



Management Standards

CALIFORNIA INDEPENDENT LIVING PEER REVIEW SYSTEM [CILPERS]

A RESOURCES FOR INDEPENDENCE CENTRAL VALLEY PROJECT

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Mission of California Independent Living Peer Review System

Centers for Independent Living in California can and should offer assessment and support to one another to strengthen the quality of services and the statewide network of Independent Living Centers in California.

Philosophy

Why Peer Review?

We feel that a confidential peer review process is a natural next step in acknowledging that the Centers are controlled by people with disabilities at every level. Who better to review and advise executive directors of centers of best business practice than other directors in these centers? When this review is conducted in a voluntary, safe and confidential manner, the reviewed center remains in control of the information gathered and the report generated by the review.

Unfortunately, not just in California but throughout the nation, Centers have sometimes struggled to maintain good business practices. Because the standards and indicators for quality defined in the Rehabilitation Act do not focus on business practices, sometimes Centers have failed to as well.

This Peer Review focuses primarily on business practices, although it does touch on the standards and indicators to assist Centers in addressing the full scope of what quality looks like in Independent Living Centers .

Executive Directors of Centers who wish to participate voluntarily may act as peer reviewer(s), and be reviewed by peer Executive Directors in the Independent Living community in California, after completing required training.

The purpose of this review is to assist the Executive Director in evaluating areas of strength and areas where improvement is needed, and to advise the Executive Director of this information. This process ensures that any feedback, as well as the responsibility for addressing areas of concern, belongs to the Executive Director to share or not share as s/he deems appropriate .

There is a **CILPeRS Council** made up of five trained and certified Executive Directors which will oversee the review process and handle any questions, concerns or complaints about the process as it unfolds.

What training/experience is required to become a Peer Reviewer?

- Individuals interested in becoming a Peer Reviewer must complete and submit an Application for Peer Reviewer Appointment. The initial training group will be limited to ten reviewers in order to assure quality during the testing of the process.
- Each Peer Reviewer must work actively as an Executive Director in an Independent Living Center in California.
- Peer Reviewers must complete the two day training curriculum regarding the review Areas, the items that indicate conformance with best practices in these areas, and the philosophy, policies and procedures regarding the review process.
- Peer Reviewers must participate by having their center reviewed under the California Independent Living Peer Review System .
- Each Peer Reviewer must sign a Code of Ethical Conduct, including confidentiality related to the review, prior to being given an review assignment .
- Each Peer Reviewer will be mentored for their first review to assure quality and consistency.

Why is participation voluntary?

This review is voluntary to affirm that centers can choose the best methods for assuring their own quality, and this review is one of the tools for that purpose. We believe that the disability community can and should determine for itself what areas of review are important and how and when to assess practices.

The development of these standards included input from center Directors. Once the standards have been applied, feedback will be solicited from the participating centers and reviewers to assure that these voluntary standards are the best possible.

Why is the outcome decision made from a balanced view of the information rather than mathematical scoring?

While each item is scored to determine the level of conformance by the Center, not every item has an equal weight or importance to the center. For this reason the final outcome is not a score, but is instead a summary of the strengths and area of concerns for the individual centers.

There are standards that deemed critical. Critical Standards must be met for the Center reviewed to be certified as a Center of Excellence. When it is determined during a review that one or more Critical Standards are not met, the Center will have an opportunity to correct any unmet Critical Standards and to continue with certification after the Critical Standards are met .

If a Center has a significant number of areas where improvement is needed, or if they fail to meet one or more Critical Standards, they will continue as members as long as they are working toward certification.

Centers who have been reviewed but are not yet certified will develop a plan for addressing areas where they fail to meet Critical Standards or areas where they have a number of standards unmet. When a reviewed Center can show it is now meeting the Critical Standards that were in nonconformance at the time of the review, the Center can be certified. The **CILPeRS Council** will determine if a revisit is necessary for this determination, or if other documentation is sufficient, and will make the final decision for granting certification.

What is the value of Membership or Certification as a Center of Excellence by CILPeRS?

Each Center applying for peer review is a Member of CILPeRS and is in the process of preparing for full review. Members of CILPeRS can indicate in grant narratives or other public material that they are participants in this Peer Review Process. By virtue of their membership the Center is affirming that it is voluntarily participating in internal and external review of the quality of its business practices as a component of its quality assurance processes.

Certification as a Center of Excellence by CILPeRS indicates that the Center has not only voluntarily participated, but has met all the Critical Standards and by virtue of the Peer Review has shown it is conforming to most of the other standards considered best practice, and is continuing to improve its business practices through a written plan to address any areas of nonconformance.

Who owns the report?

The report is owned by the Executive Director of the center reviewed. It is not distributed to anyone else by CILPeRS.

CONFIDENTIAL

Procedures-Application For And Conduct Of A Peer Review System

Application

A Center that wishes to be reviewed by this process must complete a Center Application for Membership and Review. The application provides an opportunity to propose dates that will work best for the Center, and as much as possible those dates will be honored. You can request an application from cacilpers@gmail.com. Remember, if an Executive Director applies to be a Peer Reviewer, they must also apply to have their Center reviewed. Centers should apply for Membership and Review as soon as they decide to participate in this process, as membership has some advantages, even before the peer review takes place. Application can be made at earliest, 60 days prior to the desired review date, or as long as a year in advance of that anticipated date.

Readiness: Internal Self-Evaluation

Centers that wish to participate in the California Independent Living Peer Review System should secure a copy of the management standards. A copy will be sent to any center applying for membership. Copies can also be secured in advance of application upon request to cacilpers@gmail.com and pose their questions. We recommend that the Internal Self-Evaluation process occur at least two months prior to the requested survey. Some Centers may want to take as long as a year to prepare. The readiness of a Center will be affected by staff turnover, funding concerns, time constraints and any concerns that the Executive Director has about applying the standards to any one area.

The management standards are laid out so that the standards themselves can be used by the organization to make notes related to how the Center meets the standards, or areas where they might be able to improve. Centers are encouraged to use this form for its preparation. The organization is not required to share its preparation notes with the reviewer(s). This is the same format that will be used by the reviewer(s) to conduct their own on-site review.

As the Center reviews each area they can rate each item and then make notes and comments to indicate why

they have chosen the rating, and internally may use the notes to make improvements prior to the actual review. It may be helpful to collect documentation or notes about where documentation is found as the internal review progresses so that work is in place at the time of the review.

All standards should be addressed. Very few can be noted as not applicable or NA. The rating system is C for Conformance pending (not in place, still working on it), B for partial conformance, and A for full conformance, with notes for any exceptional strength exhibited where the Center goes above and beyond best practice in its conformance. NA is also a possible rating in some case.

If there are questions regarding interpretation or application of any area or standard, the organization is urged to contact the CILPeRS Council at cacilpers@gmail.com and pose their questions. This will be a portion of the additional feedback related to the standards during this testing period, as any clarification needed might indicate a need for a wording change or explanation within the standards themselves.

Creating a Team for Review Preparation

While this is primarily an Executive Director to Executive Director Peer Review, the Executive Director at the reviewed Center will probably utilize some of their support staff to assist with preparation. If there is a Financial Manager, for example, that person will be the best for answering the questions in those standards that are financial in nature. If there is an administrative assistant or a board secretary who keeps the minutes, that person will be the best to pull or note the dates of minutes that show conformance by the board to various standards.

Collecting Documentation

Remember that it won't work to talk about or fill out the form without actually assessing how the Center meets the standard under consideration. Standard by Standard, as the self-evaluation takes place, the Center should gather the documents which show their conformance into a folder (paper and/or electronic) for each area so that the Peer Reviewer(s) can see the documentation at the time of the external review. This thoughtful approach to self-assessment will save time and energy as the review takes place.

Setting up Interviews

In addition to the paper documentation of meeting the management standards, the Center will demonstrate that they meet the standards by arranging interviews with staff, board, and persons served who can validate that the practice is in place. Each center applying will need to identify a few people besides staff to be interviewed by the peer reviewer(s). This will include the Specialist from the Department of Rehabilitation, and may include persons served, a board member or two, a consumer and sometimes community collaborators if that seems appropriate. As the readiness self-assessment occurs, the Executive Director will want to name notes of the interviews that will provide the Peer Reviewer(s) with the best information.

Because this is a process for evaluation Executive Director to Executive Director, the Executive Director may sit in on interviews. While s/he is not asking questions during this time, it is important for the Executive Director to be aware, first hand, of the input from others.

Scheduling the Peer Review

When a Center Application for Review is received, the Center is indicating that they are prepared for a review to take place and that they are available on the dates indicated in their application. Scheduling will take place as soon as possible, but not more than 45 days after the application is received. Surveys are two days in length.

Peer Reviewer(s) will be selected and assigned to the review. A peer reviewer will contact the Center at least 3 weeks prior to the scheduled survey to discuss the survey process and answer any questions that the Center may have regarding the process. At this time there will be a discussion of whether the reviewers and the Executive Director wish information to be reviewed prior to the on-site visit. If it is determined that this is helpful, arrangements can be made to email non- confidential information, or to deliver it to the hotel the night before the survey.

Conducting the Peer Review

1. The Peer Reviewer(s) will arrive at the Center at the opening of business on the first day of the scheduled survey.
2. The Peer Reviewer(s) will meet with the Executive Director and anyone else designated by the Executive Director to review the expectations and process for the review. This meeting can be as small as the Executive Director only or as large as all staff, board and persons served, and any option in between. This will take about thirty minutes to complete. The purpose of this meeting is to:
 - Thank the organization for the invitation to review their business practices.
 - Introduce those present. This may be waived if there is a large group for the opening meeting.
 - Introduce the peer reviewer(s).
 - Compliment the Center for volunteering to be a part of this process.
 - Reviewers will be discussing findings as the survey progresses to assist with consultation on ways to correct areas of concern. In addition, the reviewer(s) will give a full report at the end of the survey the second afternoon. Time will be determined before the end of the first day.
 - Verify the tentative schedule for the next two days. While it may not be possible to keep a schedule exactly the surveyors will do their best to adhere to it.
 - Reviewers will be discussing findings as the survey progresses, but will give them a full report at the end of the survey the second afternoon. Time will be determined before the end of the first day.
 - Find out if all the paper compliance information has been gathered and where reviewers will be working.
 - Thank them again and get to work – two days are going to go very quickly.

3. The Peer Reviewer(s) will walk through the Center after the orientation to get a feel for accessibility and safety, and to meet and greet employees who did not participate in the opening meeting.
4. Typically the written materials will be collected and available in an office or meeting room at the beginning of the first day of the survey. Personnel files and records of persons served will not be pulled and left out in advance, but will be available to the reviewer(s) upon request.
5. Typically the Peer Reviewer(s) will work through lunch, and would appreciate advice and assistance regarding the quickest and easiest way to acquire lunch for either a short break or a working lunch. There is not time for a social lunch.
6. It is expected that review process will take about a day and a half to complete, and that the Peer Reviewer(s) will be ready to discuss the complete findings by afternoon on the second day. However, as concerns arise throughout the Peer Review process, it is expected that the Executive Director of the Center and the Peer Reviewer will discuss at length as the item is reviewed so that suggestions can be provided for improving conformance going forward. There should be no surprises in the final report.
7. If the Executive Director disagrees with any of the findings of the Peer Review team they are encouraged to discuss this during the survey and attempt to come to an agreement on the item of concern.
8. If the Center and the Peer Reviewer are unable to agree on any finding in the report, the Center is urged to send its information regarding why they feel they meet the cited standard within 7 days of the end of the review, and this will be reviewed by the CILPeRS Council before the final report and certification decision are issued.
9. A Closing Meeting will be held to discuss the findings of the peer review. As with the Opening Meeting, the Executive Director determines who will attend the Closing Meeting. *Because this is a peer review process between Executive Directors, the Executive Director may choose to be the only representative from the Center at the closing meeting. However, it is the option of the Executive Director to include staff or board members in this meeting. If the larger meeting is the choice of this Center, the reviewer(s) will offer a summary meeting with the Executive Director only to cover any recommendations that will be discussed in the closing.* The content of the closing meeting will include:

- Thank the organization for the invitation to review their practices related to the standards, for providing the information you needed to complete the review efficiently, and anything special (snacks, water, going for lunch, etc.)
- If there are new people attending, complete introductions.
- Remind Center that this is a voluntary process, they are commended for participation, and our hope is that they will use the report for improvement.
- Participants may take notes, but please hold questions until the end of the report.
- Describe the difference between Suggestions, Recommendations, and Commendations.
- Read the findings from each section of the review.
- Ask for questions. If the Center feels they have additional information regarding how they meet a standard, they may present it.
- Review possible outcomes. All Centers participating in this process are Member Centers of the California Independent Living Peer Review System. Centers which meet all Critical Standards and are in substantial conformance with the other standards will be awarded certification as a Center of Excellence. Because that decision is made by the CILPeRS Council, the Reviewers cannot indicate the outcome at this time, but the Center should hear the outcome from the Council within 45 days.
- Review time frames. The Reviewers are required to submit the written report within 7 days. The Council will review the report and issue a Certificate within 45 days.
- Status of the relationship with the reviewers. As soon as the reviewers leave the site they will no longer discuss the findings, but any review conversations going forward will be between the Center and the Council.
- The surveyors may remain on site following the end of the closing meeting to complete their draft report and email it to the Council.

10. The Executive Director of the Center is encouraged to provide this report to its board of directors and/or other stakeholders, and to use the information from the report in its strategic planning for ongoing quality improvement; however the report will be provided directly to the Executive Director to be used at his/her discretion.

11. Possible outcomes in the report include:

Certification granted- but report required-the member is not in conformance with one or more of the critical standards and is required to submit a plan of action for achieving these items. The plan is due 90 days after the report, and annual updates on plan are required.

Certification delayed - the member has a number of areas throughout the report that are not met and is, on balance, still working toward certification. Certification can be granted when documentation is presented that addresses these concerns. The Center will receive their Membership Certification only.

Certification granted - when the member is in substantial conformance with the standards, and all Critical Standards have been met, the Center will receive a certification of Center of Excellence.

12. When the Center receives its Certificate, the certification as a center of Excellence is a four-year certification, pending a report at the end of two years regarding the Center's progress on meeting its plan of action and the provision of any information related to major changes in the Center's status, such as leadership, financial, or other changes. The four years are measured from the last day of the on-site Peer Review.

Center Application For Membership And Review, CILPeRS

Application for Peer Review

Applicant Information		
Name of center:		
Year established:	Contact person:	Title:
Office phone:	Cell phone:	Email:
Current address:		
City:	State:	ZIP code:
Survey Scheduling Information		
Circle 2012/2013 months you prefer, at least 60 days from date of application: <i>Oct/Nov Nov/Dec Dec/Jan Jan/Feb Feb/Mar Mar/Apr Apr/May May/Jun Jun/Jul Jul/Aug Aug/Sept Sept/Oct</i>		
Dates for chosen period that CANNOT be survey dates (holidays, other events):		
Preferred dates:		
Name (s) of reviewers you feel may have conflict:		
Peer reviewer(s) on your staff:		
What are your office's days/hrs of operation:		
Addresses of additional offices:	City/State/Zip	Phone
Annual Budget:	Number of Employees:	Size of Board:

Signatures

Our Center understands that by submitting this application we verify that we have reviewed the Management Standards, have prepared for a review of our conformance with those standards, and will cooperate fully with the survey team through the provision of access to documents, work space and interviews. The peer (s) who review our Center and those assigning them will be held harmless for the content and results of this review. We understand that any records reviewed, as well as the outcome at the review, will be kept confidential by the reviewers. The reviewer is conducting the review at our request and as such functions as a contractor for our center.

Signature of Executive Director:	Date:
Signature of Board Chair	Date:

- *Both signatures are required.*

Do not write below this line; For official use only.

_____ Request for Peer Reviewers posted by email to all except those listed with conflict.
 Date Preferred dates/alternates provided.

Reviewer (s) appointed: _____

Intern surveyor should be noted (I) if applicable.

Dates: _____ Confirmed with organization? Yes No

Application For Peer Reviewer Appointment

Application for Peer Reviewer

Applicant Information		
First & Last Name:	Date:	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	
Cell:	Social Security #:	
Maximum # of surveys per year:	Have you completed CILPeRS training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the E.D. of a California CIL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start date:	
Have you submitted an application for your Center to be reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when?	

Describe other experience which may qualify you to be a Peer Reviewer:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a contract, I understand that false or misleading information in my application or interview may result in my release.

Name/Signature:

Date:

Code Of Ethical Conduct

Codes of Ethical Conduct for Peer Reviewers

1. I will complete my review of the Center with integrity, competence, independence, objectivity, and professionalism.
2. I will assure that the benefits and results of my services are in keeping with the intent of the management standards applied, and the desire for improvement on the part of the Center.
3. I possess the experience and competence to perform the survey and to serve the sites I review effectively.
4. I will treat appropriately all confidential Center information regarding persons served or information that is not public knowledge, take responsible steps to prevent it from access by unauthorized people, and will not take advantage of propriety or privileged or privileged information, either for use by myself or other Centers, without the Center's written permission. Reviewed information will not be shared by the reviewer to any funding or regulatory body.
5. I will avoid conflicts of interest or the appearance of such. If I am assigned where I know I have a conflict I will immediately inform the Council of that conflict and will withdraw from that review. If a conflict is revealed during the survey I will immediately disclose to the Center and to the Council circumstances or interests that I believe may influence my judgment or objectivity. The Center and the Council will then determine whether I can continue in the role of Peer Reviewer for that Center.
6. I will offer to withdraw from a peer review assignment when I believe my objectivity or integrity may be impaired, or when others in the process question that objectivity.

7. I will refrain from inviting an employee of a Center under review to consider alternative employment.
8. If within the scope of my engagement, I will report to appropriate authorities within or external to the Center any occurrences of malfeasance, dangerous behavior, or illegal activities.
9. I will represent the Peer Review process with integrity and professionalism in my relations with Centers, colleagues, and the general public.
10. I will abide by the fees and structures established by the California Independent Living Peer Review System, and will not request addition reimbursement from the Center or any other party.

Name/Signature: _____

Management Standards

Management standards are specifically designed for independent living centers in California. This is a voluntary Peer Review System for independent living centers in California (the California Independent Living Peer Review System, CILPeRS).

All standards will be rated with comments as needed. The rating system is **C** for conformance pending or non-conformance, **B** for partial conformance, **A** for conformance and notes in the strength section for exceptional conformance or exhibited strength. Occasionally a standard will be **NA** for Not Applicable.

Reviewer(s) will examine current practice in determining the Center's conformance. If the standard requires an on-going practice the reviewer (s) will consider the past year for conformance if this is a first review. If this is a subsequent review, the period since the last review will be examined.



AREA 1: DUTIES AND RESPONSIBILITIES OF THE BOARD OF DIRECTORS ARE DEFINED AND CARRIED OUT.

1.A. The majority (51%) of the members of the Board of Directors are individuals with significant disabilities.

Rate these items:

1.A1 ____ Board members self-disclose a disability.

1.A2. ____ Board members self-disclose that their disability is significant, that is that their disability has an impact on their major life functions.

1.A3. ____ The board works with the Executive Director to continually seek out potential board members among community leaders, taking into consideration the ethnic and disability diversity needed to have a representative board.

1.A4 ____CS The makeup of the board is 51% or more individuals with a significant disability.

Documentation/demonstration may include signed statements by the board members. Interviews with board members may indicate their understanding of policy and/or bylaws supporting 51% or more members with a disability.

CS = Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

1.B. The Board meets on a regular basis to conduct the business of the Center.

Rate these items:

- 1.B1.** ___ There is a calendar of board meetings established each year.
- 1.B2.** ___ Typically the board met as scheduled. If meeting dates were changed this was infrequent and board members were informed no later than the prior meeting of this change.
- 1.B3.** ___ If there are active committees, minutes or notes are kept of their activities and are presented in some written form to the full board for approval. This may be a written proposal, motion or policy or may be in the form of actual minutes.
- 1.B4.** ___ New members of the board are provided with an orientation and/or are mentored by an experienced board member if desired.
- 1.B5.** ___ The board is diverse in its representation. Diversity may be demonstrated by differences in age, gender, disability, ethnicity etc.
- 1.B6.** ___ There is a board training/development plan that provides on-going training and development for board members.

Documentation/demonstration may include signed statements by the board members. Interviews with board members may indicate their understanding of policy and/or bylaws supporting 51% or more members with a disability.

CS = Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

1.C. The Board approves the budget annually, and reviews the financial statements of the organization, including a comparison of budget to actual performance, on a monthly basis.

Rate these items:

1.C1.__ The minutes reflect that the board approved the full annual budget prior to the beginning of the fiscal year.

1.C2.__ Even if the board misses a meeting or meets every other month, the financial statements are prepared monthly and are reviewed in some manner determined by the board. Some examples include reviewing not more than two months at a single meeting, add email distribution, or having a Finance Committee who reviews the statements in lieu of a meeting of the board.

1.C3.__ **CS** The organization is financially stable. If the Center is in debt or is operating at a loss there is a plan to address this.

1.C4.__ Budget revisions are presented to the full board for approval.

CS = Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days.

NOTE: Approval of individual grant budgets does not meet this standards. The board must look at the entire budget picture and approve a new budget prior to the beginning of the fiscal year.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

1.D. It is the responsibility of the Board to establish the mission, philosophy and goal areas for the organization, and the responsibility of the Executive Director to carry those forward in daily practice. Both must plan together strategically to assure that goals are being met. The philosophy and goals reflect cross-disability services.

Rate these items:

1.D1. __ **CS** The mission, philosophy and goals are written.

1.D2. __ The mission, philosophy and goals are prepared with input from staff, persons with disabilities and community planning groups whose data informs the Center's planning.

1.D3. __ There is a written three year financial and program plan that is used and reviewed at least annually to move the organization forward.

1.D4. __ The goals are reflected in the service design and day to day work plans and service delivery of the staff employed by the center.

1.D5. __ **CS** The center provides services without restrictions based on the particular type or types of significant disability of an individual or groups of individuals; in a manner that is neither targeted nor limited to a particular type of significant disability and includes members of populations that are un served or underserved by programs under Title VII of the Act.

1.D6. __ The goals budget and work plan are consistent with the current SPIL.

CS = Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

1.E. There are written policies, procedures, and responsibilities that provide guidance to the board members regarding their responsibilities to the organization.

Rate these items:

1.E1.__ The CIL has a written process for identifying and recruiting board members.

1.E2.__ The CIL has policies and procedures specifying board members' roles and responsibilities.

1.E3.__ There is documentation that the board members receives and understands the responsibilities of being a member of the Board.

1.E4.__ The CIL has a governing board training and development program.

1.E5.__ The board is the principal decision-making body as evidenced by its bylaws, policies and procedures and other practices that ensure policy decisions are vested with the governing body. The board is clear that no one member has the authority of the full board, not even the President of the Board, unless the board as a whole has voted in a regular meeting to grant that authority in very narrow and specific circumstances.

1.E6.__ All board members are involved individually as donors and/or fundraisers, or involved in fundraising planning for the Center.

1.E7.__ The center conducts resource development activities to obtain funding from sources other than Chapter 1, Title VII of the Act.

1.E8.__ There are ethical standards and practices including a conflict of interest policy and procedure requiring full disclosure of any perceived or potential conflict and abstention from voting in matters where the member has a vested interest.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

1.F. The Bylaws and any other legal documents related to the Center guide its operations.

Rate these items:

1.F1.__ Legal documents such as Bylaws are reviewed on a regular basis.

1.F2.__ The Center follows its own Bylaws.

1.F3.__ The procedures for the nomination/election of members and limits to their terms, if any, are reviewed annually to assure that members are elected within the structure of the legal documents of the organization.

1.F4.__ If there are attendance requirements for board members, attendance is reviewed at least once a year.

1.F5.__ The ILC has confidentiality policies and procedures for its records.

1.F6.__ The ILC has on file a signed and dated copy of the Certification of Lobbying form ED.80.0013 against using federal funds to influence or attempt to influence any federal agency or Congress through lobbying activities.

Documentation/demonstration may include a copy of the bylaws with revision dates, minutes reflecting review of the bylaws including approval of changes if applicable. Practice consistent with the bylaws is evidenced by nominating committee activities and elections. There has been at least an annual review of the legal status of the members regarding terms of office.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

AREA 2: DUTIES AND RESPONSIBILITIES OF THE EXECUTIVE DIRECTOR AND OTHER EMPLOYEES OF THE ORGANIZATION ARE DEFINED AND CARRIED OUT.

2.A. The board hires and oversees the performance of the Executive Director of the organization.

Rate these items:

2.A1 __CS There is a written job description for the Executive Director, approved by the board, which guides the board's expectations for the Executive Director.

2.A2 __ A new Executive Director is provided with adequate orientation, mentoring or professional development opportunities in all aspects of her/his duties and responsibilities.

2.A3 __ The performance of the Executive Director is appraised annually by the board or a committee of the board.

2.A4 __ The performance appraisal is in writing and is maintained by the Executive Director or by the board secretary, if the board and Executive Director determine it should not be maintained in the Executive Director's personnel file.

2.A5 __ If the benefit package provided to the Executive Director varies from that given to other employees, the board clearly understands that this is executive compensation, and agrees to these changes by vote of the board or an authorized committee of the board.

2.A6 __ The board receives a periodic report from the Executive Director detailing how the goals and work plans or objectives are being met.

2.A7 __ The board has worked with the Executive Director to develop a plan for continuity in the event that the Executive Director is no longer able to fulfill his/her duties.

Documentation/demonstration may include the personnel file for the Executive Director including performance appraisal, board policies, a succession plan, interviews with the Executive Director and board.

CS = Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

2.B. The organization operates under a defined structure with clear duties and responsibilities for staff.

Rate these items:

2.B1.__ CS There are written job descriptions for all employees and the center uses sound organization and personnel assignment practices including organizational charts indicating lines of authority, job descriptions and performance appraisals.

2.B2.__ CS The job descriptions define the essential duties of each position.

2.B3.__ CS There is an organizational chart which reflects the structure of the organization and the supervisory responsibilities of staff; this is available and shared with stakeholders.

2.B4.__ The board of directors has approved the organizational chart and major changes to job duties.

2.B5.__ The center includes personnel who are specialists in the development and provision of IL services and in the development and support of centers. There are established staff development and training programs directed at improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy, how to serve un-served and underserved populations, including minority groups and urban and rural populations.

2.B6.__ The Center conforms to the requirements of a drug-free workplace with a comprehensive drug free policy that provides for personnel action for violation of the policy. This includes an ongoing drug-free awareness program as well as well documented records acknowledgment of staff for having received and understood the policy.

2.B7.__ The Center has personnel policies addressing such areas as wage and salary, fringe benefits, vacation and sick leave, etc.

Documentation/demonstration may include copies of the job descriptions and organizational chart. Essential functions are specified.

CS = Critical Standard.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

2.C. Performance appraisals are conducted for all employees at least annually.

Rate these items:

2.C1.__ Performance appraisals are based upon job descriptions.

2.C2.__ All employees receive an appraisal of their performance at least annually.

2.C3.__ Performance appraisals include the individual whose performance is being reviewed, with their input.

2.C4.__ The direct supervisor attends the performance appraisal and typically conducts the appraisal as they are in the best position to observe performance.

2.C5.__ If areas for improvement are identified, there is a plan to correct or improve in these areas.

2.C6.__ The training and development needs of the employee are addressed in the review.

Documentation/demonstration may include the performance appraisal and evidence that the employee and direct supervisor were involved, usually found in comments or a signature or both.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

2.D. A majority (at least 51%) of the staff are individuals with disabilities.

Rate these items:

2.D1. __CS 51% or more of supervisory staff indicate they have a disability.

2.D2. __CS 51% or more of all staff indicate they have a disability.

2.D3. __ If the Center is temporarily out of compliance due to position vacancy, there is a plan for complying.

2.D4. __ Because the Center cannot require an employee to disclose their disability, the staff have self-disclosed voluntarily.

2.D5. __CS The personnel practices include affirmative action to employ and advance in employment qualified individuals with significant disabilities.

Documentation/demonstration may include self-disclosure of disability. This standard does not require that the disability be significant, in contrast to the board requirement of 51% persons with significant disability.

CS = Critical Standard.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

2.E. There are operational codes of ethics, funder expectations and/or policies and procedures which guide the Center in delivering services in a manner in keeping with community values, legal responsibilities, and expectations for ethical conduct.

Rate these items:

2.E1. __CS Policies and procedures are written and are provided to and/or available to staff. Policies and procedures address the legal responsibilities of the center such as maintaining privacy/confidentiality, prohibiting sexual harassment, providing a workplace free of drugs and alcohol, upholding labor laws including breaks and overtime, etc.

2.E2. __ The Center demonstrates that staff has been trained in and abide by policies, procedures, ethical codes, etc.

2.E3. __ Staff understand the legal rights of personnel and of the persons receiving services, and are responsive to any complaints or concerns that these rights are not being fully upheld by the center. This includes safeguarding confidential information through private meeting areas, release of information forms and documents that comply with that comply with 34 CFR 364.56(a) requirements.

2.E4. __CS There is a written grievance or complaint policy and procedure for concerns related to the legal rights of individuals and personnel, including whistleblower protection, and if it has been activated, the organization follows its written procedures.

2.E5. __CS There is a policy providing a mechanism for reporting issues of waste, fraud, and abuse of federal funds, including whistle blower protection.

2.E6. __ Required policies are in place for voter registration, [including alternate formats], non-discrimination, drug free workplace, sexual harassment and any other policies required by regulation or law.

2.E7. __ There is annual review of personnel policies, procedures and ethics to assure ongoing understanding.

2.E8 __ The Center safeguards against any employee, board member or volunteer to participate in an administrative decision regarding a project if the decision is likely to benefit that person or a member of his or her immediate family. Safeguards are used against any person in the project who may use his or her position for a purpose that is, or gives the appearance of being, motivated by a desire for a private financial gain for that person or for others.

2.E9 __ The Center ensures equal access of individuals with significant disabilities, including communication and physical access to the Center's services, programs, activities, resources and facilities, whether publicly or privately funded.

Documentation /demonstration may include copies of policies and procedures and codes; interview with staff and funds will indicate if these are adhered to.

CS=Critical Standard.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

AREA 3: THE CENTER'S STAFF DEMONSTRATES FISCAL RESPONSIBILITY.

3.A. It is the responsibility of the Executive Director, working with staff, to prepare and implement an annual budget for the organization.

Rate these items:

3.A1.__ The budget reflects input from employees and persons served such as assessments, satisfaction, data collection, planning, community forums, etc.

3.A2.__ The Center has diverse funding streams.

3.A3.__ **CS** All non-allowable costs such food for staff and board, lobbying costs, etc. are covered by discretionary funds.

3.A4.__ Policies for travel expense reimbursement using grant funds are in accordance with grant requirements

3.A5.__ Expenditures are recorded by budget cost category and funding sources. Payment vouchers identify grant number, expense classification, date and funding sources.

3.A6.__ The allocation schedule has been submitted to the federal and state funders for approval or as information, and is flexible enough to include new funding sources as they become available. Or the organization has an approved federal indirect rate.

3.A7.__ Procedures are followed to assure expenditures are consistent with approved budget of the Center. Middle managers, if any, have the tools to understand and manage their departmental budgets and provide rationale when they under- or over-spend the line items in the budget.

3.A8.__ The center request prior RSA approval for budget and program plan revisions. Financial information is timely to allow for budget revisions with funding sources to maximize revenue within a given fiscal year.

3.A9.__ The Center strives to maintain reserves and cash flow of at least 30 days of operating costs.

Documentation/demonstration may include budget, and interviews with managers and the CFO/Accountant related to the budgets and the budget, allocation schedule, preparation/adjustment process. Expenditures are recorded by budget cost category and funding sources. Procedures are followed to assure expenditures are consistent with the approved budget of the CIL. CIL requests prior RSA approval for budget and program plan revisions.

CS = *Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days.*

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

3.B. Sound financial policies and practices are in place.

Rate these items:

3.B1.__ There is a separation of duties to assure that more than one individual reviews financial information and handles Center funds.

3.B2.__ Spending is adjusted on a timely basis when funding changes.

3.B3.__ If the budget is not balanced, the leadership understands why and is implementing a plan to correct this concern.

3.B4.__ The Center maintains current and complete records of all property purchased with grant funds and has a system for controlling inventory ranging from procurement to disposition with written policies and procedures governing all activities related to this, including carrying out inventories of property every two years.

3.B5.__ **CS** The leadership demonstrates an understanding of how fees for service, grant budgets or invoicing for services are determined and carried out.

3.B6.__ If the Center provides goods or services at a fee, there is a business plan to assure the viability of these business options.

3.B7.__ When the Center manages the funds of persons receiving services, there are sufficient checks and balances for protecting these funds. Financial records, consumer records and other documentation is maintained for a minimum of three years with federal requirements.

3.B8.__ The ILC has written purchasing policies and procedures that comply with EDGAR. There are written procurement procedures per 34 CF\$ 74 42-74.48 requirements that address quality, delivery, competitive bidding, inspection and acceptance, as well as reasonableness, allocability and allowability of costs.

3.B9.__ Written procedures that encompasses a formal accounting system, minimize the time between the transfer of funds and the disbursement of funds by the recipients.

Documentation/demonstration may include budgets, financial statements, board minutes, and interviews with managers, Board and the CFO/Accountant related to the statements and a plan for solvency.

CS = *Critical Standard*. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

3.C. The Board secures the services of an accounting firm or a CPA to conduct an annual independent audit of the prior year's financial statements.

Rate these items:

3.C1. ___ **CS** Policies and procedures are in place to assure that an independent audit of the financial statements of the organization is conducted by a qualified entity and that the board is informed of and accepts the results. Best practice is that the board hears the results directly from the auditor.

3.C2. ___ The audit addressed the requirements of OMB Circular 110, 122 , 133 and the requirements under EDGAR regarding allowable costs, including attention to what might be considered lobbying expense.

3.C3. ___ If there are recommendations in the audit, or a management letter from the audit, the board charges the Executive Director to prepare a written response outlining any actions that have been or will be taken to correct audit concerns.

3.C4. ___ The Board, a board committee or an audit committee reviews findings directly with the auditor.

3.C5. ___ The Center puts the audit out for bid at least every four years.

3.C6. ___ If the Center's gross budget exceeds \$2 million the Center adheres to the CA Non-Profit Integrity Act.

3.C7___ If the Center expended \$500,000 or more in federal awards during the reporting year, an annual non-federal audit including funds under Title VII, Chapter 1 of the Act has been conducted and a copy submitted to the Federal Audit Clearing House as required.

Documentation/demonstration may include a copy of the audit, minutes indicating the acceptance of the audit at a meeting that includes the auditor, a management letter if there is one, and a written response by the Executive Director outlining actions to be taken related to any recommendations which is presented to the board.

CS = Critical Standard.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

3.D. The ILC maintains a current and complete inventory of property.

Rate these items:

3.D1.__ Property and equipment inventory includes items based on funder requirements.

3.D2.__ Property and equipment maintenance records are kept.

3.D3.__ Inventory of property and equipment is conducted at least once every two years.

3.D4.__ The ILC follows its policies and procedures for disposing off property.

CS = Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

3.E. The ILCs financial management systems provide for comprehensive procedures and record keeping to satisfy funding and auditing requirements.

Rate these items:

3.E.1__The Center maintains records of accurate, current and complete disclosure of the financial results of each federally sponsored project in accordance with the reporting requirements of the SF 425 financial status report, including program income, federal and recipient shares of expenditures, and indirect costs.

3.E.2__Accurate records are maintained to identify adequately the source and application of funds for federally sponsored activities.

3.E.3__A procedure has been established and followed for effective control over and accountability for all funds, property and other assets in order to safeguard all assets and ensure they are used solely for authorized purposes.

3.E.4__A system is in place for comparison of outlays with budget amounts for each award.

3.E.5__Written procedures that minimize the time between the transfer of funds and the disbursement of funds by the recipient are in place.

3.E.6__Written procedures for determining the reasonableness, allocability and allowability of costs are in place.

3.E.7__Accounting records, including cost accounting records, supported by source documentation and entries are made on a timely basis.

3.E.8__The Center has an approved US Department of Education cost allocation plan (CCAP) or indirect cost rate.

3.E.9__The Center distributes administrative costs among its various funding sources in an equitable manner as described in the Center's approved CAP or indirect cost rate.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

AREA 4: THE CENTER IS ACTIVE IN COMMUNITY COLLABORATIONS AND DIVERSE PARTNERSHIPS.

4.A. The Center provides information on services and reaches out to underserved groups in the community.

Rate these items:

4.A1.__ The Center assesses the unserved and underserved in their communities, including the diverse cultures in the communities.

4.A2.__ The public relations materials including any electronic presence such as a website and social media such as Facebook, are in keeping with and reflect the mission and philosophy.

4.A3.__ Materials are available in formats understandable to the communities served.

4.A4.__ The Center demonstrates its ability to meet the cultural and linguistic needs of people served and those who reside in their communities.

4.A5.__ The Center has a plan for diversity and center staff is provided with training in fulfilling that plan.

4.A6.__ The Center provides training and in-services to the staff of other community services to increase their understanding of disability. This included public information and education, outreach to underserved or un-served population, advocacy, collaboration to improve opportunities for persons with significant disabilities to find assistance and programs applicable to them.

Documentation/demonstration may include review of social media presence, copies of materials in various formats, staff training schedule and materials, and diversity plan from grants or the strategic plan.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

4.B. The Center collaborates with other entities in the community to the benefit of individuals with disabilities.

Rate these items:

4.B1.__ The Center conducts activities to increase the capacity of communities to meet the needs of individuals with disabilities.

4.B2.__ Representatives of the Center serve on committees, councils or boards with other community groups.

4.B3.__ The Center encourages individuals with disabilities to participate on committees, councils or boards with other community groups.

4.B4.__ MOUs or other formal agreements with other community entities define the responsibilities of each party in the relationship.

4.B5.__ There are mechanisms for bringing community members together around specific issues or concerns.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

AREA 5: THE CENTER ENSURES MAXIMUM ACCESSIBILITY.

5.A. The Center sets a high standard for accessibility and meets or exceeds ADA standards.

Rate these items:

5.A1__CS The Center does not deny services to persons on the basis of their race, color, national origin, sex, age or the existence of a disability.

5.A2.__CS Offices owned or rented by the organization and venues in the community used by the Center appear to meet ADA standards and are physically accessible for individuals with significant disabilities including signage, doors, parking, etc. The Center can demonstrate its process for determining access and actions taken to improve access as needed.

5.A3.__ Technology is accessible to those who need to use it.

5.A4.__ The Center to the maximum extent feasible, makes available personnel and/or technology to communicate with individuals with significant disabilities who rely on alternative modes of communication such as manual, non verbal, braille, picture boards, audio tapes, sign language, TTDs/TTYs who apply for and receive IL services. It also provides staff that can communicate in native languages for those with limited English proficiency.

5.A5__ Documents are provided in alternative formats, as appropriate all of its written policies, materials and IL services (e.g Braille, large print, audio tape)

5.A6.__ There are procedures for requesting reasonable accommodation for employees and individuals receiving services.

5.A7.__ Public relations materials are available in accessible formats.

5.A8.__ Signage and policies and procedures address the needs of individuals with environmental illness and multiple chemical sensitivity. They may include implementing a no-fragrance policy or use of “green” cleaning products.

CS = *Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days.*

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

5.B. The center advocates for accessibility for individuals and the community.

Rate these items:

5.B1.__CS There are rights and appeals procedures for individuals to request and secure accessibility in services from the Center.

5.B2.__ The Center advocates for and conducts activities that promote equal access to all services, programs, activities, resources and facilities in society, whether public or private, regardless of funding source for individuals with significant disabilities.

5.B3.__ Provides information on the availability of the Client Assistance Program (CAP) and how to contact the CAP including accessible formats.

CS = *Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days.*

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

AREA 6: ADVOCACY IS DEMONSTRATED THROUGHOUT THE OPERATIONS OF THE ORGANIZATION.

6.A. Individuals are assisted with self-advocacy efforts and skills.

Rate these items:

6.A1.__ Individuals identify areas of needed self-advocacy as part of the independent living planning process.

6.A2.__ **CS** Peer support and other tools are applied to assist the person to advocate for themselves.

6.A3.__ Center is aware of and has determined its role in additional service provision desired by community i.e. deinstitutionalization wellness/health initiatives, employment etc.

CS = *Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days.*

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

6.B. The Center demonstrates how systems change advocacy activities impact areas of concern to persons served.

Rate these items:

6.B1.__CS There is a written systems change plan where community barriers have been identified and progress is being made through system advocacy.

6.B2.__CS The disability community input is key to determining the areas where system advocacy is most needed .

6.B3.__ There is collaboration in seeking solutions to system-wide concerns in the area of advocacy.

CS = Critical Standard. Any item marked CS and rated B or C will require a Plan of Action be submitted within 90 days.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

AREA 7: THE ORGANIZATION REGULARLY REVIEWS ITS OWN PERFORMANCE IN RELATIONSHIP TO THE GOALS IT HAS SET AND THE EXPECTATIONS OF ITS FUNDERS AND OTHER STAKEHOLDERS.

7.A. The center has established multiple ways to hear from its stakeholders – consumers, funders, community partners – regarding their satisfaction.

Rate these items:

7.A1. __CS The satisfaction of individuals who receive services is surveyed on some regular basis. The survey may be written or oral, and may be solicited at the point of service or periodically regardless of the dates of service. If oral, assistance is provided to document the input.

7.A2. __ Issues of concern expressed by funders are addressed.

7.A3. __ Personnel have mechanisms (written or verbal) to provide input regarding their satisfaction with the organization.

7.A4. __ After goals are determined or services rendered, the consumer is given an opportunity to express Center performance, results of services and/or satisfaction with services.

7.A5. __ Community partners have mechanisms to provide input regarding their satisfaction with the Center.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

7.B. The center identifies needs and sets goals and regularly measures and communicates its progress related to those goals.

Rate these items:

7.B1.__ The Center determines needs of community with input from its stakeholders.

7.B2.__ There is a regular report of progress and/or outcomes to the board of directors.

7.B3.__ The organization has a system for measuring its services in a way that shows how mission is accomplished.

7.B4.__ Reports to funders are provided on a timely basis.

7.B5.__ Reports of services are provided to the board, staff, persons served and community members.

7.B6.__ The Center has an established annual and three year program and financial planning objectives. This is consistent with the current SPIL and addresses, increase in non VIIC funding, training of staff, board and volunteers as well as specific services, priorities and types of services to be provided.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

7.C. The Center has developed and maintains record keeping that accurately documents services provided.

Rate these items:

7.C1__The CIL has implemented internal controls and procedures (including quality assurance) to ensure 704 Report accuracy and documentation.

7.C2.__Based on the Consumer Service Records, consumers lists, physical files and other documentation reviewed, the funding sources and amounts, CSR data and other information in the most recent 704 report are accurate and complete.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

7.D. The Center has established specific measurable outcomes, identifying desired outcomes and is utilizing outcome information for improvement.

Rate these items:

7.D1.__ The Center has established specific, measurable outcomes.

7.D2.__ The organization uses results from its measurement of desired outcomes to determine its goals and desired outcome for the future.

7.D3.__ The Center is working toward measuring outcomes in all program and support areas.

7.D4.__ There is evidence that the organization builds on its successes or modifies its practices to improve them.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

AREA 8: THE ORGANIZATION HAS A PLAN FOR RISK MANAGEMENT.

8.A. The Center implements written plan(s) for risk management.

Rate these items:

8.A1.__ The board of directors and executive director work together to minimize financial risk to the organization by identifying potential loss exposure and how to rectify or reduce the risk.

8.A2.__ Risk management planning includes a component of monitoring to assure that risk reduction is considered as new activities are discussed .

8.A3.__ Potential risks such as changes in funding, security risks, risk of accidents or injury, risks of legal liability and other identifiable risks are addressed in written plans. This includes insurance coverage for real property and equipment acquired with federal funds equivalent to that provided for property owned by the grantee.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

8. B. There are regular reviews of the vehicles used by the center for its operations, iif applicable, to ensure they are maintained in a safe manner. Records of rivers of their own or the center's vehicles are reviewed to maximize safety and minimize risk.

Rate these items:

8.B1.__ If the center owns vehicles these are maintained according to the manufacturer's recommendations.

8.B2.__ The center maintains current information that verifies that any personnel or volunteers driving a vehicle belonging to the center is a licensed driver in good standing.

8.B3.__ If the personnel or volunteers of the center use their own vehicles for work, the center has verified that they are licensed drivers in good standing, and maintains a record of their personal insurance to reduce the risk to the center related to potential accidents with personal vehicles while personnel are conducting center business.

8.B4.__ The Center participates in a program to receive notices of tickets or violations by drivers who are reimbursed for mileage for work purposes.

Documentation/demonstration may include copies of drivers' licenses and certificates of insurance in the personnel file, evidence that the records have been checked, evidence of regular maintenance of owned vehicles.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

8.C. The center is aware of safety and ensures that its offices are operated in a safe manner and that risk management plans and activities regularly take place.

Rate these items:

8.C1.__A safety survey is conducted periodically of the physical plants owned or rented by the organization, by a qualified authority, to ensure they are safe and meet the safety codes of the local government where they are located .

8.C2.__ There are written emergency plans regarding fires, emergency medical needs, power outages, natural disasters, violence in the workplace and any other emergency that could require action on the part of center staff.

8.C3.__ Staff are trained on the emergency procedures, either in actual drills or practice, or in a role playing or training setting.

8.C4.__ There is access to first aid expertise and supplies.

8.C5.__ There is quick, easy access to the equipment and plans related to safety in the facility. These may include posted evacuation charts if the exits are not clearly visible to visitors, fire extinguishers and instruction in their use, first aid kits, or other items that the local safety authorities recommend.

8.C6.__ If the offices are accessed by an elevator, there is a plan for evacuation of individuals who cannot use the stairs when the elevators are shut down in an emergency. This plan is communicated to staff, to building personnel who are not staff, and to the safety coordinators for the site. Discussion has occurred related to when and how evacuation chairs might be used.

Documentation/demonstration may include written emergency procedures, interviews with staff that reveal their knowledge with these procedures, safety inspections with notes related to correction of concerns, etc.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

8.D. The organization works with the local disaster planning authorities to ensure that the specific safety concerns are addressed in community safety plans.

Rate these items:

8.D1.__ The Center is included in local disaster planning.

8.D2.__ Participating in community disaster planning ensures that the specific needs and concerns of persons with disabilities are addressed in disaster planning.

8.D3.__ Education and training is provided to staff and persons served regarding putting emergency kits and information together and maintaining emergency supplies.

8.D4.__ The Center has emergency contact information for employees and encourages persons served and employees to carry emergency information, including a contact and urgent medical information, at all times.

Comments and suggestions:

Areas where standard is not met or is partially met and recommendations for accomplishing improvement:

Areas of strength:

Time Management During The Review

Time Management is essential during the process of the review. Here are some tips for the Executive Directors, both those conducting the review and those receiving it, to assist with Time Management:

- ◆ During the pre-review conversation, map out roughly what time frames will be for each part of the review, including interviews and meetings.
- ◆ The Center should have all the documents that substantiate the Center's conformance pulled and organized so that the reviewer(s) or the staff person interviewed can pull them quickly.
- ◆ The Opening Meeting should begin promptly at the opening of business on the first day of the survey. The Center Executive Director will want to make sure everyone attending is aware of this start time.
- ◆ The Opening Meeting should take about thirty (30) minutes to complete.
- ◆ Interviews with third parties will be short, as well -- from 10 to 30 minutes. The Executive Director will be attending these interviews, but is asked to refrain from commentary or questions so there is no delay due to additional conversation.
- ◆ This is not the time to catch up on personal or social items. Other than a quick check on how everyone is, there should not be chit-chat during the review.
- ◆ The evenings that the reviewer(s) are in town are working evenings. There is not time for social gatherings or meals.
- ◆ The reviewer will be at the Center office during the regular business hours, but will not come early or stay late.
- ◆ The Center will offer space for the reviewer(s) to work.

**Fax or email the document immediately after the review to:
Resources for Independence Central Valley, 559-221-2340 or cacilpers@gmail.com**

Sample Interview Questions For Board Members

Sample Questions for Interviews

(Conversation starters - Not a Test! This is a sample of some open-ended questions that could be asked of board members or others interviewed.)

- 1) How did you get interested in the Center and what interests you most about being on this board?
- 2) What is your role as a board member -- what is expected of you and how do you accomplish those things?
- 3) Do you get a chance to review a board packet before the board meeting starts? What's included? Does the
 - 1) format work for you? How early do they arrive?
- 4) What other boards have you served on? How does this one compare? Or if not on others, is there anything
 - 1) you'd like to see the board do that you aren't doing now?
- 2) What are the big plans of your organization for the future?
- 3) When you started on the board how were you brought up to speed on what was going on and what was
 - 4) expected?
- 5) What about the most recent addition - has anyone helped them that you know of?
- 6) How is the relationship between the board and the Executive Director?
- 7) What are the biggest risks or challenges that the board is working with the Executive Director to resolve?
- 8) How meaningful is the financial information you get at board meetings? Are there people on the board who
 - 9) can read those statements?
- 10) Do board members have all the reasonable accommodations or accessibility needed to function well?
- 11) How are you informed about the operations of the center? How do you know if things are going well?
- 12) Tell us about some of the community partners to this CIL?

DEVELOPED AND MARKETED BY

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