business of one agency with others outside the context of conducting official site review business is not acceptable.

#### 7. Training

An initial two-day training course is required of all A.S.S.E.T. reviewer applicants. The goal of training is to assist reviewers in developing the skills needed to conduct an objective, fair, and thorough review. Training is designed to educate reviewers in interpreting the A.S.S.E.T. standards and to gain a thorough understanding of the Comprehensive Review process. In addition, information about assessment, reliability, consistency, data gathering, interviewing techniques, and leadership skill building are included in the training curriculum.

Refresher training will be provided for all A.S.S.E.T. reviewers on an annual basis.

## 8. Shadowing

The goal of shadowing is to orient “first-time” Team Leaders and reviewers to the A.S.S.E.T. review process. Shadowing should enhance the understanding of workload demands, the organization of specific review logistics, and the time management skills needed to perform an accurate and thorough review. When shadowing, it is imperative for reviewers to participate in all A.S.S.E.T.-related activities. Every new A.S.S.E.T. reviewer who has received training is strongly encouraged to shadow a review team prior to accepting their first assignment. (Shadowing Procedures, Appendix K)

## 9. Evaluations

A formal evaluation process will be conducted at the conclusion of each site review. This will allow for an on-going collection of feedback and evaluation that will generate A.S.S.E.T. Quality Improvement activities.

Both the A.S.S.E.T. review team and the agency representative(s) will complete evaluations regarding key aspects of the Comprehensive Review process.

## **V. Certification Process**

If an agency receives an assessment rating of 1 or 2 in all administrative standards and a satisfactory rating for contract compliance and adherence to the service delivery methodologies, the agency and programs under review will be recommended for certification.

If an agency receives an assessment rating of 1 or 2 in all administrative standards but receives an unsatisfactory rating for contract compliance and adherence to the service delivery methodologies, the agency and programs under review will not be recommended for certification. A Corrective Action Plan\* will be issued and certification will not be considered until the satisfactory completion of that plan.

If an agency receives an assessment rating of 3 in one or more administrative standard but receives a satisfactory rating for contract compliance and adherence to the service delivery methodologies, the agency and programs under review will not be recommended for certification. A Corrective Action Plan will be issued and certification will not be considered until the satisfactory completion of that plan.

If an agency receives an assessment rating of 3 and receives an unsatisfactory rating for contract compliance and adherence to the service delivery methodologies, the agency and programs under review will not be recommended for certification. A Corrective Action Plan will be issued and certification will not be considered until the satisfactory completion of that plan.

The A.S.S.E.T. report is forwarded to the JWB Executive Director. The Executive Director will review report findings and may award certification or require the completion of a Corrective Action Plan prior to a certification decision.



The Corrective Action Plan must be created within 30 days following receipt of the A.S.S.E.T. report. The JWB Contract Manager is responsible for contacting the agency to discuss and write the Corrective Action Plan. Once established, a copy of the plan is forwarded to the A.S.S.E.T. Coordinator. The agency will be expected to complete the Corrective Action Plan within a maximum period of four months. (This includes the 30-day period for plan development.)

Depending upon the nature of the issue(s) identified by the review team, additional technical support or training may be offered to the agency to facilitate its improvement. This need would be addressed with the contract manager and identified within the agency correction action planning process. A technical assistance team (TA team) would be assembled, based upon their specific knowledge and skills, to provide directed support to the agency.

\*Corrective Action Plan – A plan that identifies specific strategies and actions to resolve serious internal areas of non-compliance within an agency or program. The plan identifies the action to be taken within a specified timeframe (usually immediate).

Once the agency has made the improvements and changes identified on the Corrective Action Plan, the incorporation and implementation of recommended modification(s) will be monitored for up to six months prior to the TA team and Contract Manager recommending A.S.S.E.T. certification. This entire process must be concluded within a maximum period of 10 months.

Lastly, the A.S.S.E.T. Coordinator meets with the Contract Manager, reviews the supportive evidence, and forwards certification recommendations to the JWB Executive Director for certification approval. The agency may receive a three-year A.S.S.E.T. certification from the date of the signed letter by the Executive Director.

In the event a Corrective Action Plan is not met within the specified timeframe, the agency is at risk of one or more of the following:

- Compliance report to the JWB Board of Directors
- A limited contract renewal
- Revocation of certification
- Contract termination
- Other actions as directed by the Board

**Please Note:**

If an agency is on or placed on corrective action during their A.S.S.E.T. self-study and site review cycle, the Corrective Action Plan must be satisfactorily completed prior to being awarded A.S.S.E.T. certification.

**A. A.S.S.E.T. Certification or Recertification**

Each agency successfully completing the Comprehensive Review process will receive:

- Three-year A.S.S.E.T. certification or recertification
- Annual acknowledgment by the JWB Board of Directors
- A plaque to commemorate their achievement

An agency will receive a three-year certification or recertification based on the following:

- The agency receives an assessment rating of 1 or 2 in all administrative standards and a satisfactory rating for contract compliance and adherence to the service delivery methodologies, the agency and programs under review will be recommended for certification.
- The agency is able to demonstrate substantial fulfillment of the standards.
- Present conditions represent an established pattern of program operation and these conditions are likely to be maintained or improved upon.
- The agency meets the general conditions of their contract.

## **B. Revocation**

JWB may rescind A.S.S.E.T. certification for one or more of the following reasons:

- Failure to meet general conditions of the JWB contract or maintain fiscal integrity.
- Agency operations fail to maintain health or safety standards.
- Corrective Action Plan is not adequately implemented within the specified timeframe.
- Failure to maintain standards-based performance previously determined acceptable through an A.S.S.E.T. Review.

The agency Board of Directors and Executive Director will be notified in writing of revocation. Revocation will result in one or more of the following, depending on the magnitude of the issue:

- The JWB Board of Directors will be notified.
- The agency may receive a limited contract.
- Agency may receive additional sanctions.
- Contract termination.
- Other actions as directed by the JWB Board of Directors.

## **VI. APPEAL PROCESS**

Agencies may appeal any decision that impacts their funding status.

A written letter of appeal should be mailed to: A.S.S.E.T. Coordinator at JWB Children Service's Council of Pinellas County.

JWB must receive the written letter of appeal within five (5) working days following receipt of written notification of the decision in question. The appeal must include relevant documentation and evidence that supports the claim, and must be based upon the agency's belief that the review team did not appropriately adhere to or apply the A.S.S.E.T. policies and procedures. An agency may not add or submit new evidence that was not available during the review process. The agency's written appeal will be considered in the analysis of the grievance, and every attempt will be made to resolve the concern at the staff level.

- A meeting will be held with the agency representative and JWB A.S.S.E.T. Coordinator. If unresolved,
- A meeting will be held with the agency representative, A.S.S.E.T. Coordinator, and JWB Contract Manager. If still unresolved,

- A meeting with the agency representative, JWB Senior Managers and the JWB Executive Director will be held.

The JWB Executive Director may:

- Entertain a verbal discussion (involving the agency, JWB staff, review team members).
- Render a decision based on the facts provided.
- Request additional information.

The decision of the Executive Director shall be final.

## **VII. Quality Improvement**

Feedback pertaining to the Comprehensive Review Process is welcome and should be directed to the A.S.S.E.T. Coordinator. Data collected will become a critical component of JWB's continuous process for improvement. (Questionnaires, Appendix Q)

## **VIII. Inquiries**

Requests for information about JWB's A.S.S.E.T. Certification, policy and procedures, or for more information about negotiating timeframes for self-study and site reviews, please contact:

A.S.S.E.T. Coordinator  
JWB Children's Services Council of Pinellas County  
(727) 547-5636 or e-mail to [mstone@jwbpinellas.org](mailto:mstone@jwbpinellas.org)

The A.S.S.E.T. manual, in its entirety, can be found on the JWB website at <http://www.jwbpinellas.org/ASSET/asset.htm>

## A.S.S.E.T. APPLICATION

Agency Name: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Agency Mission: \_\_\_\_\_

Other Accreditations:

N/A: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Accreditation: \_\_\_\_\_ ■ If yes, please attach most recent report.

Number of years funded by JWB: \_\_\_\_\_ Total JWB agency funding \$ \_\_\_\_\_

**Contract Management site review includes the following program(s):**  
(Please list.)

Program Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Agency liaison contact for A.S.S.E.T. review:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_



# A.S.S.E.T. STANDARDS INSTRUCTION SHEET

## I. Introduction

There are six Administrative Standards:

- Governance
- Organizational Management
- Quality Improvement
- Risk Management
- Financial Management
- Human Resource Management

A Summary of Self-Study Findings has been provided (Page 19) and must be submitted by the agency with the written narratives and required evidence. This provides an opportunity for agencies to communicate with the Review Team to identify key changes that occurred as a result of the agency self-study process.

Each Administrative Standard must be addressed by submitting a written narrative that specifically describes how the agency fully meets each Quality Indicator. The required evidence is identified at the end of the Administrative Standards section.

Each Administrative Standard is segregated into three distinct components:

- a. Full statement defining the Standard's overall intent.
- b. Quality Indicators that delineate how the overall intent is achieved.
- c. Interpretive Guidance that provides additional insight into the meaning of the Quality Indicator.

## II. Narrative Page

A concise narrative page must accompany each individual standards page; briefly, yet accurately explaining the relationship between the evidence provided by the agency and the Quality Indicator, how the agency meets the overall intent of the standard, and the reason the agency assessment score was chosen.

The narrative page also allows the agency an opportunity to list additional evidence for on-site review.

## III. Quality Indicators

- ◆ Each Quality Indicator directly relates to the overall standard definition (top of each standards page).
- ◆ To demonstrate the program meets each Quality Indicator, required evidence (Page 56) must be submitted.
- ◆ Ratings of **Fully Meets**, **Meets**, or **Needs Improvement** follow each Quality Indicator. These ratings refer to evidence of conformance.
- ◆ The agency will indicate with an X whether it **Fully Meets**, **Meets**, or **Needs Improvement** with each Quality Indicator.

- **Fully Meets** – The evidence available fully contributes to the overall intent of the standard and reflects organizational excellence. There is written evidence and active implementation practices that support consistent adherence to the Standard. All written plans are comprehensive and include all identified elements. In addition, all Quality Indicators containing identified elements are fully addressed.
- **Meets** – The written evidence and implementation practices contribute to the overall intent of the standard. However, there are minor inconsistencies with either the comprehensiveness of written evidence or in practice that could be improved. The majority of identified elements are contained either in all written plan(s) or Quality Indicators.
- **Needs Improvement** – Certain aspects of the evidence are not fully developed or there are significant inconsistencies with policy or practice implementation. Not enough or inadequate evidence to fully support the Quality Indicator. The majority of identified elements are missing rendering either all plans or Quality Indicators incomplete.

♦ At times, an N/A\* (not applicable) will be offered. A Quality Indicator may only be exempted by contractual agreement or approval by JWB.

\*On rare occasions, a Standard or specific Quality Indicator may not be applicable to a certain agency. In that event, the agency representative must contact the A.S.S.E.T. Coordinator to discuss the non-applicability of the standard or specific Quality Indicator under a standard in question within the four-month self-study timeframe. In addition, the review team may determine that a specific Standard is not applicable to a particular agency. Again, the team must contact the A.S.S.E.T. Coordinator to discuss the non-applicability of the particular Standard or specific Quality Indicator under a Standard. Non-applicability may not be determined solely by the agency or the assigned review team.

#### **IV. Required Evidence**

The required evidence (Page 56) for each Standard is listed at the end of the Administrative Standards section. The required evidence listed also identifies the corresponding Quality Indicator(s) that it supports. In addition, there is evidence listed that must be available on-site for review by the team (Page 57). As indicated, the agency may identify additional evidence to be reviewed on-site at the bottom of the narrative page.

#### **V. Assessment**

It is the agency’s responsibility to assess its level of conformance (rating of 1, 2, or 3) to each Administrative Standard using the Assessment Rating Sheet (Page 20). A collective impression of all Quality Indicators will assist in determining the overall assessment rating for each individual Standard.

At the top right hand corner of each Standards page, the agency is responsible for entering the appropriate self-study assessment score.

For example:	Governance
	Agency Assessment <u>  2  </u>

## **VI. Evidence Delivery**

The agency is responsible to collect and organize all required documented evidences for submission. This will include those documents identified that need to be available on-site for review as well. Procedures for submitting evidence utilizing JWB's SharePoint technology will be provided during self-study training. A help desk will be available to answer questions as they arise during the self-study period to further support agencies participating in A.S.S.E.T.





# **JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY**

## **Agency Summary of Self-Study Findings**

As part of your self-study submission, please answer the following questions. The assigned review team will assess actions taken towards improvement and incorporate their findings in the final A.S.S.E.T. report.

Please limit your responses to one page, front and back.

1. Briefly describe the areas of strength identified as a result of your A.S.S.E.T. self-study process.
2. What are your conclusions about the effectiveness of the organizational management of your agency?
3. What areas of improvement did you identify as a result of your self-study process?
4. What steps have you taken to make improvements? What is your projected timeframe for completion?



**A.S.S.E.T. ASSESSMENT RATING SHEET**  
**TO ASSESS THE AGENCY AGAINST THE OVERALL INTENT OF THE STANDARD**

<p><b>1=FULLY MEETS</b></p>	<p>Each Quality Indicator fully contributes to the overall intent of the standard. Essential elements are in place to provide competent administrative functioning in supporting quality service delivery. At a minimum this includes:</p> <ul style="list-style-type: none"> <li>• All essential policies are reviewed, current, and Board approved.</li> <li>• All essential plans are reviewed, current, and Board approved.</li> <li>• Each Quality Indicator is clearly understood by staff, board, volunteers, participants, and community members as relevant.</li> <li>• All required policies and plans are clearly understood and consistently implemented.</li> <li>• All Board members, staff, and volunteers receive orientation and training.</li> <li>• New or significantly revised processes or activities that have been operational for more than six months may be considered a fully meets (1) if the supportive documentation warrants.</li> <li>• A comprehensive review of all written evidence and interviews clearly confirms full conformance to the standard.</li> </ul> <p>All bulleted items are fully addressed in each Quality Indicator.</p>
<p><b>2=MEETS</b></p>	<p>Each Quality Indicator is met and contributes to the overall intent of the standard. Essential elements are in place to provide effective administrative functioning in supporting quality service delivery; however, there are a few:</p> <ul style="list-style-type: none"> <li>• Elements of the policies, plans, and actions that require either further development or strengthening.</li> <li>• Quality Indicators that are not fully understood by staff, board, volunteers, participants, and community members as relevant.</li> <li>• Minor inconsistencies that exist in the implementation or knowledge of required practices.</li> <li>• New or significantly revised processes and activities that have been operational for only 3-6 months. They may be considered meeting the standard, depending upon the supportive documentation provided (i.e. written material, interviews, observation).</li> <li>• Board members, staff, and volunteers who have not received orientation and training.</li> </ul> <p>The majority of bulleted items are addressed in each Quality Indicator..</p>
<p><b>3=NEEDS IMPROVEMENT</b></p>	<p>While several Quality Indicators are met and may contribute to the overall intent of the standard, other key required elements are incomplete or have not been fully implemented, significantly affecting administrative functions in supporting quality service delivery. These may include:</p> <ul style="list-style-type: none"> <li>• Informal policies, procedures, and actions where a formal system is required.</li> <li>• Policies and plans that are not Board approved.</li> <li>• Quality Indicators that are inconsistently communicated to staff, board, volunteers, and participants and are therefore, poorly understood.</li> <li>• Evidence of a consistent pattern where practice deviates from policies, procedures, and designated actions.</li> <li>• Outdated policies and procedures that have not been reviewed or revised, and lack relevance to administrative operations or service delivery.</li> <li>• New or significantly revised processes or activities that have been operational for less than three months.</li> </ul> <p>The majority of bulleted items are not adequately addressed in each Quality Indicator.</p>

**Interpretive Guidance:**

When determining operational timeframes, team members should confirm when a new process or practice was formally adopted and initiated. This may include: policies, procedures, plans, service methodologies, and any other relevant action related to the A.S.S.E.T. Standards. Team members should differentiate between the timely review and revision of policies, plans, and other written documents that have been in existence and operating versus newly developed materials that have been minimally established.

The final decision in all cases should be a combination of the professional judgment of the review team supported by relevant standard-based evidence.

A significant revision may occur when a process or activity either has not been routinely modified or the agency makes major changes with operations and programming.

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY**

**A.S.S.E.T. SELF-STUDY  
NARRATIVE TOOL**

**STANDARD: A-1 ♦ GOVERNANCE**

**The organization is governed by a Board that plans, sets policies, develops resources, and provides effective leadership to achieve its mission and strategic goals.**

**Narrative:** *(Describe how your program meets the overall intent of the standard)*

**Additional evidence to be reviewed on-site:** *(List additional evidence to be offered to the review team on-site)*

## A-1 ♦ GOVERNANCE

Agency Assessment: \_\_\_\_\_  
Reviewer Assessment: \_\_\_\_\_

**The organization is governed by a Board that plans, sets policies, develops resources, and provides effective leadership to achieve its mission and strategic goals.**

### Quality Indicators

**A1.1 The Board has defined roles and responsibilities that are separate and distinct from the Executive Director that include at a minimum:**

- **By-laws**
- **Job description for Executive Director**
- **Board responsibilities**
- **Board orientation**
- **On-going training**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*Through interviews and appropriate documents, the review team will confirm that there is a clear distinction between Board and management functions that is understood by all. The team will also confirm that Board members receive an orientation and have on-going opportunities for additional training as needed.*

---

**A1.2 Board membership includes diverse skills, knowledge, and expertise to effectively guide the organization and meet the needs of the community.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The Board must establish requirements for membership and a process for recruitment and screening. The process and criteria for Board selection should seek to ensure diversity with respect to gender, ethnicity, culture, skills, expertise, and economic status. Board diversity should support agency mission. Interviews with Board members should confirm this process.*

**Quality•Partnership•Accountability**

**A1.3 Board members receive formal orientation within six weeks of initial appointment. Orientation includes at a minimum:**

- Agency mission
- Strategic Plan
- Roles and responsibilities
- Policies and by-laws
- Program services

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The process for providing formal orientation will be confirmed through interviews with Board members and staff. The team should review all relevant documents (i.e. orientation manual) that support this process. Additionally, the team should verify the timeliness of the orientation.*

---

**A1.4 Board members receive annual training consistent with their defined responsibilities.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The process for providing training will be confirmed through interviews with Board members and staff. The team should review all relevant documents (i.e. attendance logs, training agendas) that support this process. There may be variability in how organizations accomplish educating Board members (i.e. trainings could occur as a component to regularly scheduled Board meetings).*

**A1.5 The Board adheres to ethical standards of practice that at a minimum include:**

- **Conflict of interest policies and protocol**
- **Active attendance**
- **Adherence to key roles and responsibilities**
- **Active fiscal oversight**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with Board members and relevant staff and review conflict of interest policies and forms. The team should also compare attendance criteria (by-laws) with actual attendance records (board minutes). Finally, interviews with Board members should confirm that fiscal reports are regularly provided and reviewed.*

---

**A1.6 The Board actively participates in the organizational strategic planning process.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*Interviews with key Board members and staff will confirm participation in the planning process. This may include reviewing meeting minutes, attendance logs, and agendas.*

---

**A1.7 The Board has approved the strategic plan which supports the mission of the organization.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The strategic plan sets the direction of the organization. The review team will confirm approval of the strategic plan (Board agenda and minutes).*



**A1.8 On an annual basis, the Board conducts a review of the strategic plan implementation and progress made towards achieving plan goals.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with Board members and staff regarding how and when this occurs during the year. If revisions are made, the team will confirm Board approval. Team will review relevant documents that reflect reporting on progress and strategies to be implemented. The review team will review all relevant documentation (i.e. progress reports, Board minutes) and confirm through interviews with both key staff and Board members.*

---

**A1.9 The Board annually reviews and approves revisions to policies that guide organizational operations. These policies at a minimum include:**

- **Fiscal**
- **Personnel**
- **Technology**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The approval of policy revisions must be noted in Board minutes. Interviews will confirm how and when this occurs and reflect who was involved. The team should confirm Board approval of any newly developed (first-time) policies and how this was presented and communicated to the Board and other stakeholders.*

**A1.10 The Board actively participates in on-going resource development activities that support the agency's mission and strategic plan.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*Interviews with key Board members and staff will confirm how resource development is managed by the agency. Resource development activities can include a range of involvements (i.e. strategic planning, grant development, fundraising). The review team should assess how the organization develops a flexible and diverse base of funding that supports sustainability and ensures availability of vital services.*

---

**A1.11 The Board provides fiduciary oversight of financial operations. This includes at a minimum:**

- **Annual review and approval of budget**
- **Resource development plan and goals**
- **Annual review and approval of audit**
- **Review and approval of the agency investment policy and performance (if applicable)**
- **Review of monthly financial statements**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*Interviews with key Board members and staff will confirm the process for review and evaluation of financial status. The review team will also confirm that adequate information is provided to the Board for monitoring of key fiscal operations. This information should support their ability to make informed financial decisions.*

**A-1 ♦ GOVERNANCE** *(continued)*

**A1.12 The Board receives regular quality improvement progress reports that at a minimum include:**

- **Program service performance**
- **Safety and emergency activities (i.e. planning, procedures)**
- **Strategic plan progress**
- **Financial stability/resource development**
- **Risk management (i.e. risk reduction)**
- **Human Resource management**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will review the process for evaluation of services and how this is communicated to the Board and back to the staff. The review team will conduct interviews and review written reports.*

---

**A1.13 The Board evaluates the Executive Director on an annual basis.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The JWB Fiscal Analyst will be responsible for reviewing the supportive documentation. The review team will confirm that the process occurs annually through interviews with the Board and Executive Director.*



**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY**

**A.S.S.E.T. SELF-STUDY  
NARRATIVE TOOL**

**STANDARD: A-2♦ ORGANIZATIONAL MANAGEMENT**

**The organization is directed by a management structure that effectively implements policies and plans in support of the mission and strategic direction.**

**Narrative:** *(Describe how your program meets the overall intent of the standard)*

**Additional evidence to be reviewed on-site:** *(List additional evidence to be offered to the review team on-site)*

## A-2 ♦ ORGANIZATIONAL MANAGEMENT

Agency Assessment: \_\_\_\_\_  
Reviewer Assessment: \_\_\_\_\_

**The organization is directed by a management structure that effectively implements policies and plans in support of the mission and strategic direction.**

### Quality Indicators

#### A2.1 The organization has a written strategic plan that incorporates:

- A review of the agency mission, its relevance, and key values
- Assessment of strengths and challenges
- Key goals, strategies, and timeframes for achievement
- Quality improvement indicators
- The inclusion of key stakeholders in the continued development of plan revisions and implementation

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

#### **Interpretive Guidance:**

*The strategic plan sets the direction of the organization. The review team will conduct interviews and review the strategic plan to ensure all elements are incorporated.*

*Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.*

---

#### A2.2 Management reviews strategic plan implementation which at a minimum includes:

- Providing annual progress reports to Board, staff, and other key stakeholders that identify key accomplishments and challenges.

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

#### **Interpretive Guidance:**

*The review team will conduct interviews with management staff and will confirm with Board and staff how this information is communicated (i.e. written reports, staff meetings). The review team should confirm that the process for review and development is inclusive (i.e. who, how often). The review team will conduct interviews and review reports that address the progress made on meeting strategic goals.*

*Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.*

**Quality•Partnership•Accountability**

**A2.3 On a regular basis, management monitors the implementation of fiscal policies to ensure their efficiency and effectiveness.**

- **Annual opportunities for staff and key stakeholders to provide input for improvement to policies.**
- **Key changes or modifications to fiscal policies and procedures should be communicated to the Board, staff, and stakeholders on a regular basis.**
- **Annual evaluation of policy relevance and implementation.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with management staff and Board members. The team should confirm the management review of fiscal policies and reporting on a regular basis. The review should include how this process facilitates decision-making and keeps the Board apprised of key organizational information.*

*Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.*

---

**A2.4 On a regular basis, management monitors the implementation of personnel policies to ensure their efficiency and effectiveness.**

- **Annual opportunities for staff and key stakeholders to provide input for improvement to policies.**
- **Key changes or modifications to personnel policies and procedures should be communicated to the Board, staff, and stakeholders on a regular basis.**
- **Annual evaluation of policy relevance and implementation.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with management staff and Board members. The team should confirm the management review of personnel policies and reporting on a regular basis. The review should include how this process facilitates decision-making and keeps the Board apprised of key organizational information.*

*Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.*

**A2.5 On a regular basis, management monitors the implementation of technology policies to ensure their efficiency and effectiveness. Monitoring includes:**

- Annual opportunities for staff and key stakeholders to provide input for improvement to policies.
- Key changes or modifications to technology policies and procedures should be communicated to the Board, staff, and stakeholders on a regular basis.
- Annual evaluation of policy relevance and implementation.

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with management staff and Board members. The team should confirm the management review of technology policies and reporting on a regular basis. The review should include how this process facilitates the decision-making process and keeps the Board apprised of key organizational information.*

*Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.*

---

**A2.6 Management oversees the implementation of an agency-wide quality improvement strategy that impacts decision-making at all levels. The strategy includes:**

- Inclusion of appropriate stakeholders in the review of key data reports.
- Revision of organizational policy and practice.
- On-going evaluation and reporting of agency performance and practice.
- Monitoring the implementation of improvement strategies.

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with management and staff. The team will review documentation that supports the inclusion, revision, and evaluation of quality improvement strategies. (The team should seek specific examples of revisions made and impact on agency performance.)*

*Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.*



**A-2 ♦ ORGANIZATIONAL MANAGEMENT** *(continued)*

**A2.7 Management oversees the implementation of the agency risk management plan. Documentation at a minimum will support:**

- **The review and assessment of the risk management plan.**
- **The review and modification of key risk management strategies.**
- **The on-going evaluation of the plan's effectiveness.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with management and staff. The team will review the documentation supporting the process for assessment, modification of key strategies, and on-going evaluation.*

---

**A2.8 Management ensures that communication strategies promptly and accurately inform and educate the Board, staff and other key stakeholders regarding the agency's mission, strategic direction, and services.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews and review the various methods used to support the agency communication strategy.*

*Key stakeholders can include staff, Board, volunteers, participants, and community members depending on the relevance to this indicator.*

**A-2 ♦ ORGANIZATIONAL MANAGEMENT** *(continued)*

**A2.9 Management ensures that the staff is provided training opportunities consistent with their job responsibilities and agency expectations. Training opportunities at a minimum include:**

- **Formal orientation**
- **Formal supervision**
- **Annual performance evaluations**
- **On-going professional growth and development options**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews and review policies, manuals, training logs, and performance evaluations to confirm staff have opportunities for training.*

---

**A2.10 The organization has a written advocacy plan that addresses:**

- **Community education regarding the agency mission and services.**
- **Building community partnerships to meet participant needs.**
- **Barriers to services.**
- **Involvement in public policy issues.**
- **Reporting on legislative actions.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews which should include community partners. The team should review any relevant documents that support the agency's involvement in community education, public policy, and legislative actions (as appropriate).*

**A2.11 The organization reviews the status of the written advocacy plan on an annual basis.**

- **Actions**
- **Results**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with Board members and key agency staff. The review team will review Board minutes and the written advocacy plan.*

---

**A2.12 The organization complies with all IRS regulations if conducting direct lobbying.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

\_\_\_ Not Applicable

**Interpretive Guidance:**

*The review team will conduct interviews with staff responsible and review IRS filing documentation if appropriate; otherwise this will be designated as not applicable by JWB.*

---

**A 2.13 The organizational management team demonstrates competencies required to effectively administer agency operations.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team should identify whether management conducts an evaluation of organizational capacity (i.e. who's involved, how often it occurs). Further, the team should confirm how this information is used in implementing change (if appropriate).*



**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY  
A.S.S.E.T. SELF-STUDY  
NARRATIVE TOOL**

**STANDARD: A-3 ♦ QUALITY IMPROVEMENT**

**The organization has a comprehensive system for analyzing performance and implementing quality improvement in support of the mission, strategic goals, and program service outcomes.**

**Narrative:** *(Describe how your program meets the overall intent of the standard)*

**Additional evidence to be reviewed on-site:** *(List additional evidence to be offered to the review team on-site)*

## A-3 ♦ QUALITY IMPROVEMENT

Agency Assessment: \_\_\_\_\_  
Reviewer Assessment: \_\_\_\_\_

**The organization has a comprehensive system for analyzing performance and implementing quality improvement in support of the mission, strategic goals, and program service outcomes.**

### Quality Indicators

**A3.1 The organization has a formal quality improvement plan that includes at a minimum:**

- **Staff assignment and responsibility**
- **Scope of activities (i.e. collection and analysis of data elements)**
- **Stakeholder participation and responsibility**
- **Internal monitoring and reporting guidelines**
- **Assessment and evaluation timelines to formally report on progress and challenges**
- **Methods for implementation and monitoring of quality improvement activities and changes**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

#### **Interpretive Guidance:**

*The review team will conduct interviews with staff to assess their understanding of the quality improvement plan. The team should further confirm the process for implementation of the plan (i.e. who's involved, frequency of meetings, data collected and reporting procedures).*

A-3♦ QUALITY IMPROVEMENT (continued)

**A3.2 Management supports the development and implementation of a quality improvement process that is inclusive of all agency operations and program services. At a minimum this will include:**

- Program service performance
- Safety and emergency planning
- Strategic plan progress
- Financial stability/resource development
- Risk management (i.e. risk reduction)
- Personnel management

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with organizational leadership and evaluate the scope of information being assessed. The team will also review any relevant supportive documentation.*

---

**A3.3 Management ensures adequate resources are available to support the quality improvement process throughout the organization. At a minimum this includes:**

- Clear expectations (i.e. roles and responsibilities)
- Staff orientation and training
- Dedicated staff resources
- Dedicated technology capability

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews and review relevant documentation that shows support for implementing the quality improvement procedure (i.e. budgets, technology assessments, meeting minutes).*

**A-3 ♦ QUALITY IMPROVEMENT** *(continued)*

**A3.4 Program services are formally evaluated on an annual basis. Critical components of the review include:**

- **Measurable objective performance**
- **Trends in service data**
- **The adequacy of resources to meet program outcomes**
- **Service delivery strategy implementation**
- **Contract requirement attainment**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews and confirm program evaluation process and reporting, and results of change.*

---

**A3.5 Management reports findings and communicates quality improvement results to the Board, staff and other stakeholders at least annually.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews and confirm process for providing feedback (i.e. reports, staff meetings).*



**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY  
A.S.S.E.T. SELF-STUDY  
NARRATIVE TOOL**

**STANDARD: A-4♦ RISK MANAGEMENT**

**The organization analyzes and manages risks in support of strengthening the agency and protecting its resources and assets while in compliance with all legal and regulatory requirements.**

**Narrative:** *(Describe how your program meets the overall intent of the standard)*

**Additional evidence to be reviewed on-site:** *(List additional evidence to be offered to the review team on-site)*

## A-4 ♦ RISK MANAGEMENT

Agency Assessment: \_\_\_\_\_  
Reviewer Assessment: \_\_\_\_\_

**The organization analyzes and manages risks in support of strengthening the agency and protecting its resources and assets while in compliance with all legal and regulatory requirements.**

### Quality Indicators

**A4.1 The organization conducts a risk management assessment on an annual basis that includes:**

- **Comprehensive identification of organizational risks**
- **Assessment and analysis of agency risks (i.e. employment practices, security of information, health and safety issues, insurance and liability)**
- **Assignment of risk reduction strategies**
- **Implementation of strategies**
- **Monitoring and evaluation of strategies for effectiveness**
- **Methods for communicating results throughout the agency (i.e. Board, staff, volunteers)**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with staff/committee responsible for risk management. The team will also review any reports or other relevant documents confirming assessment process.*

---

**A4.2 The organization has adequate capacity and resources to support the prevention and improvement of the risk management system.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with organizational leadership. The team will further review any relevant documentation that supports this process.*

**A-4♦ RISK MANAGEMENT (continued)**

**A4.3 Risk assessment findings and planned improvements are routed through the agency-wide quality improvement process on a regular basis.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews and review any related reports.*

---

**A4.4 The organization assesses insurance needs and ensures appropriate levels and types of coverages are in place on an annual basis. At a minimum this will include:**

- **Property and casualty**
- **Worker's compensation**
- **General liability**
- **Officers or Directors liability**
- **Professional liability (if applicable)**
- **Transportation or auto (if applicable)**
- **Fidelity Bond Coverage**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews and review confirmation of insurance policies. The team should confirm who is responsible for ensuring all insurance policies are in place and appropriate. Further, the team should request any documentation that supports their assessment.*

**A4.5 The organization maintains and implements written technology policies. These at a minimum will include:**

- Data collection and entry
- Data utilization and integrity
- System back up
- Individual use
- Security
- Staff training
- Disaster preparedness or recovery
- Business continuity planning
- Annual security training
- Annual needs assessment

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews and review policies and training logs. The team should confirm how policies are communicated to staff, the frequency of review, and how implementation is monitored. (If any one of the above policies is not in place, then the team should render this quality indicator as Needs Improvement.)*

---

**A4.6 The organization reviews and modifies (as needed) the technology policies on an annual basis.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will interview staff, confirm the process for review, and access supportive documentation of any changes to the technology policies. The team should further confirm how changes were communicated throughout the organization and whether they were reviewed and approved by the Board.*

**A4.7 The organization ensures the development and implementation of policies that protect participant rights and confidentiality. These policies will include:**

- Access and use of participant files
- Releases of participant information
- Research procedures involving participants
- HIPAA compliance, if applicable

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will interview staff, review policies (i.e. file reviews, participant interviews), and confirm implementation with the Contract Manager. The team should also confirm whether the organization is covered under HIPPA and utilize the checklist provided in Appendix F to ensure compliance.*

---

**A4.8 Annually the organization reviews and modifies (as needed) all contracts and service agreements for continued relevance and effective use of agency resources.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will interview organizational leadership and review contracts if appropriate (i.e. sub-contracts for services if JWB funded). The intent is to ensure that all contracts and agreements (not exclusive to JWB agreements) are thoroughly assessed and up to date.*



**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY  
A.S.S.E.T. SELF-STUDY  
NARRATIVE TOOL**

**STANDARD: A-5 ♦ FINANCIAL MANAGEMENT**

**The organization is fiscally accountable and employs management practices that adhere to all legal, regulatory, and business requirements.**

**Narrative:** *(Describe how your program meets the overall intent of the standard)*

**Additional evidence to be reviewed on-site:** *(List additional evidence to be offered to the review team on-site)*

## A-5 ♦ FINANCIAL MANAGEMENT

Agency Assessment: \_\_\_\_\_  
Reviewer Assessment: \_\_\_\_\_

**The organization is fiscally accountable and employs management practices that adhere to all legal, regulatory, and business requirements.**

### Quality Indicators

**A5.1 The financial status of the agency is assessed at least annually by the management team. Assessment activities include a review of:**

- **Diversification of funding**
- **Sustainability**
- **Resource development**
- **Potential for funding reduction**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with key organizational staff and Board members on financial management practices. The review team should review financial reports submitted to the Board and other stakeholders. (Agencies experiencing financial challenges should monitor and assess with greater frequency.)*

---

**A5.2 Management establishes an annual budget in cooperation with the Board to ensure that resources are available to implement agency strategic plan priorities and deliver services in support of the mission.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews to confirm process. The team will review all relevant documents supporting budget development and approval.*



**A-5 ♦ FINANCIAL MANAGEMENT** (continued)

**A5.3 The organization establishes and implements internal fiscal controls that safeguard agency assets. (Utilize attached checklist.)**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*Fiscal Analyst will conduct a review of internal controls and related checklist items while on-site. The review team will communicate with fiscal analyst regarding the findings and any concerns.*

---

**A5.4 Organizational staff reviews all contract/agreements to monitor compliance for all stated conditions.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*The review team/fiscal analyst will conduct interviews with the staff to confirm how contracts are monitored and the process for reporting compliance (i.e. to whom, when, how often).*

---

**A5.5 The agency has Board approved financial policies.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*Fiscal analyst will review all fiscal policies using the financial management checklist and report his or her findings to the team.*

**A-5 ♦ FINANCIAL MANAGEMENT** *(continued)*

**A5.6 The agency implements Board approved financial policies.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*Fiscal analyst will review all fiscal policies for implementation using the financial management checklist and report his or her findings to the team.*

**FINANCIAL MANAGEMENT  
CHECKLIST**

<b>Name of Agency:</b>	<b>Review Period:</b>
------------------------	-----------------------

**The program has the following applicable policies and procedures:  
(CHECK ALL THAT APPLY.)**

Accounting Policy & Procedure                       Fixed Assets  
 Expenditures for Goods and Services/A/P    Purchasing  
 Cash & Cash Receipts                                       Third Party Billing  
 Budget     Payroll

<b>Internal Control Documentation</b>	<b>Organizational Controls</b>	
<b>Key Control</b>	<b>Yes (Y)/No(N)</b>	<b>Briefly Describe Process</b>
1. There is an established Chart of Accounts. a.) The chart of accounts provides for identifying program expenses and revenues separately.		
2. The Internal Control processes are appropriate for the organizational structure and the size of the agency.		
3. Is there a written code of conduct for employees?		
4. Is this code reinforced by training, top-down communications, and periodic written statements of compliance from key employees?		
5. All accounting records are stored in a secure area.		
6. The agency's auditor does <b>not</b> perform any other fiscal activities for the agency.		
7. The agency's financial statements are reviewed and approved at each Board meeting.		
8. The organization has an established audit committee that is independent of agency management.		
9. The audit committee at a minimum will: a.) Select audit firm. b.) Review annual audit. c.) Review audit finding(s) (if relevant). d.) Recommend approval and/or modification to the Board.		



**FINANCIAL MANAGEMENT  
CHECKLIST (continued)**

<b>Internal Control Documentation</b>	<b>Review and Audit</b>	
<b>Key Control</b>	<b>Yes (Y)/No(N)</b>	<b>Briefly Describe Process</b>
1. The prior site visit yielded recommendation(s).		
2. An independent audit was completed in the last year.		
3. The Audit is an unqualified audit.		
4. The last audit yielded findings and recommendations.		
5. The previous year's recommendations were implemented.		
6. The audit notes reflect responsible financial management.		
7. Proof of a positive fund balance and sufficient cash flow in audited financial statements.		

<b>Internal Control Documentation</b>	<b>Capital Assets &amp; Expenditures</b>	
<b>Key Control</b>	<b>Yes (Y)/No(N)</b>	<b>Briefly Describe Process</b>
1. Additions to capital assets, including establishment of useful lives, are to be in accordance with entity policies (including capitalization threshold) and are properly authorized.		
2. Subsidiary ledger of complete physical inventory is maintained so that any item of property can be located and identified.		
3. Subsidiary records are reconciled to control accounts regularly.		
4. Retirements and disposals are properly authorized and recorded.		
5. Segregation of duties between recording of transactions, custody of assets, and approval of transactions.		
6. A complete physical inventory of all property and equipment is made at least annually.		
7. The agency received JWB Renovation and Community Priorities funding.		

**FINANCIAL MANAGEMENT  
CHECKLIST (continued)**

<b>CONCLUSION OF CONTROLS</b>		
<b>List of Controls NOT Present</b>	<b>Describe Compensating controls, if any</b>	<b>Potential Finding</b>

<b>Internal Control Documentation</b>	<b>Expenditures for Goods and Services/Accounts Payable</b>	
<b>Key Control</b>	<b>Yes (Y)/No(N)</b>	<b>Briefly Describe Process</b>
1. Segregation of duties between the purchasing function, personnel receiving goods or services, those recording transactions and preparing checks for signature, and those signing checks.		
2. Purchase orders are matched with receiving reports and invoices before checks are prepared for signature.		
3. Authorized personnel approve requests for purchases before they are sent to accounting for payment.		
4. Disbursements are supported by appropriate documentation (invoices, purchase orders, receipts, etc.).		
5. Check signers thoroughly review supporting documentation (purchase order, receiving report) before signing check.		
6. Check signers are up to date and properly authorized.		
7. Checks are only written to properly authorized vendors.		
8. Invoices and check requests are properly cancelled when they are approved for payment (e.g., stamped "paid", initialed by check signer, marked with check number).		
9. Checks are mailed or distributed by someone other than the preparer and signer.		
10. There is a way to ensure expenditures do not exceed appropriations.		

**FINANCIAL MANAGEMENT  
CHECKLIST (continued)**

<b>Internal Control Documentation</b>	<b>Expenditures for Goods and Services/Accounts Payable</b>	
<b>Key Control</b>	<b>Yes (Y)/No(N)</b>	<b>Briefly Describe Process</b>
11. Checks are pre-numbered, the sequence is regularly accounted for, and unissued checks are controlled and kept in a secure location.		
12. Bank statements are reconciled monthly by someone other than the person who writes and records checks.		
13. Purchasing department requires records of bids and contracts and other documents to demonstrate compliance with agency policies and procedures.		
14. Spoiled, voided, and/or outstanding checks are accounted for properly.		
15. Accounts Payable is reconciled to the general ledger accounts monthly.		

<b>CONCLUSION OF CONTROLS</b>		
<b>List of Controls NOT Present</b>	<b>Describe Compensating controls, if any</b>	<b>Potential Finding</b>

<b>Internal Control Documentation</b>	<b>Cash &amp; Cash Receipts</b>	
<b>Key Control</b>	<b>Yes (Y)/No(N)</b>	<b>Briefly Describe Process</b>
1. There is a segregation of duties between: a.) persons receiving payments (cashier), b.) the person reconciling cash to documentation of receipts/printout and preparing deposit, c.) the person making the deposit, d.) the person receiving the validated deposit slip and posting/recording receipts in the general ledger.		
2. Deposits are made daily, unless total cash received daily is below a threshold determined by the entity.		
3. Validated deposit tickets or slips are obtained for each deposit made.		

**FINANCIAL MANAGEMENT  
CHECKLIST (continued)**

Internal Control Documentation	Cash & Cash Receipts	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
4. Cash collected by other offices/departments is brought to the treasurer, is recorded daily, and reconciled to pre-numbered receipts or other support.		
5. There is a segregation of duties between the person(s) responsible for bank reconciliations and: <ul style="list-style-type: none"> <li>• Cash collections</li> <li>• Bank deposit</li> <li>• Posting journal entries to the general ledger</li> </ul>		
6. Physical access to cash receipts is limited, including cash registers, vaults, safes, and use of lockbox.		
7. Bank statement(s) are reconciled monthly and reviewed by the Finance Officer, Treasurer, or designee.		
8. Accounts receivable subsidiary ledger is reconciled to the general ledger account monthly.		
9. Petty cash is maintained in accordance with policies and procedures.		
10. Documentation is maintained on in-kind revenue/donations.		
11. Policy and procedures are in place for recording in-kind revenue, restricted revenue, and unrestricted revenue.		

CONCLUSION OF CONTROLS		
List of Controls NOT Present	Describe Compensating controls, if any	Potential Finding



**FINANCIAL MANAGEMENT  
CHECKLIST (continued)**

Internal Control Documentation	Third Party Billing	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
1. Policy and procedure for billing (i.e. Medicare, Medicaid, insurance, etc.)		
2. Procedure to ensure claims are filed in a timely manner.		
3. Internal controls are in place for billing system (segregation of duties).		
4. Procedure is in place on how agency conducts third party billing.		
5. Procedure is in place for refunding overpayments.		
6. Procedure to ensure personal loans are prohibited to employees.		

CONCLUSION OF CONTROLS		
List of Controls NOT Present	Describe Compensating controls, if any	Potential Finding

Internal Control Documentation	Budget	
Key Control	Yes (Y)/No(N)	Briefly Describe Process
1. There is an annual budgeting policy and procedure.		
2. Segregation of duties is maintained by having budget recorded by someone independent of approval and preparation, and budget components reviewed in detail by someone independent of preparation.		
3. Department heads receive timely, monthly budget reports in sufficient detail to manage departments.		
4. Reports are prepared for the Board of Directors, which relate the budget, monthly and year-to-date financial status.		
5. There is a written procedure for compliance with JWB reimbursement.		

**FINANCIAL MANAGEMENT  
CHECKLIST (continued)**

**CONCLUSION OF CONTROLS**

<b>List of Controls NOT Present</b>	<b>Describe Compensating controls, if any</b>	<b>Potential Finding</b>

**Internal Control Documentation**

**Payroll and Related Liabilities**

<b>Key Control</b>	<b>Yes (Y)/No(N)</b>	<b>Briefly Describe Process</b>
1. All employees have a personnel file documenting compliance with the hiring policy, rate of pay, and other documents for compliance with applicable laws and regulations.		
2. Documentation of time worked in a pay period (timecard/sheet) is signed (physically or through electronic permissions) by both the employee and supervisor.		
3. Changes in employment (additions and termination), in salary and wage rates, and in amounts of payroll deductions are reviewed by someone independent of payroll input.		
4. Segregation of duties between input of employee information (hiring, termination, pay rate, etc.) into system, input of time worked, approval of check run, and mailing/distribution of paychecks.		
5. Periodic reconciliation of subsidiary ledger to control account, to previous payrolls and to time records.		
6. Procedures to ensure that payroll taxes are paid in a timely manner and that payroll tax returns are filed when due.		
7. Consideration of a policy to require individual with payroll responsibilities to take vacations and are other employees required to perform those duties when an employee is absent.		

**FINANCIAL MANAGEMENT  
CHECKLIST (continued)**

**Internal Control Documentation**

**Payroll and Related Liabilities**

Key Control	Yes (Y)/No(N)	Briefly Describe Process
8. Audit report is obtained from the agency providing payroll services, amounts on report are verified against information submitted.		

**CONCLUSION OF CONTROLS**

List of Controls NOT Present	Describe Compensating controls, if any	Potential Finding

**For use by JWB Fiscal Analyst only:**

<b>Legend:</b>	
<b>Existence/Occurrence</b>	<b>(E/O)</b>
<b>Existence/Non-Occurrence</b>	<b>(E/NO)</b>
<b>Non-Existence</b>	<b>(N/E)</b>
<b>Not Applicable</b>	<b>(N/A)</b>

**JWB CHILDREN'S SERVICES COUNCIL OF PINELLAS COUNTY  
A.S.S.E.T. SELF-STUDY  
NARRATIVE TOOL**

**STANDARD: A-6 ♦ HUMAN RESOURCES MANAGEMENT**

**The organization ensures there is an efficient system of Human Resources management that operates in accordance with all federal, state, and local statutes and regulatory requirements.**

**Narrative:** *(Describe how your program meets the overall intent of the standard)*

**Additional evidence to be reviewed on-site:** *(List additional evidence to be offered to the review team on-site)*

## A-6♦ HUMAN RESOURCES MANAGEMENT

Agency Assessment: \_\_\_\_\_  
Reviewer Assessment: \_\_\_\_\_

**The organization ensures there is an efficient system of Human Resources management that operates in accordance with all federal, state, and local statutes and regulatory requirements.**

### Quality Indicators

#### **A6.1 The organization has established a formal Human Resources management system.**

**The system incorporates:**

- **A formal set of personnel policies and practices available to all staff and volunteers.**
- **Personnel policies and practices that are understood and applied fairly to all staff and volunteers.**
- **An annual review and revision of policies and practices that is inclusive of all staff.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

#### **Interpretive Guidance:**

*The review team will conduct interviews, review personnel policies manual, and other relevant documents in support of effective implementation. Fiscal analyst will conduct a review of the personnel policies, records and confirm that all required documentation is in place using the personnel management checklist. The fiscal analyst will communicate with the review team regarding the status of personnel policies, records, and areas of concern.*

**A-6♦ HUMAN RESOURCES MANAGEMENT** (continued)

**A6.2 An effective human resource system will include:**

- **An annual assessment of staffing trends:**
  - **Staff diversity**
  - **Identification of personnel turnover and duration of staff vacancies**
- **Recruiting, screening, selecting, and retaining qualified staff and volunteers\***
- **Job satisfaction**
- **Maintenance of personnel records**
- **Implementation of affirmative action plan**
- **Demonstrated efforts to improve staff retention (if applicable)\***

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews. The team will review documentation that supports the assessment of staffing diversity, implementation of affirmative action, job satisfaction, and any other related materials. \*If the review team confirms the organization has identified concerns regarding staff turnover, they should ask for demonstrated efforts to improve staff retention.*

---

**A6.3 Annual findings of staffing trends are reported to the Board. Findings are incorporated into Quality Improvement/Strategic Planning for further action if applicable.**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with Board/staff to confirm process for reporting and review any relevant documents. The team will also review how this is incorporated into the quality improvement or strategic plan process if necessary.*

**A-6♦ HUMAN RESOURCES MANAGEMENT** *(continued)*

**A6.4 The organization provides formal orientation and on-going training for all staff.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*Interviews with staff will confirm they have received both orientation and on-going training opportunities that include agency overview, program activities, general policies, diversity, and other training to support current job responsibilities and organizational expectations.*

---

**A6.5 Staff receive an annual performance appraisal and opportunities for professional growth.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*The review team (fiscal analyst) will confirm performance appraisals in the personnel files. Interviews will be conducted with staff to confirm professional growth opportunities.*

**A6.6 The organization ensures that there is a safe and supportive work environment. This will include at a minimum:**

- **Compliance with all health and safety regulations**
- **A written set of safety and security practices that include:**
  - **Transportation and vehicle safety**
  - **Personal safety**
  - **Facility safety**
- **A written plan for emergency preparedness, recovery, and business continuity (i.e. natural disasters, medical emergencies)**
- **Staff training (i.e. harassment policies, safety plans, fire drills)**
- **An annual evaluation of safety policies, procedures, and staff understanding and practice**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews, review all relevant plans, and conduct a general facility inspection using provided checklist (See Appendix G). The team will also review the business continuity plan and procedures (see Appendix E). Team will confirm how the agency conducts inspections, how often, who is responsible for follow up with concern areas, and whether formal reports are produced and communicated to all relevant stakeholders. (If any one of the above key elements is not met, then the team should render this Quality Indicator as Needs Improvement.)*

---

**A6.7 The organization has a written volunteer management plan that incorporates:**

- **Description of how volunteers will be utilized**
- **Recruitment policies and procedures**
- **Application and screening procedures**
- **Formal orientation**
- **Job descriptions**
- **Supervision**
- **Formal recognition**
- **Opportunities to provide input into agency/program operation**
- **Performance Appraisals**

\_\_\_ Fully Meets the Indicator

\_\_\_ Meets the Indicator

\_\_\_ Needs Improvement

\_\_\_ Not Applicable

**Interpretive Guidance:**

*The review team will conduct interviews with staff responsible for volunteers. If the agency does not utilize volunteers, this indicator will be designated as non-applicable by JWB.*



**A-6♦ HUMAN RESOURCES MANAGEMENT (continued)**

**A6.8 The organization fully implements all elements of the volunteer management plan.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Not Applicable

**Interpretive Guidance:**

*The review team confirms through interviews with staff and volunteers that each element of the plan is in place and occurring on a regular basis. Volunteer files should be randomly selected and reviewed for all appropriate documentation. If the agency does not utilize volunteers, this indicator will be designated as non-applicable by JWB.*

---

**A6.9 Individual files are maintained for each volunteer and contain the following:**

- **Job Description and scope of work**
- **Basic demographic information**
- **Performance Appraisals**
- **Hours worked**
- **Training documentation**
- **Agency forms (i.e. background check, confidentiality agreement)**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

Not Applicable

**Interpretive Guidance:**

*The review team will conduct a sampling of volunteer file; otherwise, this will be designated as non-applicable.*

**A-6♦ HUMAN RESOURCES MANAGEMENT** *(continued)*

**A6.10 Organization-wide personnel policies and practices comply with all applicable legal standards.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*The review team will conduct interviews with all levels of employees. The personnel policies will be evaluated by the JWB contract manager and fiscal analyst and the findings will be incorporated in the final A.S.S.E.T. report.*

---

**A6.11 The agency implements a written affirmative action plan that, at a minimum, includes the following components:**

- **Organizational profile**
- **Group analysis**
- **Placement of incumbents in a group (see affirmative action plan in glossary)**
- **Determining availability**
- **Comparing incumbency to availability**
- **Placement goals (good faith recruitment process)**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*It is the intent that agencies not only have developed an affirmative action plan (see Appendix P) but also take steps to implement the plan. If an agency has a plan but lacks evidence of implementation, a rating of Needs Improvement is warranted. If the agency does not have an affirmative action plan, a rating of Needs Improvement is also warranted.*

**A-6♦ HUMAN RESOURCES MANAGEMENT (continued)**

**A6.12 The organization has a process for filling vacancies in a timely manner to prevent interruption of services or disruption to agency operations.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*The team will conduct interviews to confirm process for the filling of vacant positions.  
The team may assess current rate of staff turnover compared to rate of hire.*

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**A6.13 The agency has personnel management policies.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*Fiscal analyst will review all personnel policies using the personnel management checklist and report his or her findings to the team.*

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**A6.14 The agency implements personnel management policies in practice.**

Fully Meets the Indicator

Meets the Indicator

Needs Improvement

**Interpretive Guidance:**

*Fiscal analyst will review implementation of all personnel policies using the personnel management checklist and report his or her findings to the team.*

**PERSONNEL MANAGEMENT CHECKLIST  
POLICIES AND PROCEDURES**

**The program has and applies all of the following applicable personnel management policies and procedures:**

1. There are written personnel policies and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Policies are approved by the Board of Directors.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Copies are distributed to the employees and available for review.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Policies are reviewed on an annual basis for continued relevance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. There is a policy and procedure for provisional period before regular employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. There is a policy and procedure for suspension.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. There is a policy and procedure for grounds for dismissal and appeals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. There is a policy and procedure for filing grievances.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. There is a policy and procedure for filing complaints.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. There is a policy and procedure for hours of work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. There is a policy and procedure for leave/holidays.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. There is a policy and procedure for family and medical leave if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. There is a policy and procedure for insurance plans - health/life/property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. There is a policy and procedure for travel.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. There is a policy and procedure for retirement plans.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. There is a policy and procedure for training and/or education.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. There is a policy and procedure for leave without pay.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. There is a policy and procedure for administrative leave (military, bereavement, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. There is a policy and procedure for drug free workplace.	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. There is a policy and procedure for domestic violence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. There is a policy and procedure for jury duty.	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. There is a policy and procedure for performance appraisals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. There is a policy and procedure for compensatory time/overtime.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. There is a policy and procedure for American Disabilities Act.	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. There is a policy and procedure for the Family Medical Leave Act (FMLA).	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. There is a policy and procedure for Equal Employment Opportunity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. There is a policy and procedure for addressing Sexual Harassment in the Workplace.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONNEL MANAGEMENT CHECKLIST  
POLICIES AND PROCEDURES (continued)**

28. There is a policy for truthful disclosure without retaliation (whistle-blower policy).	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. There is a policy and procedure for background screening of agency staff and volunteers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. There is a policy that reviews background screening findings for the purposes of hiring or maintaining employment based upon the nature of offenses and job responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. The following federally mandated posters are conspicuously displayed in the office(s): <ul style="list-style-type: none"> <li>• Anti-Fraud Notice</li> <li>• New Florida Minimum Wage Law</li> <li>• Discrimination</li> <li>• Unemployment Compensation</li> <li>• Worker’s Compensation</li> <li>• Equal Employment Opportunity</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. The following state mandated and recommended posters are conspicuously displayed in the office(s): <ul style="list-style-type: none"> <li>• Family and Medical Leave Act (FMLA)</li> <li>• Employee Polygraph Protection Actions (EPPA)</li> <li>• Equal Employment Opportunity (EEO)</li> <li>• Safety and Health in the Workplace (OSHA 3165)</li> <li>• Fair Labor Standards Act (FLSA)</li> <li>• Minimum Wage</li> <li>• Uniform Services Employment &amp; Reemployment Rights Act</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PERSONNEL RECORDS CHECKLIST

Personnel records include the following documentation:

1. Application/resume.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Job description.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Background checks (Level II screening, fingerprint, FDLE, etc.), if mandated by law.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Letter of job offer, salary, and fringe benefits.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Letter signed acknowledging acceptance of position.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. W-4 (payroll deduction authorization) form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. I-9 (immigration) form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Health insurance form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Life insurance form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Retirement plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Annual performance evaluations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Supervisory letter acknowledging salary increase.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13. A signed receipt in file that the employee received a copy of the personnel policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14. Level II Screening (if required).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. BEST certification (if required).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16. A signed conflict of interest statement (if required).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



## Required Evidence

### The following evidence must be submitted:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Agency By-laws<br>(Quality Indicators A1.1 and A1.5)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Board Agendas with accompanying minutes<br>(Quality Indicators A1.5, A1.6, A1.7, A1.8, A1.9, A1.10, A1.12, A2.2, A2.3, A2.4, A2.5, A2.11, A3.5, A4.6, A5.2, A5.5, and A6.3) |
| <input type="checkbox"/> | <input type="checkbox"/> | Board Responsibilities<br>(Quality Indicators A1.1 and A1.5)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Board Roster with descriptions of membership<br>(Quality Indicator A1.2)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Confidentiality Policies (i.e. rights and responsibilities, HIPAA)<br>(Quality Indicator A4.7)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Disaster Preparedness and Recovery Plan<br>(Quality Indicator A6.6)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Fiscal Policies<br>(Quality Indicators A2.3, A5.3, A5.5, and A5.6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Personnel Policies<br>(Quality Indicators A6.1, A6.8, A6.12, and A6.13)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Progress Reports and Assessments<br>(Quality Indicators A1.8, A1.9, A1.12, A2.13, A3.4, A3.5, A4.3, A4.4, A4.8, A5.1, A5.4, and A6.2)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Quality Improvement Plan<br>(Quality Indicators A2.6, A3.1, A3.2, A3.4, and A4.3)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Risk Management Plan<br>(Quality Indicators A2.7, A4.1, and A4.3)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Strategic Plan<br>(Quality Indicator A2.1)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Technology Policies<br>(Quality Indicators A2.5, A4.5, and A4.6)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Volunteer Management Plan<br>(Quality Indicators A6.7 and A6.8)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Written Safety/Security Practices<br>(Quality Indicator A6.6)   |



**The following evidence must be available on-site:**

- Advocacy Plan (i.e. IRS documentation)  
(Quality Indicators A2.10 and A2.12)
- Affirmative Action Plan  
(Quality Indicator A6.10)
- Board Orientation Manual  
(Quality Indicators A1.1 and A1.3)
- Board Recruitment Process  
(Quality Indicator A1.2)
- Board Training (i.e. logs and/or sign-in sheets)  
(Quality Indicators A1.1 and A1.4)
- Committee Meeting Minutes  
(i.e. Quality Improvement, Technology and Risk Management)  
(Quality Indicators A3.5 and A5.2)
- Communication Strategies (i.e. emails, newsletters)  
(Quality Indicator A2.8)
- Executive Director Evaluation  
(Quality Indicator A1.13)
- Executive Director Job Description  
(Quality Indicator A1.1)
- Personnel Appraisals  
(Quality Indicators A2.9 and A6.5)
- Staff Meeting Minutes  
(Quality Indicators A2.1, A2.2, A2.3, A2.4, A2.5, A2.6, A2.7,  
A2.11, A3.5, and A4.6)
- Staff Orientation  
(Quality Indicator A2.9)
- Staff Training (i.e. logs and/or sign-in sheets)  
(Quality Indicators A2.9 and A6.4)