



Washington State  
Department of  
**Commerce**

We strengthen communities

# Accreditation Standards

For Community Sexual Assault Programs

May 2024

OFFICE OF CRIME  
VICTIMS ADVOCACY

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# Overview

Accreditation originated out of the Washington State Sexual Assault Services Advisory Committee in the 1995 Final Report. The advisory committee provided recommendations that guided the development of the accreditation standards and process. The standards and process have been updated over the years to be more reflective of current needs.

## Purpose

Accreditation strives to guarantee that survivors receive services consistent with the service standards, that everyone providing Core Sexual Assault Services to survivors are trained and qualified, and that every program receiving Core Sexual Assault Services funding has the management structure and policies needed to provide accountability for those funds.

The accreditation process establishes Community Sexual Assault Programs (CSAPs) across Washington State. CSAPs are recognized in their communities as leaders who provide stable, victim-focused sexual assault services and possess the qualifications to meet the needs of victims and survivors.

The accreditation process upholds a noncompetitive funding structure for Core Sexual Assault Services grants. This structure provides assurances that Core Sexual Assault Services are available to victims and survivors in all areas of Washington State.

## Who's Who

### Office of Crime Victims Advocacy (OCVA)

An office within the Washington State Department of Commerce which oversees the accreditation system, funds Core Sexual Assault Services, and provides funding to the accreditor.

### Accreditor

An outside contractor to OCVA, hired to perform an unbiased review of the Accreditation materials. Conducts reviews on a scheduled basis and examines all of the documentation of compliance necessary to demonstrate adherence to the Accreditation Standards. The accreditor's job is not to catch and punish CSAPs' wrongdoing, but to provide the feedback and support necessary to ensure CSAPs are meeting the qualifications to remain a stable source of services in their communities.

## The Process

The process of accreditation is based on a four-year cycle. Each Community Sexual Assault Program (CSAP) goes through the accreditation process once every four years. The accreditation cycle runs on the State Fiscal Year, July 1 to June 30.

Agencies are spread out over the four-year cycle, and assigned a month and year when their review occurs. The review will occur the same month each four years, regardless of whether or not they are granted an extension or must complete additional work to achieve full accreditation status. For example, if an agency's last review was in October 2020, their next review will be October 2024, even if they did not achieve full accreditation status until October 2021.

## Scheduling

At the beginning of the fiscal year in which your program will be reviewed, the accreditor will send an email to schedule the dates of the review and provide additional information and resources.

OCVA may approve an extension of the accreditation dates and/or the review period under certain circumstances, which may include:

- staff emergency (health issues)
- agency capacity, staff leadership turnover (new Executive Director, new Program Manager), organizational management, or financial issues
- crisis (organization crisis, local community crisis, or emergency)

Contact the OCVA Sexual Assault Services Section for additional information about requesting an extension.

## Preparation

Most documentation will be submitted electronically to the accreditor prior to the visit. The accreditor will provide you with a link to upload documentation and an upload due date a few weeks before the visit. Please make sure all required information is uploaded by this date. This time period will be when the majority of work for CSAP staff will occur, as they will need to collect and upload all of the required information.

## The Review

The accreditation review is scheduled for one to two days, depending on what's necessary. Reviews will be predominantly remote, and may occur in-person, as needed. Depending on the agency's structure, the Executive Director and/or the Program Manager should be available throughout the entire review period. The review is divided into five main parts:

- A test of the agency's crisis line, conducted within 30 days prior to the scheduled review.
- Review of documentation of compliance submitted by the agency.
  - In the time between the upload date and the review, the accreditor will review the documentation submitted. The accreditor may follow-up with questions during this time period.
  - During the review, the accreditor will ask any additional questions about the documentation and provide an opportunity for the agency to provide additional information.
- Review of InfoNet reports provided by OCVA.
- Interviews with:
  - the Executive Director and/or Program Manager
  - at least one representative (preferably more) of staff responsible for providing Core Sexual Assault Services
- Review of files:
  - Board of Directors
  - Personnel and Volunteer
  - Client

See the standards for additional information.

## Scope

The accreditation process reviews documentation that addresses the foundational requirements for an agency to provide Core Sexual Assault Services in Washington State. Areas reviewed include:

- Board of Directors
  - Board Policies, Procedures, and Bylaws
  - Board Orientation
  - Board Annual Training Plan
  - Board Minutes
  - Board of Directors File Review
- Personnel and Volunteers
  - Personnel Policies and Procedures
  - Personnel and Volunteer Orientation
  - Supervision Practices
  - Personnel and Volunteer File Review
  - Personnel and Volunteer Interview
- Agency Administration and Operations
  - Operational Policies and Procedures
  - Diversity, Equity, and Inclusion Plan and Implementation
  - Client File Review
  - Quality Assurance
  - Core Services
  - Materials and Publications
  - Facility Tour

Below are the detailed Accreditation Standards. Each section has two parts.

### **Submit:**

This lists what should be submitted as documentation for this section.

### **Reviewed For:**

This lists what the accreditor will be looking for in the submitted documentation.

In addition, some sections have supplementary guidance. Please review each section carefully to ensure the appropriate documentation is submitted, and that it includes all information that will be reviewed.

Additional documentation may be submitted and/or requested if the item being reviewed is not found within the documentation.

## Outcomes

### Full Accreditation Status

Program meets at least 90% of the accreditation standards. The agency is eligible to receive/continue receiving Core Sexual Assault Services Funding. The agency will complete another review in four years.

All programs, regardless of score, will receive a preliminary report with corrective action, as applicable, and an opportunity to pass at 100% within 30 days of the final report.

### Provisional Accreditation Status

Program does not meet at least 90% of the accreditation standards. The program will have 30 days after their review to address the corrective action items in the preliminary report and improve their score by submitting updated documentation of compliance to the accreditor. If the program is receiving Core Sexual Assault Services funding, they will continue to receive it during these 30 days.

### Probationary Accreditation Status

Program does not meet at least 90% of the accreditation standards after the 30-day provisional period. The program may receive an extension of the 30-day review period, and/or a second review may be scheduled within a year's time. The accreditor may decide during the initial review to place a program in probationary status, considering the types and amount of corrective action items needed.

Programs in probationary accreditation status will still receive Core Sexual Assault Services funding. Not adhering to the timelines as outlined in the preliminary accreditation report may result in delayed payment of invoices.

If a program does not meet the requirements for full accreditation status after the second review following the probationary status, the agency will no longer be eligible to receive Core Sexual Assault Services funding. In the rare event this occurs, OCVA will work closely with the agency to discuss next steps.

## Scoring

Two (2) points per Standard (if any item in the Standard is not passed, one (1) point is deducted; if more than one item is not passed, the Standard is not passed and two (2) points are deducted); must have at least 47 of 52 points to pass.

**OCVA wants to make sure that agencies have all of the support, information, and assistance they need to be successful in this accreditation process. We know that it is best for survivors when consistent services are available across the state.**

**Please reach out to the OCVA Sexual Assault Services Section with questions or concerns about the accreditation process. The accreditor is available to help walk you through the standards and answer any questions you may have.**

# Standards

## Board of Directors

If the sexual assault program is part of a larger organization and the sexual assault services program is overseen by an advisory committee, requirements can be in Board of Directors and/or Advisory Committee policies and procedures. There must be a formalized connection to the larger organization's governing board, which can be demonstrated by highlighting policies/procedures, with an organizational chart, or some other documentation that shows how the Board of Directors and Advisory Committee work together.

### Board Policies, Procedures, and Bylaws

#### Submit:

- Board Bylaws, Policies, and Procedures with the following requirements flagged for review

#### Reviewed for:

### 1. Board Operations

Written description for:

- Selection of members
- Duration of membership
- Election of officers
- Organizational structure of board
- Responsibilities of the board of directors
- Staff position appointed by board to whom it delegates authority and responsibility for agency management and implementation of policy

### 2. Agency Responsibilities

Written description showing who is responsible for:

- Selection and evaluation of the director
- Financial oversight
- Review and approval of budget, budget revisions, and budget amendments
- Strategic planning
- Fund raising

- Personnel policies
- Agency/community relationships

### 3. Conflict of Interest

Addresses conflict of interest or the appearance of conflict of interest on the part of the governing board. Topics addressed must include:

- Current direct service providers (including volunteers), employees, or immediate family members of employees serving on the board
- Board members having any direct or indirect financial interest in the agency's assets, business affairs, leases or professional services
- Board members receiving payment, except where permitted by law
- Preferential treatment of board members in applying for or receipt of the agency's services

### 4. Board Orientation

#### Submit:

- Board orientation checklist (blank form)

#### Reviewed for:

4a) Blank orientation

Includes agency's

- Mission
- Structure
- Goals & objectives
- Programs
- Methods of operation
- Finances

Includes information on service issues:

- Board member received information, training, or briefing on the dynamics of sexual assault
- Board member received information, training, or briefing on relevant community resources
- Board member received information, training, or briefing on how medical, legal, and social services respond to victims of sexual assault

4b) Acknowledgement of receipt of:

- Board manual
- Personnel policies and procedures
- Operational policies and procedures

## 5. Board Annual Training Plan

### Submit:

5a) Annual training plans for the Board of Directors for the current year. This can be outlined in the meeting minutes where the Board decided on a training plan. The plan should include the following information:

- Topics to be covered
- Hours of training required for each board member
- What happens should a board member not meet this requirement.

5b) Annual training plans for the Board of Directors for the previous year. This can be outlined in the meeting minutes where the Board decided on a training plan.

5c) Description of how Board annual training plans are developed, including how topics are identified and selected.

### Reviewed for:

- Training topics for the previous and current year, with an approximate timeline or timeframe
- Process to identify topics relevant to the board. Training topics may be related to agency operations such as more training on sexual violence, or they may be related to the administrative functions of the Board such as supervising the Executive Director, strategic planning, leading your agency through times of crisis, etc.

## 6. Board Minutes

### Submit:

6a) Six (6) recent board meeting minutes

- At least one (1) should include approval of the current annual sexual assault budget
- At least one (1) should include the last review of the salary and benefit structure (if policy designates another entity for annual review of salary and benefit structure, documentation of most recent review by that entity should be submitted)

6b) Two (2) sets of minutes from active committees, if applicable

- At least one (1) set of minutes from a recent finance committee meeting, if applicable

6c) Description of how Board and committee minutes are permanently maintained in a secure and accessible location

### **Reviewed for:**

Includes:

- Dates of meetings
- Names of participants
- Issues addressed
- Actions taken
- Financial reports
- Treasurer's report to the board (not applicable if finance committee minutes included)
- Annual evaluation of salary and benefit structure
- Approval of current sexual assault budget

## **7. Board of Directors File Review**

### **Submit:**

7a) Completed Board of Directors spreadsheet for all active members during the past two (2) years, including:

- Start date
- End date (if applicable)

7b) Completed and signed orientation checklist for each board member who joined in the past two (2) years

7c) Documentation of attendance at annual board training for past two (2) years

### **Reviewed for:**

- Board of Directors files are maintained and up to date
- Members receive required orientation and training

## **Personnel and Volunteers**

*Note that it is required for CSAPs to utilize volunteers in the sexual assault services program.*

## 8. Personnel Policies and Procedures, Part 1

### Submit:

- Personnel policies and procedures with the following requirements flagged for review

### Reviewed for:

8a) Clear description in policy or procedure identifying how the agency complies with applicable laws and regulations regarding fair employment practices and contractual relationships. Examples of this could include, but are not limited to, employing a Human Resources director or consultant, consulting with an attorney with expertise in employment law, or ensuring that the Executive Director attends annual training on employment law updates

8b) Agency does not discriminate in employment practices on the basis of age, sex, marital status, sexual orientation, race, creed, color, national origin, citizenship or immigration status, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability (RCW 49.60.200)

8c) Staff, board, and volunteers should reflect the diversity of the community at large

8d) Periodic review of personnel policies with an opportunity for staff to provide input

8e) Use of private or agency-owned vehicles to transport clients, if applicable

- Provision of adequate insurance coverage
- Appropriate passenger restraint systems (such as car seats)
- Licensure of drivers

8f) Addresses conflict of interest or the appearance of conflict of interest on the part of personnel or consultants. Topics addressed must include:

- Staff and paid consultants having any direct or indirect financial interest in the agency's assets, business affairs, leases, or professional services
- Preferential treatment of personnel or consultants in applying for or receipt of the agency's services
- Steering or directing referrals exclusively to a private practice in which agency personnel, consultants, or their immediate families may be engaged, is prohibited
- Requires professional workers conducting a private practice on the agency's premises to provide clients with a clear written statement that the client is receiving that worker's services only, and not those of the agency

## 9. Personnel Policies and Procedures, Part 2

### Submit:

Personnel policies and procedures with the following requirements flagged for review

### Reviewed for:

9a) Written authorization for:

- New hires
- Terminations (voluntary and involuntary, including written documentation by the agency)
- Rates of pay
- Payroll deductions

9b) Director or designee reviews and approves payroll expenditures and time/overtime records

9c) Schedule of salaries and benefits

- Takes into consideration local or regional standards for similar positions

9d) Access to personnel records by the individual

- Addresses review, addition, and correction by personnel of information contained in their records

9e) Annual review of job descriptions

9f) All staff and direct service volunteers receive a performance evaluation at least one (1) time per year

- Given the opportunity to sign and comment in writing on the evaluation
- Given a copy of the evaluation prior to its entry into personnel records

## 10. Personnel and Volunteer Orientation

### Submit:

Personnel and volunteer orientation checklist (blank form)

### Reviewed for:

Includes agency's:

- Goals
- Services
- Service population

- Collaboration with other community resources
- Emergency Plan
- Security procedures

Acknowledgement of receipt of:

- Personnel policies and procedures
- Operational policies and procedures

## 11. Supervision Practices

### Submit:

11a) Current organizational chart

11b) Description of supervisory practices for staff and volunteers

### Reviewed for:

- Personnel receive supervision consistent with their varying levels of skills and experience, complexity and size of their workload, and their length of time in current job assignment
- Holding personnel accountable for the performance of assigned duties and responsibilities

## 12. Personnel and Volunteer File Review, Part 1

### Submit:

12a) Completed Personnel and Volunteer spreadsheet for all employees and volunteers who have provided core sexual assault services, supervised those who do, or provided management of the sexual assault program (such as the Executive Director or Program Manager, if applicable) in the past two (2) years, including:

- Start date of employment/volunteer
- Last date of employment/volunteer (if applicable)
- Employment status (employee or volunteer)
- Date of last background check
- Date of last two (2) performance evaluations
- Month and year of OCVA-approved 30-hour core advocate training
- Number of hours of ongoing sexual assault training for each of the past two (2) state fiscal years (July 1 – June 30)

12b) Copy of the signed orientation checklist for each employee/volunteer with start date in past two (2) years

12c) Documentation of OCVA's approval of training and experience requirements for the following positions, if there have been transitions since the last review:

- Director

- Sexual Assault Services Program Director/Coordinator/Manager

12d) Resumes for supervisors of employees and volunteers who provide core sexual assault services.

### **Reviewed for:**

- Personnel records are maintained for all employees and volunteers who provide Core Sexual Assault Services, supervise those who do, or provide management of the sexual assault program (such as the Executive Director or Program Manager, if applicable)

Personnel are receiving required:

- Orientation
- 30-hour OCVA- approved initial sexual assault core advocacy training
- 12 hours of ongoing sexual assault training completed annually
- Fingerprint background checks through the Washington State Patrol (WSP) or another agency accessing WSP information and every jurisdiction the employee or volunteer has lived in for the past five (5) years, completed at time of hire and every five (5) years thereafter.
- Performance evaluations completed annually
- CSAP is utilizing volunteers in their program
- Directors, Program Managers/Directors/Coordinators, and Supervisors meet the initial training and experience requirements, as outlined below:

#### Director requirements

- Minimum of six (6) years of management experience (college education may substitute, year for year, for no more than a total of four (4) of the years)
- Minimum of 20 hours of management training specific to not-for-profits, including public or private human services agencies
- 30-hour OCVA-approved initial sexual assault core advocacy training

#### Sexual Assault Services Program Manager/Director/Coordinator, when not the agency director, requirements

- Ten (10) hours of general management training
- 30-hour OCVA- approved initial sexual assault core advocacy training

#### Supervisors of staff providing core sexual assault services requirements

- Two (2) years of relevant experience
- 30-hour OCVA-approved initial sexual assault core advocacy training

## 13. Personnel and Volunteer File Review, Part 2

**During the visit, the accreditor will check the following items in staff/volunteer files. Have all files readily accessible for review. The accreditor may check some or all staff/volunteer files for the following items:**

Application/resume indicating qualifications for position

Written documentation (such as a personnel action form or an official letter from the agency) of:

New hire

Rates of pay and changes in rates of pay

Termination (voluntary or involuntary), if applicable

Signed job description

License and insurance for those who transport clients, as required by policy

Performance evaluations are:

Completed annually

Signed by employee

Provide space for employee comments

### Reviewed for:

Personnel records are maintained for all employees and volunteers who provide core sexual assault services, supervise those who do, or provide management of the sexual assault program (such as the Executive Director or Program Manager, if applicable)

## 14. Personnel and Volunteer Interview

Potential topics addressed could include, but are not limited to:

- Conflict of interest and preferential treatment of board or staff accessing services
- How does the agency develop and implement their Diversity, Equity, and Inclusion Plan?
- How does agency disseminate information about its programs and services?
- What are the policies and procedures regarding confidentiality?
- How are clients informed of confidentiality?
  - Personnel may be asked to provide a detailed description and example of how they provide clients information about confidentiality and mandatory reporting.
- Supervision practices
- Are performance evaluations annual? Are you given a chance to sign and comment? Are you given a copy?
- How and what data is collected, and how is it used?
- How are the results of the planning and evaluation process used?

- System coordination and community awareness activities

Responses may be used to inform other parts of the review.

## Agency Administration and Operations

### 15. Confidentiality

#### Submit:

- Confidentiality policies and procedures with the following requirements flagged for review

#### Reviewed for:

- Documentation of informed consent of clients, including minor clients and adult clients who have a guardian appointed to make personal decisions, to receive services
- Age of consent for services
- When consent can be given verbally and how that is documented
- Subpoenaed records and staff
- Participation of clients in public appearances or when the agency is using identifiable photographs or videotapes of clients
- Release of information about clients
- Mandatory reporting of suspected abuse or neglect of children or vulnerable adults (RCW 74.34.035 and RCW 26.44.030) and agency documentation of reports
- How a client accesses their file
- Confidentiality of client information, including access to and use of information about clients

### 16. Operational Policies and Procedures

#### Submit:

- Operational policies and procedures with the following requirements flagged for review

#### Reviewed for:

##### 16a) Non-discrimination in Service Provision

- Services are offered without discrimination by reason of race, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, ethnicity, income, veteran status, marital status, or any other basis prohibited by federal, state, or local law

Agency provides or arranges qualified interpretive or translation services to Limited English Speaking/Limited English Proficiency, hard of hearing, or Deaf persons

16b) Personnel and client safety and security needs, including fire, medical, or other emergencies

16c) Periodic review of operational policies and procedures by the board and/or its designee

16d) Record security, maintenance, and access by individuals other than the client

Protection of the privacy of clients and former clients

Disposition of client records in the event of the dissolution of the agency

Reasonable protection against destruction by fire, earthquake, flood, or other damage, such as by secure electronic backup of information critical to providing services

How long records are maintained

If the agency has employees who work from home, how those employees will protect client information, privacy and confidentiality

If agency uses electronic records databases, what the agency is doing to ensure client information, privacy, and confidentiality is protected, and what will be done in the event of a data breach.

16e) Plan for transfer of cases in the event workers leave the agency

## 17. Diversity, Racial Equity, Inclusion, and Belonging Plan and Implementation

### Submit:

Diversity, Racial Equity Inclusion, and Belonging Plan

*The Diversity, Racial Equity Inclusion, and Belonging Plan can use different language and/or be multiple plans. However, the below topics should all be clearly addressed. If you need support in developing or assessing any of this, please reach out to the Accreditor for a copy of the DEIB Self-Assessment Tool for Accreditation.*

#### 1. Diversity

Current plan to ensure that staff, volunteers, and board are representative of the community at large. Must include:

Clear description of the diversity of the community at large, including (at a minimum) age, race/ethnicity, and sexual orientation and how the staff, volunteers, and board are representative of those demographics.

Pay equity plan for diverse staff (multilingual staff, not paying BIPOC staff less or hiring them exclusively into lower-paying positions, etc.)

A policy laying out a process to address patterns of racism and discrimination against staff, volunteers, and board members brought forward by community or internal grievances

At least three (3) additional objectives as determined by the agency

- Action steps to achieve objectives, with implementation timelines
- Demonstrated progress on the identified action steps

## 2. Cultural Sensitivity/Anti-Oppression/Equity

Current plan for how the agency can increase its capacity to serve its diverse community and improve the experiences of its diverse staff. This should include how the agency reduces their own biases and incorporates an anti-oppression lens<sup>1</sup> in their work internally and externally. Must include:

- At least three (3) objectives determined through the annual process
- Action steps to achieve objectives, with implementation timelines
- Demonstrated progress on the identified action steps

## 3. Barrier Reduction

Current plan for reducing barriers to accessing services. Must include:

- Documentation of the most recently completed process to identify barriers, such as meeting minutes, notes, or reports (this process must occur at least annually)
- Action steps to address barriers, with implementation timelines
- Demonstrated progress on the identified action steps

*The documented progress required for each of these three focus areas may be demonstrated within the plan itself, and/or by submitting examples of activities completed, such as:*

- How job postings are developed and distributed to recruit diverse applicants
- Evidence of review and changes to policies, procedures, job requirements, etc. to improve diversity and reduce staff discrimination
- Evidence of training for staff to ensure language access plans are being effectively implemented
- Trainings staff attended
- Partnerships with culturally specific organizations
- Meeting minutes
- Pictures
- Agency materials
- Descriptions of how action steps were completed
- Measured improvements in staff satisfaction and retention across identities (e.g., through an employee satisfaction survey, retention data by demographics, or other method)

Items submitted should be clearly linked with the objectives and activities in the plan(s).

## Reviewed for:

- Clearly identifies the timeframe covered by the plan(s)
- Timely and up to date

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<sup>1</sup> Anti-Oppression lens: Acknowledges that power imbalances exist and are perpetuated by societal inequalities. Advocates for the elimination of injustice and recognizes that all forms of oppression (e.g. racism, sexism, homophobia, xenophobia, ableism, transphobia) are interconnected. <https://www.wcsap.org/resources/publications/non-wcsap/washington-state-prevention-plan>

Reviewed annually

Contains all the required elements described above

## 18. Client File Review

A few weeks prior to the accreditation review, the accreditor will send an email with up to 12 ID numbers of clients who are reported in InfoNet as having received Core Sexual Assault Services in the past two (2) years. Redact and upload client consent for services forms, any releases of information, and any other forms or paperwork that document the below information from these files. **Personally Identifying Information should NOT be uploaded. The agency is responsible for ensuring this. Failure to comply is a confidentiality breach which will result in corrective action.**

### Reviewed for:

The record contains:

Documentation of informed consent of clients to receive services

Documentation that the client is informed of confidentiality and exceptions to confidentiality, as described in policies and procedures

If applicable, written releases of information that are specific and time-limited

## 19. Quality Assurance

### Submit:

19a) Description of how and what information is systematically collected and reviewed to evaluate program effectiveness, allocate program resources, and assess unmet needs for the agency or community

19b) Description of how the results of the evaluation are used to improve services

## 20. Strategic Planning

### Submit:

20a) Relevant reports, minutes, or notes from the most recent strategic planning process, including the agency strategic plan or description of immediate and long-term goals and objectives identified

20b) Description of how the agency strategic plan or immediate and long-term goals and objectives are used to guide program decisions and improve services

20c) Include how information is disseminated at all levels of the organization

### Reviewed for:

Agency conducts periodic planning processes to identify and address:

Program effectiveness

- Allocation of resources
- Unmet needs
- Immediate and long-term goals and objectives
- Results of the evaluations and planning processes are disseminated at all levels of the organization
- Uses principles, values, and mission in its evaluation and planning

## 21. Core Services, 24/7 Coverage

### Submit:

- Example staffing schedule

### Reviewed for:

- Demonstrates 24-hour coverage to provide sexual assault specific information and referral, crisis intervention, general, legal, and medical advocacy

## 22. Core Services, Test Call

*The accreditor will conduct a test hotline call within 30 days prior to the scheduled review.*

### Reviewed for:

- Crisis intervention, advocacy, and information and referral are immediately available (a caller can speak with a trained advocate within 20 minutes from the time of the initial call)

## 23. Core Services, InfoNet Reports

*The following reports will be pulled from InfoNet for the previous two (2) years. Agency should ensure InfoNet data is up to date. Reports will be pulled by OCVA. Agencies do not have to submit any documentation for this section.*

- Sexual Assault Program Report
- Client Demographics Data

### Reviewed for:

- General, Legal, and Medical Advocacy are provided
- Services are provided across the lifespan
- Services are provided to diverse communities, including various genders, races, ethnicities, and disabilities
- Crisis intervention/information & referral calls/contacts

## Report pulled from InfoNet:

- CSAP Activities - Community Awareness

## Reviewed for:

- Conducts community awareness activities related to sexual assault and available services to the community-at-large, including community presentations, awareness activities, participation in community events, and distributing information materials
- Reaching out to diverse populations

## Report pulled from InfoNet:

- CSAP Activities - System Coordination

## Reviewed for:

- Participation in local, statewide, and/or national groups to improve service for individual clients, identify gaps in service, advocate for needed change, share training and other resources, and work toward the elimination of sexual violence
- Coordination with medical and legal communities

## 24. Materials and Publications

### Submit:

- A sampling of your current materials and publications, such as brochures, flyers, informational materials, links to social media, etc.

### Reviewed for:

- Describes programs and services
- Describes role, function, and capacities of the agency
- Available in multiple languages
- Representative of community, such as including diverse backgrounds and identities, and can be understood by people with varying literacy levels

## 25. Website

*Accreditor will review the agency website. Agencies do not have to submit any documentation for this section.*

### Reviewed for:

- Clearly identifies that the agency provides sexual assault services
- Describes what sexual assault services are available

- Information about available services is easily identified and accessible
- Information is relevant, up to date, and accurate
- Website is accessible for people with visual or hearing impairments, motor skill, physical, cognitive, or other disabilities

*For example, images have descriptive text, colors contrast well, text is resizable, content can be accessed by assistive technology, etc.*

## 26. Facility Tour

*During the review, the accreditor will conduct a tour of the facility. This can be done remotely via pictures submitted beforehand or by Zoom, as determined by the accreditor*

### Reviewed for:

- Environment is friendly and welcoming to people of all identities.

*For example, clear signage about how to enter building/office space, images showing a diverse group of people, Safe Zone signs, gender inclusive restrooms, play spaces for children, etc.*

- Respects comfort and dignity of clients

- Appropriate to agency's purpose

- Sufficient opportunity for client privacy

*For example, offices and/or advocacy rooms have doors that can close, windows on doors are frosted or have blinds that can be closed, attention is paid to sound privacy, etc.*

- Accessibility

*For example, clear information about disabled parking and barrier-free entrance into the facility, accessible restrooms, seating to accommodate people of different sizes and abilities, accessible workspaces for staff, etc.*

- Convenient, private, and sanitary toilet facilities

- Well-lit and equipped activity and/or meeting rooms for community awareness and system coordination activities

- No safety hazards are present

*For example, bookcases are secured to walls, no obstacles exist in walkways, cleaning products are out of reach of children, etc.*

- Basic emergency plans posted in an area accessible to clients and visitors