CCA Accreditation for
Youth Justice Organizations


Edition Date: November 1, 2015

These standards are available only to participating organizations in CCA. They are intended only for the internal use of the organization to which they have been provided and beyond this are not to be shared.

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Section 1. Introduction

The CCA Accreditation Program

The Canadian Centre for Accreditation (CCA) is a national non-profit bilingual accreditation body geared to a wide range of community-based health and social service organizations.

CCA believes that organizations benefit most by having their whole organization accredited. Organizations accredited through CCA are asked to meet a common set of Organizational Standards, as well as standards in the sector-specific modules that are most relevant to them. While the CCA accreditation program is aimed at reviewing the whole organization, at a minimum, the relevant modules of at least one sector must be used.

About These Standards

The standards in this manual are geared to organizations that provide youth justice programs and services. They include one or a combination of:

- Community-based non-residential programs for young persons in conflict with the law or at risk of conflict with the law;
- Residential programs designed for young persons in conflict with the law;
- Programs that support reintegration of young persons from custody into the community

How Do the Standards Apply?

For youth justice program/service providers, the applicable standards in the two modules in this manual must be met for accreditation.

The CCA Organizational Standards Module applies to all of the human services (child, youth and adult) that are directly provided by the organization. The Organizational Standards look at the whole organization, and cover things like governance, management, planning and evaluation, quality improvement, and important risk management functions. The standards also look for person-centred services, a strength-based approach, accessibility of services, and engagement and responsiveness to the communities served.

The Youth Justice Standards Module applies to the organization’s youth justice programs and services. The module assesses areas including service approach, assessment and service planning, continuity and coordination of services, and the integration of knowledge and evidence into program and service planning and delivery. It looks for a proactive approach to client, staff and community safety.

How Are the Requirements Organized?

Accreditation expectations are organized under two types of standards. Each standard has a series of indicators by which its achievement is assessed.

Mandatory Standards address legislated requirements, significant safety or risk issues, and crucial elements of good practice. In order to achieve a Mandatory Standard, all of its indicators must be met.
Leading Practice Standards promote quality, learning, excellence and creativity. In order to achieve a Leading Practice Standard, a certain number of its indicators must be met. The label “Required” next to a Leading Practice indicator signifies that it must be one of the indicators among those that are met in order for the standard to be achieved.

Some standards may not apply to all organizations or may apply differently. Information on applicability is included in a note that appears with the standard.

In order to be accredited, an organization must meet all the Mandatory Standards that apply and a certain number of the Leading Practice Standards that apply—specifically, 50% of the Leading Practice Standards in each component, as well as a total of 80% of Leading Practice Standards across each module.

Where Can I Find More Information?

A glossary, tools and a manual on preparing for accreditation are available to participating organizations and CCA reviewers by logging in at www.canadiancentreforaccreditation.ca.

About this Edition

There is a standards manual for each sector that includes general information along with the standards modules that typically apply to services in that sector. Each module has its own version number and release date. When a change is made, the general information and applicable modules are repackaged into a new edition of the sector’s manual.

This is the Third Edition (Pilot) of the Standards Manual for Youth Justice.

<table>
<thead>
<tr>
<th>Section</th>
<th>Section Title</th>
<th>Version</th>
<th>Release Date</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Introduction to the CCA Accreditation Program</td>
<td>N/A</td>
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<tr>
<td>2</td>
<td>CCA Organizational Standards Module (ORG)</td>
<td>Version 2.5</td>
<td>November 1, 2015</td>
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<td>3</td>
<td>CCA Youth Justice Standards Module – Pilot (YJ)</td>
<td>Version 1.2 (Pilot)</td>
<td>November 1, 2015</td>
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</table>

Consult a detailed version history by logging in to CCA’s Web site and going to GoCCA > Standards.
Component: Governance

Applies only to organizations that have a board of directors or body such as a steering committee, council or advisory group that acts as a governance structure. Organizations that do not have a governing body should complete the ORG-OVR Component. Please inquire with CCA.

**MAN Standard**

**ORG-GOV-1**

Required

Members of the governing body have clear guidelines addressing conduct and ethics. (Note: Applies only to organizations that have a board of directors or body such as a steering committee, council or advisory group that acts as a governance structure.)

To achieve this standard, 3 out of 3 indicators must be met.

**ORG-GOV-1.1**

The governing body has adopted a written code of conduct that addresses:
- Confidentiality
- Diversity and inclusion
- Anti-discrimination
- Ethical conduct
- Conflict of interest

**Pre-Site Document(s)**

- governance - policies/procedures

**ORG-GOV-1.2**

Written governance policies and procedures address:
- What is a conflict of interest
- How to identify, declare and resolve a conflict of interest
- How to deal with breaches of the governance code of conduct

**Pre-Site Document(s)**

- governance - policies/procedures

**ORG-GOV-1.3**

Required

Actual and perceived conflicts of interest and any breaches of conduct are managed according to policy and procedure.

**Survey(s)**

- Board
- Interview(s)
  - Governing Body

**ORG-GOV-2.1**

Required

Pre-Site Document(s)

- governance - policies/procedures
The organization has adopted an approach to governance that clearly distinguishes the governing body’s role from the role of management. (Note: Applies only to organizations that have a board of directors or body such as a steering committee, council or advisory group that acts as a governance structure.)

To achieve this standard, 7 out of 7 indicators must be met.

**Written policies and procedures outline the governing body's role, responsibilities and structure.**

---

**ORG-GOV-2.2**
Required

The mandate, authority and reporting requirements of any governing body committees are clearly outlined in bylaws, policy or terms of reference.

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**ORG-GOV-2.3**
Required

The chief executive's role and responsibilities are detailed in writing.

Note: May be detailed in written policy and/or in executive limitations and/or in a job description.

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**ORG-GOV-2.4**
Required

Written policies and procedures address the steps and circumstances under which staff can gain access to the governing body to express concerns.
ORG-GOV-2.5
Required

The governing body documents its expectations regarding the nature and frequency of reporting on the organization's activities, operations and performance.

ORG-GOV-2.6
Required

The governing body approves all governance policies and procedures, reviews them at minimum every four years and makes changes as needed.

ORG-GOV-2.7
Required

The governing body functions according to the policies and procedures that govern its role, responsibilities and structure.

LP Standard
ORG-GOV-3

Written policies and procedures and/or bylaws address the composition of the governing body and at a minimum cover the following:

- Size
- Length of terms
- Limits on consecutive terms
- Staggering of terms
- Recruitment and selection of members

To achieve this standard, 3 out of 5 indicators must be met.
**ORG-GOV-3.2**  
**Required**  

The composition of the governing body is consistent with written policies and procedures, bylaws and any legal requirements.

**Pre-Site Document(s)**  
- lists of governing body and staff
- Interview(s)
- Governing Body

**ORG-GOV-3.3**

The governing body ensures its composition reflects the diversity of the communities it serves.

**Survey(s)**  
- Board
- Interview(s)
- Governing Body

**ORG-GOV-3.4**

Recruitment takes into account the knowledge, skills and experience needed to govern effectively.

**Survey(s)**  
- Board

**ORG-GOV-3.5**

The governing body actively plans for succession of its officer positions.

**Survey(s)**  
- Board

**LP Standard**

**ORG-GOV-4**

Orientation, training and development support effective governance.  
(Note: Applies only to

**Survey(s)**  
- Board
- Pre-Site Document(s)
- suggested governance - orientation policies, procedures, tools

**ORG-GOV-4.1**

Members of the governing body are familiarized with the organization and their responsibilities through orientation that covers at minimum:
organizations that have a board of directors or body such as a steering committee, council or advisory group that acts as a governance structure.

To achieve this standard, 4 out of 6 indicators must be met.

- Mission, vision and values
- Approach to governance, including roles and responsibilities of members of the governing body and of the chief executive
- What is expected of members, including conduct, time commitment, liability, duties and responsibilities
- Bylaws, governance policies and procedures and committee terms of reference, if applicable
- Strategic directions
- Programs and services
- Funding, finances and the fiscal stewardship role

<table>
<thead>
<tr>
<th>ORG-GOV-4.2</th>
<th>Required</th>
<th>Narrative Survey(s) Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members of the governing body sign a statement acknowledging their understanding of and commitment to abide by their responsibilities, code of conduct and other expectations.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ORG-GOV-4.3</th>
<th>Survey(s) Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>The orientation of new members occurs no later than the second meeting after appointment or election.</td>
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</table>

<table>
<thead>
<tr>
<th>ORG-GOV-4.4</th>
<th>Survey(s) Board Pre-Site Document(s) governance - minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The governing body evaluates its work and performance at least once a year.</td>
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</tbody>
</table>
ORG-GOV-4.5

Findings from evaluations are used to improve the work and performance of the governing body.

Survey(s)
Board
Interview(s)
Governing Body

ORG-GOV-4.6

Members of the governing body participate in training and development activities based on the results of governing body evaluations and planning.

Survey(s)
Board
Interview(s)
Governing Body

LP Standard

ORG-GOV-5

The governing body has systems and structures in place to support effective decision making, oversight and control. (Note: Applies only to organizations that have a board of directors or body such as a steering committee, council or advisory group that acts as a governance structure.)

To achieve this standard, 4 out of 7 indicators must be met.

ORG-GOV-5.1

Procedures for meetings outline, at minimum:

- Meeting frequency
- Meeting type (for example, in person, teleconference, video conference)
- Decision-making processes

Pre-Site Document(s)
governance - policies/procedures

ORG-GOV-5.2

The governing body develops and follows an annual work plan or calendar of key activities, reports and milestones.

Pre-Site Document(s)
governance - minutes
governance - other
ORG-GOV-5.3
Required

The governing body meets at least quarterly.

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ORG-GOV-5.4

Quorum is reached at a minimum of 80% of meetings of the governing body in a given year.

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ORG-GOV-5.5

Any in-camera meetings are limited to confidential issues (for example, bargaining, contractual issues) and all decisions are clearly recorded.

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ORG-GOV-5.6
Required

Minutes of the governing body’s meetings are accessible to governing body members and are maintained in accordance with legal requirements.
ORG-GOV-5.7

Governing body members agree that the governing body makes decisions effectively, analyzes and learns from past decisions and resolves conflicts among its members.

ORG-GOV-6.1

Required

The governing body determines the qualifications required of the chief executive based on the needs of the organization.

ORG-GOV-6.2

The governing body uses an objective and transparent recruitment and hiring process.

ORG-GOV-6.3

A contingency plan for absences of the chief executive is in place and is periodically reviewed.
ORG-GOV-6.4

A succession plan for the chief executive is in place and is periodically reviewed.

ORG-GOV-7.1

Required

The governing body and the chief executive jointly establish the chief executive's performance objectives in writing.

ORG-GOV-7.2

Required

The governing body conducts a performance review of the chief executive on the basis of a job description and performance objectives at minimum every two years.

ORG-GOV-7.3

Required

The governing body approves the chief executive's compensation package.
ORG-GOV-7.4
Required

The chief executive reports to the governing body on the organization's activities, operations and performance according to the governing body's documented expectations.

Component: Stewardship

Applies only to organizations that have a board of directors or body such as a steering committee, council or advisory group that acts as a governance structure. Organizations that do not have a governing body should complete the ORG-OVR Component instead. Please inquire with CCA.

MAN Standard
ORG-STW-1

The organization complies with the legislation that governs its legal structure as a corporation. (Note: Applies only to organizations that have a board of directors or body such as a steering committee, council or advisory group that acts as a governance structure. This standard only applies if the organization is incorporated.)

To achieve this standard, 4 out of 4 indicators must be met.

ORG-STW-1.1
Required

General meetings and/or other member or shareholder meetings take place in accordance with the organization's bylaws and policies that govern its legal structure as a corporation or organization.

ORG-STW-1.2
Required

Written policies and procedures address voluntary dissolution of the corporation and at minimum cover how the organization's assets and the interests of persons served and of staff are protected.

ORG-STW-1.3
Required

Annual and other corporate registrations and reports are filed as required.

Note: Requirements for filing corporate information vary from province to province. The organization is expected to provide written evidence that it has filed its corporate information.
annually and that it has made the appropriate government instance(s) aware of any changes to corporate information between annual filings (for example, a change of board members) within the timelines specified in the legislation that applies.

**ORG-STW-1.4**

Required

If the organization is a charity, it submits an annual return to the Canada Revenue Agency as required.

Note: The organization is expected to provide a copy of its last submitted CRA annual return.

If the organization is not a charity, this indicator is not applicable and may be skipped.

**ORG-STW-2.1**

Required

The governing body sets the requirements regarding the nature and frequency of reporting based on the organization's compliance with legislation, policies and procedures.

**ORG-STW-2.2**

Required

The governing body receives a report, at minimum annually, concerning the organization's compliance with legislation, policies and procedures.
ORG-STW-2.3
Required

Bylaws are reviewed at least every five years to ensure they conform to changing circumstances and legislation.

ORG-STW-2.4
Required

The organization takes steps to ensure its programs and services meet current legislative, licensing and regulatory requirements, as well as guidelines for funded programs where applicable.

ORG-STW-3.1
Required

Written policies and procedures are consistent with generally accepted accounting principles and at minimum address:

- Appointment or election of signing officers
- Cheque signing
- Approval of expenses
- Limits on expenditures, including when governing body approval is required
- Petty cash management and process
- Separation of duties
- Purchase of goods and services
- Procurement, including tendering
- Accounts receivable
- Accounts payable
- Retention of financial records
- Investment management
ORG-STW-3.2
Required

Policies and procedures specify that contracts entered into for purchase of goods and services must be in writing and include, at minimum, a clear description of the goods and services to be rendered and procedures for fee payment.

ORG-STW-3.3
Required

Policies and procedures that address signing authority, chief executive compensation and authority to commit funds are approved by the governing body.

ORG-STW-3.4
Required

Practices comply with financial policies and procedures.

ORG-STW-3.5
Required

Accounting records are up to date and reconciled monthly.
**ORG-STW-3.6**

**Required**

Revenues and expenditures are tracked by program/service to inform cost analysis and planning.

---

**ORG-STW-4**

**MAN Standard**

**ORG-STW-4.1**

**Required**

The governing body approves an annual budget that is aligned with the organization's priorities and operational plan.

Pre-Site Document(s)
- financial - budget and other financial reports
- governance - minutes

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**ORG-STW-4.2**

**Required**

The governing body reviews financial monitoring reports at least on a quarterly basis, including budgeted versus actual revenues and expenditures, with significant variances noted and explained.

Pre-Site Document(s)
- financial - budget and other financial reports
- governance - minutes

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**ORG-STW-4.3**

**Required**

An independent licensed public accountant audits all of the organization's accounts according to Generally Accepted Accounting Principles.

Note: Organizations with an annual operating budget of more than $1 million must have financial statements audited by an independent licensed public accountant. For organizations with an annual operating budget of $1 million or less, a review engagement is adequate unless an audit is required by the legislation that governs the organization.

Pre-Site Document(s)
- financial - audited statements/auditor's report
ORG-STW-4.4
Required

The governing body reviews the audited statements; if the organization is incorporated, the audited statements are presented to members/shareholders, as required by law.

ORG-STW-5.1
Required

Major fundraising activities are only undertaken when a fundraising strategy is in place.

ORG-STW-5.2
Required

The fundraising strategy, including cost-effectiveness, is monitored and revised as needed.

ORG-STW-5.3
Required

Written policies and procedures provide ethical guidelines for the fundraising activities conducted by, or on behalf of, the organization and at minimum include the following:

Guidelines for all fundraising activities to:
- Disclose the organization’s name and include an address or other contact information
- Accurately describe the organization’s activities and achievements
- Sensitively and fairly represent the people served by the organization, their needs and how these needs will
be addressed
- Disclose the purpose for which funds are requested
- If a charity, disclose the organization’s policy with respect to issuing Official Income Tax receipts including any policy on minimum amounts for which a receipt will be issued
- If a charity, disclose the Canada Revenue Agency (CRA) registration number (BN)
- Disclose, upon request, whether the party seeking donations is a volunteer, employee or contracted third party and, if the fundraising activity is conducted face to face, ensure the individual has identification from the organization
- Honour any donor and prospective donor requests regarding frequency of contact, preferred method, receipt of printed material, discontinuing contact, and anonymity

Guidelines for gifts and sponsorships that address gift/sponsorship acceptance and the treatment of restricted or designated gifts

Guidelines for fundraising costs that stipulate that:
- All costs associated with fundraising activities are accurately disclosed
- Finder’s fees, commissions or percentage compensation based on contributions are not paid to fundraisers (directly or indirectly)

Guidelines on the organization’s donor list that stipulate that:
- The donor list may not be sold
- If a donor list is rented, exchanged or otherwise shared, the organization abides by the Canadian Marketing Association Code of Ethics and Standards of Practice
- Donor requests to be excluded from such a list are honoured
**ORG-STW-5.4**

**Required**

Fundraising practices are consistent with policies and procedures.

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**ORG-STW-6.1**

**Required**

The organization has one or more business plans to manage social enterprises.

**Pre-Site Document(s)**

plans and/or guidelines

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**ORG-STW-6.2**

**Required**

Social enterprises are guided by the organization’s mission and values.

**Narrative**

Pre-Site Document(s)

plans and/or guidelines

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**ORG-STW-6.3**

**Required**

Profits generated by social enterprises are used to support the organization’s programs and services.

**Narrative**

Pre-Site Document(s)

financial - budget and other financial reports
ORG-STW-6.4
Required

The finances of social enterprises are recorded and reported separately from the finances of the rest of the organization.

ORG-STW-6.5
Required

The selection of management and staff for social enterprises considers the specific skills and experience needed for commercial success.

ORG-STW-7.1
Required

Written policies and procedures on program and service fees address at minimum:

- Programs and services for which fees apply
- Fee schedule
- Conditions under which fees are charged or waived
- Process to collect outstanding fees
- Process for appeals

ORG-STW-7.2
Required

Individuals approaching the organization for fee-based services are informed of the fee policy and schedule at the start of service.
The organization carefully and responsibly manages its facilities and equipment. (Note: Applies only to organizations that have a board of directors or body such as a steering committee, council or advisory group that acts as a governance structure.)

This standard only applies to organizations with more than 20 individual staff members.)

To achieve this standard, 2 out of 2 indicators must be met.

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### Component: Risk and Safety

**MAN Standard**
**ORG-RS-1**

The organization takes measures to protect itself, the persons it serves and its personnel from harm.

To achieve this standard, 6 out of 6 indicators must be met.
<table>
<thead>
<tr>
<th><strong>ORG-RS-1.2</strong></th>
<th><strong>Required</strong></th>
<th><strong>Pre-Site Document(s)</strong></th>
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</thead>
<tbody>
<tr>
<td>Written policies and procedures outline processes for incident reporting and monitoring.</td>
<td></td>
<td>risk and safety - incident reports/tools</td>
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<thead>
<tr>
<th><strong>ORG-RS-1.3</strong></th>
<th><strong>Required</strong></th>
<th><strong>Pre-Site Document(s)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidents are documented, and incident reports are reviewed and used to address issues and mitigate future risk.</td>
<td></td>
<td>risk and safety - incident reports/tools</td>
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<td></td>
<td></td>
<td>Interview(s)</td>
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<td></td>
<td></td>
<td>Staff - Staff Group (Cross-section)</td>
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</tbody>
</table>

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<thead>
<tr>
<th><strong>ORG-RS-1.4</strong></th>
<th><strong>Required</strong></th>
<th><strong>Pre-Site Document(s)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Written policies and procedures encourage individuals to come forward with information on illegal practices, professional misconduct/incompetence and violations of organizational policies, with the understanding that the organization will not retaliate against and will protect the confidentiality of individuals who make good-faith reports except when required by law.</td>
<td></td>
<td>policies/procedures - other</td>
</tr>
</tbody>
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<thead>
<tr>
<th><strong>ORG-RS-1.5</strong></th>
<th><strong>Required</strong></th>
<th><strong>On-Site Document</strong></th>
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</thead>
<tbody>
<tr>
<td>Insurance policies safeguard the organization from loss and liability and cover general liability, professional liability, directors' and officers' liability, property and bonding of appropriate personnel.</td>
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</tbody>
</table>

Note: As on-site document(s), the CCA review team will wish to consult the organization’s insurance policies. If the organization does not have a board of directors, the CCA review team will not expect to see proof of directors’ and officers’ liability insurance.
ORG-RS-1.6
Required

The organization documents its risk management activities and reports to the governing body, at minimum annually, on risks identified, risk mitigation strategies, actions taken and the effectiveness of those actions.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, risk management reports should go to the manager or to the entity of which the organization is part.

ORG-RS-2
Required

ORG-RS-2.1
Required

In accordance with applicable legislation, written policies and procedures address workplace health and safety, including workplace violence and harassment.

Note: Occupational health and safety (OHS) requirements vary from province to province. For purposes of CCA accreditation, the organization is expected to demonstrate its adherence, at minimum, to CCA's OHS checklist for its province. Please see GoCCA's Resource Library for provincial OHS Checklists.

ORG-RS-2.2
Required

A written plan outlines the measures and steps to follow in the event of emergencies including medical, fire, threat of harm, disaster and pandemic.

ORG-RS-2.3
Required

The workplace is regularly inspected for hazards and measures are taken to address them as needed.

Note: The organization is expected to provide a summary report or summary reports of workplace inspections for the 12 months preceding the submission of its pre-site evidence in the GoCCA Web Tool.
Occupational health and safety (OHS) requirements vary from province to province. For purposes of CCA accreditation, the organization is expected to demonstrate its adherence, at minimum, to CCA's OHS checklist for its province. Please see GoCCA's Resource Library for provincial OHS Checklists.

**ORG-RS-2.4**

Required

Practices are consistent with the organization's workplace health and safety policies and procedures.

Note: Occupational health and safety (OHS) requirements vary from province to province. For purposes of CCA accreditation, the organization is expected to demonstrate its adherence, at minimum, to CCA's OHS checklist for its province. Please see GoCCA's Resource Library for provincial OHS Checklists.

**ORG-RS-3**

The organization safeguards persons served and personnel from service-related risk.

To achieve this standard, 5 out of 5 indicators must be met.

**ORG-RS-3.1**

Required

Written policies and procedures guide personnel in managing high-risk service situations appropriate to the service context and at minimum address:

- Recognition and reporting of child abuse
- Recognition and reporting of other vulnerable person abuse (for example, women, elderly, disabled)
- Management of violent, disruptive and other crisis situations (including threats to self and others)
- Handling of medical emergencies, including first aid and other procedures
- Transportation of persons served (including whether permitted and, if so, the conditions and limitations)

**Observation(s)**

General

Pre-Site Document(s)

staff and team minutes

Interview(s)

Staff - Staff Group (Cross-section)

Staff - Managers Group

**Pre-Site Document(s)**

program/service - policies/procedures

risk and safety - policies, procedures, tools
ORG-RS-3.2
Required

Service settings are planned with regard for the safety and the security of the individuals expected to use them.

ORG-RS-3.3
Required

Personnel are trained to recognize and manage high-risk service situations and, as appropriate to their job responsibilities, participate in ongoing training and education in crisis prevention and de-escalation.

ORG-RS-3.4
Required

Practices are consistent with policies and procedures on service safety.

ORG-RS-3.5
Required

The organization identifies and makes improvements to service safety where necessary.

MAN Standard
ORG-RS-4

The organization takes measures to address safety issues specific to home- and community-
limited to:

- Safety precautions to be taken on site
- Mechanisms to ensure schedules of home and community visits are known by the organization
- Communications, including the use of a cell phone or safety device such as a portable panic alarm
- Steps to be taken when risk factors are identified on-site (for example, due to smoking, substance use and pets)
- Circumstances in which home or community visits are contraindicated for safety reasons

**ORG-RS-4.2**

**Required**

Practices are consistent with policies and procedures.

**ORG-RS-5.1**

Written policies and procedures outline:

- How to make a complaint or raise a concern - How complaints will be handled
- How and by when the organization will respond
- How complaints are to be monitored and reported

**ORG-RS-5.2**

Procedures specify the timeframe within which the governing body is to be notified of complaints that may put the organization at risk.
ORG-RS-5.3

Information on how to make a complaint is readily accessible to persons served and to members of the public.

ORG-RS-5.4

The organization tracks the themes of the complaints, monitors the outcomes and reports to the governing body at minimum annually on complaints and actions taken.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, reports should go to the manager or to the entity of which the organization is part. Governing body minutes are not expected as evidence.

Component: Organizational Planning and Performance

MAN Standard

ORG-OPP-1

The organization is guided by a vision, mission and values that clearly articulate its purpose.

To achieve this standard, 4 out of 4 indicators must be met.

ORG-OPP-1.1

Required

The governing body reviews and approves the vision, mission and values of the organization with input from staff and key stakeholders.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, the organization is asked to provide a narrative or other documentation demonstrating that staff and stakeholder input is taken into account in the review of its vision, mission and values.
ORG-OPP-1.2
Required

A review of the vision, mission and values occurs at least every five years or earlier if there is a significant change in the environment, scope of services or mandate of the organization, and revisions are made as necessary.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, an on-site interview is not necessary.

ORG-OPP-1.3
Required

The vision, mission and values are shared with stakeholders.

ORG-OPP-1.4
Required

The vision, mission and values guide organizational planning, decision making, resource allocation and operations and the organization's relationships with internal and external stakeholders.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, on-site interviews will be limited to the Managers Group and the Chief Executive.

ORG-OPP-2

The organization is guided by a strategic plan.

To achieve this standard, 4 out of 6 indicators must be met.

ORG-OPP-2.1

The governing body ensures a strategic planning process takes place at least every five years by outlining timeframes and assigning responsibilities.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, it is expected that strategic planning is assured by the manager or entity of which the organization is part.
ORG-OPP-2.2

Strategic planning includes an environmental scan and a review of the characteristics, needs and strengths of persons and communities served.

Note: If the organization does not have a governing body, a narrative or document is suggested as evidence.

ORG-OPP-2.3

The strategic planning process includes seeking input from key stakeholders.

Note: If the organization does not have a governing body, a governing body interview does not apply.

ORG-OPP-2.4

The governing body develops and approves the organization's strategic goals or ends and reviews them annually.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, it is expected that strategic goals or ends are approved and reviewed by the manager or entity of which the organization is part. The organization is expected to provide minutes, planning documents or other documents demonstrating such review.

ORG-OPP-2.5

The strategic plan outlines multi-year strategic directions and goals or ends.
**ORG-OPP-2.6**

Strategic directions are communicated to stakeholders.

**ORG-OPP-3**

**ORG-OPP-3.1**

Required

Annual operational plans are aligned with the organization's mission and strategic directions or strategic plan.

**ORG-OPP-3.2**

Required

The organization’s annual operational plans are documented and include:

- Objectives
- Activities
- Timelines
- Responsibilities
- Resources (technological, physical, human and financial)
- Indicators for monitoring achievement

Note: In some organizations, these elements may be found in more than one document (for example, an organization-wide operational plan along with departmental level plans)
ORG-OPP-3.3
Required
Operational planning engages staff and takes into account information from a number of sources (for example, research, feedback of persons served, program and service data).

ORG-OPP-3.4
Required
Managers regularly monitor the operational plan and make adjustments if needed.

ORG-OPP-3.5
Required
The governing body reviews, at least annually, the organization's progress in achieving operational objectives.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, it is expected that progress is reviewed by the manager or entity of which the organization is part. The organization is expected to provide minutes, planning documents or other documents demonstrating such review.

ORG-OPP-4.1
The organization's leaders clearly communicate their commitment to improving the quality of services and operations throughout the organization.

Note: If the organization does not have a governing body, a governing body interview does not apply.
The governing body sets overall expectations for quality and performance across the organization’s programs, services and operations.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, it is expected that the setting of expectations for quality and performance is assured by the manager or entity of which the organization is part. The organization is expected to provide minutes and/or other documentation as evidence.

A written plan outlines the organization's ongoing quality improvement processes and includes:

- Responsibility for leading quality improvement initiatives
- Each quality improvement initiative and its goals, targets for improvement, timelines and how results will be measured
- How progress is measured, analyzed and reported

The organization reports on quality and performance to staff, the governing body, the community and other stakeholders.

Note: The EAP Customer Survey is used as evidence only for reviews for which the Family Services Employee Assistance Standards module applies.

If the organization does not have a governing body, it is expected that reports on quality and performance are made to personnel, the community and other stakeholders. Among these stakeholders are the manager or entity of which the organization is part. The organization is asked to demonstrate this through a narrative or a document.

A written framework is in place to guide quality improvement initiatives and evaluation of programs and
undertakes quality improvement initiatives and uses regular evaluation to support the quality of programs and services.

To achieve this standard, 4 out of 6 indicators must be met.

---

**ORG-OPP-5.2**

Quality improvement initiatives and evaluations of programs and services include the perspectives of a range of sources (for example, persons served, personnel, community partners, program and service data).

**Survey(s)**
Community Partners
**Pre-Site Document(s)**
evaluation - results of client and/or community surveys
evaluation - summary reports
quality improvement - policies/plans

---

**ORG-OPP-5.3**

Feedback about programs, services and service quality is regularly sought from persons served (for example, through surveys, focus groups, suggestion boxes, learning circles).

Note: The EAP customer survey is used as evidence only for reviews using the Family Services Employee Assistance standards.

**Survey(s)**
EAP Customers
**Pre-Site Document(s)**
evaluation - results of client and/or community surveys
**Interview(s)**
Staff - Staff Group (Cross-section)
Staff - Managers Group

---

**ORG-OPP-5.4**

Evaluations measure program and service outcomes (for example, changes in the awareness, knowledge, skills, behaviour and well-being of persons receiving service).

**Pre-Site Document(s)**
evaluation - summary reports
ORG-OPP-5.5

Evaluations measure operational outcomes (for example, human resource and financial performance).

---

ORG-OPP-5.6

Lessons from quality improvement initiatives and from evaluations of programs and services are used to make improvements to programs, services and operations.

---

LP Standard

ORG-OPP-6

The organization’s culture supports ongoing learning, improvement and innovation.

To achieve this standard, 2 out of 3 indicators must be met.

---

ORG-OPP-6.1

Staff and other stakeholders, as appropriate, are encouraged to reflect and identify opportunities for innovation and improvement in the organization’s work.

---

ORG-OPP-6.2

Individuals at all levels of the organization are given opportunities for ongoing learning and to exchange ideas and experiences.
ORG-OPP-6.3

Staff are encouraged to test new approaches as a means of fostering quality.

Component: Programs and Services

MAN Standard

ORG-PS-1

The organization’s approach to service is centred on the persons it serves and engages them in the service process.

To achieve this standard, 6 out of 6 indicators must be met.

ORG-PS-1.1

Required

Written policies and procedures address the organization’s service delivery philosophy and acknowledge the following:

- The needs and preferences of the persons served are at the centre of all considerations, respecting the uniqueness of each individual
- The rights of persons served to make decisions about service or support, including the right to refuse or discontinue service or support within the limits set by service agreements
- Respect for the values and beliefs of persons served
- A commitment to engaging persons served in shaping programs and services
- Recognition of the importance of the whole context, including an individual’s family, friends and community, as well as social, cultural and spiritual aspects

ORG-PS-1.2

Required

The approach to service is strength based and promotes autonomy, skill development and quality of life.
ORG-PS-1.3
Required

The diversity of persons served is respected and efforts are made to accommodate their uniqueness.

Narrative
Pre-Site Document(s)
program/service - policies/procedures
Interview(s)
Staff - Staff Group
(Cross-section)

ORG-PS-1.4
Required

Communication with persons seeking and receiving service ensures that diverse needs, interests, cultural backgrounds, and language and communication skills are accommodated.

Note: Only organizations completing a CCA review in Family Services or a CCA review in Credit Counselling are required to provide completed CCA Staff Data Forms as evidence for this indicator.

Survey(s)
Community Partners
Pre-Site Document(s)
suggested information and resources
Interview(s)
Staff - Staff Group
(Cross-section)
Staff data form

ORG-PS-1.5
Required

The service delivery philosophy is articulated in writing and shared with persons served, personnel and other stakeholders.

Narrative
Pre-Site Document(s)
program/service - philosophy statement

ORG-PS-1.6
Required

Programs, services and practices are consistent with the organization’s approach to service.

Interview(s)
Staff - Staff Group
(Cross-section)

MAN Standard
ORG-PS-2

ORG-PS-2.1
Required

Pre-Site Document(s)
client rights statement
Persons served are treated with dignity and respect.

To achieve this standard, 3 out of 3 indicators must be met.

Client rights are stated in writing and at minimum include the rights of persons served:

- To be treated with dignity and respect and without discrimination
- To privacy and confidentiality
- To a safe and secure service environment
- To make a complaint

**ORG-PS-2.2**

**Required**

Two or more mechanisms exist for informing persons served of their rights (for example, information packages/brochures, verbally in the intake/assessment process, client rights are posted).

**Observation(s)**

- General
- Pre-Site Document(s)
  - suggested information and resources
  - Web Page

**ORG-PS-2.3**

**Required**

Practices across the organization are consistent with the client rights policy.

Note: The CCA interview of clients is used only for organizations completing a CCA review in Child Welfare or a CCA review in Child and Youth Mental Health.

**ORG-PS-3.1**

**Required**

Facilities are accessible to persons with reduced mobility, or an alternate means of accessing service is available.

**ORG-PS-3**

**MAN Standard**

**ORG-PS-3.1**

The organization works to ensure its services are accessible to the community it serves.

To achieve this standard, 6 out of 6 indicators must be met.
<table>
<thead>
<tr>
<th>ORG-PS-3.2</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>The locations and facilities of programs and services are consistent with the organization’s service philosophy, are welcoming and are appropriate for the cultural backgrounds, chronological ages, developmental levels and service needs of those served.</td>
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<thead>
<tr>
<th>ORG-PS-3.3</th>
<th>Required</th>
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</thead>
<tbody>
<tr>
<td>Efforts are made to provide programs and services in languages and with communication that is inclusive and understandable to persons served.</td>
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<table>
<thead>
<tr>
<th>ORG-PS-3.4</th>
<th>Required</th>
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<tbody>
<tr>
<td>Where relevant, the organization has an after-hours on-call system.</td>
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<tr>
<th>ORG-PS-3.5</th>
<th>Required</th>
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</thead>
<tbody>
<tr>
<td>Other strategies are used to remove barriers and make the organization's programs and services more accessible (for example, geographically accessible, hours of service, child care supports, transportation assistance, interpretation, home-based services, flexible client-led intake processes).</td>
<td></td>
</tr>
</tbody>
</table>
ORG-PS-3.6
Required

The organization continually assesses and improves the accessibility of its programs, services and resources.

ORG-PS-4
LP Standard

ORG-PS-4.1
Required

Relevant staff receive initial and periodic Indigenous cultural competency training that:

- Includes foundational training that provides an opportunity to explore biases about Aboriginal people, and consider strategies for working more effectively with them
- Looks at cultural protocols in the local context
- Includes content-specific training in the relevant program or service area
- Is delivered by trainers validated by Aboriginal communities

Note: Cultural competence develops and evolves over time through regular opportunities for continuing professional development. The organization must demonstrate that it is delivering this training over time and that the participation of relevant staff is required.

ORG-PS-4.2

Intake and referral processes at minimum include:

- Formal and informal intake procedures and processes that reflect an understanding of Aboriginal cultural contexts
- Opportunity for self-identification by Aboriginal people
- Flexibility to meet diverse needs
ORG-PS-4.3

The physical setting is welcoming, respectful and reflective of local Aboriginal cultures.

---

ORG-PS-4.4

If traditional Aboriginal healing services are offered at the organization, these are provided in consultation with Aboriginal organizations/communities.

---

ORG-PS-4.5

The organization monitors whether service is experienced as culturally safe.

---

MAN Standard

ORG-PS-5

The organization directs persons seeking service to the most appropriate resource.

To achieve this standard, 5 out of 5 indicators must be met.

---

ORG-PS-5.1

Required

Persons eligible to receive service are referred to the most appropriate program or service within the organization.
**ORG-PS-5.2**

**Required**

If the program or service is not available or if additional services from other community resources are needed to augment those provided, the organization facilitates referrals to the most appropriate available external community resource.

**ORG-PS-5.3**

**Required**

An up-to-date list of appropriate external community resources is used to facilitate referrals.

**ORG-PS-5.4**

**Required**

Referrals are made to appropriate resources such as Web sites, print material and other community resources/programs.

**ORG-PS-5.5**

**Required**

Barriers to referrals are identified and the organization seeks to address them.

---

**MAN Standard**

**ORG-PS-6**

The organization orients persons accepted for service. (Note: The organization is expected

**ORG-PS-6.1**

**Required**

Persons accepted for service receive orientation at start of service.
to provide orientation commensurate with the service to be provided. For example, orientation for brief, one-time or some group services such as congregate dining would not be expected to be at the same level of depth as other program/service orientation.)

To achieve this standard, 3 out of 3 indicators must be met.

### ORG-PS-6.2
**Required**

The orientation of persons served addresses at minimum:

- The rights and responsibilities of persons served
- The organization’s privacy policies and procedures
- Procedures for making a complaint

### ORG-PS-6.3
**Required**

Confirmation that orientation has taken place is documented in the program record or in the record of the person served either by obtaining the signature of the person served or by a service provider's notation.

Note: The Client Journey is used only for organizations completing a CCA review in Community-Based Primary Health Care. On-site client file review is used only for organizations completing a CCA review in Child and Youth Mental Health, Community Support and Social Services, Child Welfare, Youth Justice, Family Services and/or Credit Counselling.

---

**Component: Aboriginal Organizations**

The standards in this component apply to organizations that are mandated to primarily serve Aboriginal persons and communities, including First Nations, Inuit and Metis people. During piloting, the use of this component is voluntary. Please inquire with CCA.

### MAN Standard
**ORG-ABO-1**

**Required**

A commitment to Indigenous cultural safety is reflected in the organization’s vision, mission, values and service philosophy.
- Recognition of the role of socioeconomic conditions, history, and politics in their health and well-being
- Involving them as partners in decision making about their health and well-being.

(See Glossary for more.)

The standards in this component apply to organizations that are mandated to primarily serve Aboriginal persons and communities, including First Nations, Inuit and Metis people. During piloting, the use of this component is voluntary.

To achieve this standard, 4 out of 4 indicators must be met.

**ORG-ABO-1.2**

Required

Strategic and service planning reflect the pursuit of Indigenous cultural safety in the organization’s environment, operations, human resources and services.

**ORG-ABO-1.3**

Required

Client rights include elements required to create culturally safe service provision (for example, respect, engagement as a partner in decision making, safety and security, respect for beliefs, behaviours and values, recognition of the role of socio-economic conditions, history and politics).

Note: See Glossary for definition of cultural safety and for reference to United Nations Declaration on the Rights of Indigenous Peoples.

**ORG-ABO-1.4**

Required

Members of the governing body, management and staff demonstrate a commitment to means of advancing cultural safety throughout the organization, in particular by building cultural competency.

Note: Cultural competency consists of the knowledge, awareness and skills that contribute to creating a culturally safe service environment. See Glossary for more.

**ORG-ABO-2.1**

A majority of governing body members are Aboriginal individuals from communities served.
mandated to primarily serve Aboriginal persons and communities, including First Nations, Inuit and Metis people. During piloting, the use of this component is voluntary.)

To achieve this standard, 3 out of 5 indicators must be met.

ORG-ABO-2.2

Aboriginal individuals recruited to the governing body are selected by recognized structures within the communities served (for example, Aboriginal organizational boards, elder advisories, traditional societies, Band Councils).

ORG-ABO-2.3

Mechanisms are used to ensure that Aboriginal individuals recruited to the governing body have expertise and experience in the areas of the organization’s work, and are recognized, credible champions of the Aboriginal communities served.

ORG-ABO-2.4

Steps are taken to ensure that the Aboriginal individuals on the governing body are drawn from the diversity of Aboriginal communities and geographies being served, including as applicable First Nations, Inuit, Metis, and Status and non-Status people living on reserve, in Metis settlements and/or in rural, urban, isolated or remote areas.

ORG-ABO-2.5

The governing body uses traditional methods of communication, conflict resolution and decision making, as informed by the local context (for example, consensus building, talking sticks/circles/feathers, “Good-Mind” foundation, symbolic literacy, “Dish with one Spoon” Wampeen).

ORG-ABO-3.1

Active methods are used to reach out to, engage and involve the people and communities served.
and to which it is accountable. (Note: The standards in this component apply to organizations that are mandated to primarily serve Aboriginal persons and communities, including First Nations, Inuit and Metis people. During piloting, the use of this component is voluntary.)

To achieve this standard, 2 out of 3 indicators must be met.

ORG-ABO-3.2

Regular, culturally congruent communication and reporting to communities served takes place through Aboriginal community networks.

ORG-ABO-3.3

To promote community health and well-being, the organization uses culturally safe and congruent strategies to build capacity in communities served (for example, leadership, resources, skills and knowledge).

ORG-ABO-4.1

Services are provided in the context of holistic Aboriginal frameworks of health and well-being, integrating the physical, emotional, mental, spiritual and cultural areas of life.

Note: The Client Journey is used as evidence only for reviews for which the Community-Based Primary Health Care Standards and Community Mental Health and Addiction Standards apply. On-site client file review and client interviews are used in other sectors.

ORG-ABO-4.2

Services integrate relationships with caregivers, family, extended family, community and Nation as appropriate and directed by the person served.

Note: The Client Journey is used as evidence only for reviews for which the Community-Based Primary Health Care Standards and Community Mental Health and Addiction Standards apply. On-site client file review and client interviews are used in other sectors.
ORG-ABO-4.3
Required

The majority of service providers (including professional providers such as counsellors, doctors and nurses) are Aboriginal.

Note: CCA will consider granting an accommodation on the interpretation of this indicator because there may be shortages of qualified Aboriginal candidates in some geographic areas and fields of practice. Achievement of this indicator will be considered in light of evidence the organization provides related to indicators ORG-ABO-8.1 and ORG-HR-1.4. Please review CCA’s Procedure ACC-PROC-05 Accommodations for Exceptions to Requirements of CCA Standards available by logging in to the CCA Web site.

ORG-ABO-4.4
Required

The organization encourages, embraces and celebrates diverse Aboriginal cultural practices such as smudging, pipe ceremonies, brushing off ceremonies, bringing bundles, and other practices relevant to persons served and the local context.

ORG-ABO-4.5
Required

Persons served experience culturally safe service in the context of holistic Aboriginal frameworks of health and well-being.

Note: The Client Journey is used as evidence only for reviews for which the Community-Based Primary Health Care Standards and Community Mental Health and Addiction Standards apply. On-site client file review and client interviews are used in other sectors.

ORG-ABO-5.1

The physical setting is welcoming, respectful and
provide a culturally safe point of entry and referral for its Aboriginal clients. (Note: The standards in this component apply to organizations that are mandated to primarily serve Aboriginal persons and communities, including First Nations, Inuit and Metis people. During piloting, the use of this component is voluntary.)

To achieve this standard, 3 out of 4 indicators must be met.

---

ORG-ABO-5.2

Intake and referral processes are culturally safe, and at minimum include:

- Formal and informal intake procedures and processes that reflect cultural protocols
- Opportunity for self-identification by Indigenous people
- Flexibility to meet the diverse needs of people served

---

ORG-ABO-5.3

Every effort is made to have qualified Aboriginal staff conduct the intake with Aboriginal clients.

---

ORG-ABO-5.4

Intake and referral processes are reviewed to ensure they are culturally safe.

---

ORG-ABO-6.1

Written policies and procedures developed with the input of Aboriginal communities guide the use of

---
traditional practitioners. (Note: The standards in this component apply to organizations that are mandated to primarily serve Aboriginal persons and communities, including First Nations, Inuit and Metis people. During piloting, the use of this component is voluntary.)

To achieve this standard, 3 out of 5 indicators must be met.

---

**ORG-ABO-6.2**

Practices around the recruitment, role and work of traditional practitioners and their helpers are consistent with policies and procedures.

---

**ORG-ABO-6.3**

There are processes in place to guide the proper and respectful acquisition, storage, handling and use of traditional medicines, if these are used in programs and services.

---

**ORG-ABO-6.4**

Facilities and equipment accommodate the use of diverse Aboriginal cultural practices such as smudging, pipe ceremonies, brushing off ceremonies, bringing bundles, and other practices relevant to persons served and the local context.
ORG-ABO-6.5

As part of a collaborative, professional and integrated care environment, there are mechanisms in place to include traditional resource people from the community (for example, Aunties, Uncles, drummers, singers, dancers, crafters, language speakers).

ORG-ABO-7.1

Required

Orientation for all staff, volunteers and students covers Indigenous culturally competent approaches to service delivery.

Note: The general requirements for orientation of staff, volunteers and students are addressed in CCA’s Organizational Standards module. An Aboriginal organization is also expected to meet these additional requirements.

ORG-ABO-7.2

Required

Initial and periodic training of staff, volunteers and students includes:

- Foundational cultural competency training that provides an opportunity to explore biases about Aboriginal people, and consider strategies for working more effectively with them
- First Nation-specific training
- Cultural protocols in the local context
- Content-specific training in the relevant program or service area

Note: Cultural competence develops and evolves over time through regular opportunities for continuing professional development. The organization must demonstrate that it is delivering this training over time and that participation is required.
ORG-ABO-7.3
Required

Training in Indigenous cultural competency is provided by professional organizations supported by Aboriginal communities and Indigenous scholars.

ORG-ABO-7.4
Required

Staff have an enhanced understanding of local colonial history, the legacy of the residential schools, current Aboriginal community priorities, and areas where Aboriginal clients may experience risk or barriers.

ORG-ABO-7.5
Required

Staff are particularly aware of unique issues faced by Aboriginal women, children and youth within the local context.

ORG-ABO-7.6
Required

Assessment of Indigenous cultural competency is part of staff performance appraisals.

ORG-ABO-8.1

Qualified Aboriginal candidates are given preference in staff, volunteer and student recruitment, hiring or placement, and retention.
volunteers and students. (Note: The standards in this component apply to organizations that are mandated to primarily serve Aboriginal persons and communities, including First Nations, Inuit and Metis people. During piloting, the use of this component is voluntary.)

To achieve this standard, 2 out of 3 indicators must be met.

---

**ORG-ABO-8.2**

As part of a holistic approach to staff health and wellness, culturally-specific supports and resources are made available to Aboriginal staff (for example, access to traditional consultants, elders or Aboriginal support groups).

---

**ORG-ABO-8.3**

Aboriginal staff, volunteers and students are supported to develop the skills and capacities to take on progressively more demanding responsibilities.

---

**Component: Community**

**LP Standard**

**ORG-COM-1**

The organization engages the communities it serves and is responsive to community needs.

To achieve this standard, 4 out of 6 indicators must be met.

---

**ORG-COM-1.1**

The organization’s values reflect a commitment to meeting the unique and diverse needs of the communities it serves.

---

**ORG-COM-1.2**

Information on client and community trends is used to plan responsive programs and services.
ORG-COM-1.3

Formal and informal mechanisms are used to involve community members in planning and development.

ORG-COM-1.4

The organization assesses how effectively it has engaged the community.

ORG-COM-1.5

The organization has used community input to shape programs and services.

ORG-COM-1.6

Incorporated organizations use strategies to build membership from the communities they serve.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, the governing body interview does not apply.

ORG-COM-2.1

The organization has partnerships, collaborations and/or linkages with other community services, and local or regional planning authorities relevant to its objectives.
To achieve this standard, 3 out of 5 indicators must be met.

<table>
<thead>
<tr>
<th>ORG-COM-2.2</th>
<th>Narrative Survey(s) Community Partners Interview(s) Staff - Managers Group Staff - Chief Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization participates in community planning to coordinate services (for example, identifying unmet needs or service gaps and reducing duplication of services).</td>
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</table>

<table>
<thead>
<tr>
<th>ORG-COM-2.3</th>
<th>Narrative Interview(s) Staff - Managers Group Staff - Chief Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information collected through collaboration with community partners is used to inform the organization’s work.</td>
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</table>

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<thead>
<tr>
<th>ORG-COM-2.4</th>
<th>Narrative Pre-Site Document(s) contracts/agreements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written agreements are in place for partnerships involving joint service delivery and the sharing of significant resources.</td>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>ORG-COM-2.5</th>
<th>Survey(s) Community Partners Interview(s) Staff - Managers Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnerships and collaborations benefit the persons and communities served by the organization.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ORG-COM-3.1</th>
<th>Narrative Pre-Site Document(s) suggested contracts/agreements Interview(s) Governing Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizations that serve Aboriginal persons create respectful and effective</td>
<td></td>
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</tbody>
</table>
relationships with Aboriginal communities and groups served. (Note: This standard applies to organizations that identify Aboriginal persons as part of their clientele. Aboriginal persons include First Nations, Inuit and Metis people.)

To achieve this standard, 2 out of 3 indicators must be met.

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**ORG-COM-3.2**

Alliances are established to engage Aboriginal communities and organizations in leading service planning for their communities.

---

**ORG-COM-3.3**

The governing body makes every effort to have representation from the Aboriginal communities served, based on consultation with these communities.

---

**ORG-COM-4.1**

Information about the organization’s role, functions and services is made available to its various stakeholders.
ORG-COM-4.2

Relationships are cultivated with relevant elected officials, governmental entities, and First Nations band councils or Metis Councils.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, the on-site interview will be with the Chief Executive.

ORG-COM-4.3

Print and visual standards for forms, manuals, brochures and Web site material promote a professional image.

ORG-COM-4.4

Communication materials about the organization are presented in an accessible format and medium (for example, Web site, brochures, social media).

LP Standard

ORG-COM-5

A clear strategy guides the organization’s communications.

To achieve this standard, 3 out of 4 indicators must be met.

ORG-COM-5.1

The organization has a communications plan that outlines:

- Key messages are set and disseminated
- Who are the authorized spokesperson(s) for the organization
- Roles and responsibilities for creating and updating information, including online information, for example, on the organization’s Web site, Twitter feed and social media page
- Procedures for informing and responding to the media and the public
- Policies personnel are to respect when representing the organization in the community
- The process for dealing with an organizational crisis, detailing how decisions will be made

---

**ORG-COM-5.2**

Communications are aligned with the organization's plan.

Narrative
Interview(s)
Staff - Chief Executive
Staff - Managers Group

---

**ORG-COM-5.3**

Practices are consistent with policies when personnel represent the organization in the community.

Interview(s)
Staff - Staff Group
(Cross-section)

---

**ORG-COM-5.4**

The communications plan is reviewed on a regular basis.

Pre-Site Document(s)
suggested staff and team minutes
Interview(s)
Staff - Managers Group

---

**ORG-COM-6.1**

Public education activities (for example, presentations, speaking engagements, awareness campaigns) support organizational priorities and/or respond to community
To achieve this standard, 2 out of 3 indicators must be met.

**ORG-COM-6.2**

Public education strategies and materials are tailored to target audiences to maximize accessibility, taking into account such factors as language, literacy level, culture and physical disability.

**ORG-COM-6.3**

The effectiveness of public education work is routinely assessed.

---

**ORG-COM-7.1**

The organization identifies and prioritizes advocacy issues to address the most significant challenges encountered by the persons it serves and by its community, and works to develop informed positions and strategies in response.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, the on-site interview will be with the Chief Executive.
### ORG-COM-7.2
Advocacy work is planned and done in collaboration with community members, and/or regional, provincial and/or national groups.

### ORG-COM-7.3
Personnel are informed about and are given opportunities to be involved in the organization’s advocacy initiatives.

### ORG-COM-7.4
Roles and responsibilities for managing advocacy initiatives are clearly outlined to ensure effectiveness and accountability.

### ORG-COM-7.5
The organization responds to issues within the community and acts as a support and/or change agent.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, on-site interviews will be with the Managers Group.

**Component: Learning Environment**

This component includes standards pertaining to student placements and research. Please consult the note that accompanies each standard to determine if it applies.
LP Standard

**ORG-LE-1**

The organization provides a quality learning environment for its student placements. (Note: Standard only applies if organization currently offers, or has offered in the 14 months preceding their site visit, student placements, that is, placements for students participating in educational programs for purposes of a defined educational experience related to their program. Such placements may be offered by colleges, universities and secondary schools.)

To achieve this standard, 3 out of 4 indicators must be met.

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**ORG-LE-1.1**

The organization assesses its capacity to offer student placements based on its needs and available resources.

---

**ORG-LE-1.2**

**Required**

The organization enters into an agreement with the educational institution(s) that outlines mutual expectations for the learning opportunity for the student.

---

**ORG-LE-1.3**

**Required**

Students are screened and selected according to the organizational policies (for example, interview, forms, references, certificates, police records check).

Note: There are three types of police records check - criminal records check, criminal records and judicial matters check, vulnerable sector check.

---

**ORG-LE-1.4**

A confidential record about each student on placement is maintained and at minimum includes:

- Personal contact information
- Signed confidentiality agreement
- Police records check
- Learning contract with educational program

---

**ORG-LE-1.4.1**

**Required**

Written policies and procedures address the orientation,
To achieve this standard, 6 out of 6 indicators must be met.

ORG-LE-2.2
Required
Responsibility for student placements is assigned to staff with relevant educational qualifications and experience.

ORG-LE-2.3
Required
Students are given a clear description of their assignment(s) as per the learning contract.

ORG-LE-2.4
Required
Students receive support and supervision as required by their educational program.
ORG-LE-2.5
Required

Students are evaluated as outlined in the learning contract.

ORG-LE-2.6
Required

Students are provided with opportunities to give feedback about their placement experience and the feedback is used to inform quality improvement.

ORG-LE-3.1
Required

Written research policies and procedures are aligned with the Tri-Council Policy Statement on ethical conduct in research, and at minimum describe:

- Procedures for obtaining informed consent for direct participation in a research study
- Procedures for obtaining informed consent for the use of confidential information as part of a research study
- Security of research material and data during and following a study
- Mechanisms to safeguard research participants from harm, abuse, exploitation and discrimination
- A policy that persons served will not be denied service if they choose not to participate in a research study if asked

To achieve this standard, 5 out of 5 indicators must be met.
ORG-LE-3.2
Required

Written policies and procedures provide for an objective, ethical review of each research study that conforms to accepted research standards (for example, university ethics review committee, hospital ethics review committee, Institutional Review Board Services, research ethics board).

ORG-LE-3.3
Required

The process for deciding whether to participate in a research study considers the risks to the individuals involved and the benefits to the communities served.

ORG-LE-3.4
Required

The responsibility for overseeing research activities is clearly designated in the organization.

ORG-LE-3.5
Required

Practices are consistent with research policies and procedures.

MAN Standard
ORG-LE-4

The organization has the capacity to conduct chosen research activities,

ORG-LE-4.1
Required

Mechanisms are in place to ensure the primary investigator (internal or external) of each research study
whether internally or through partnership with external resources. (Note: Standard only applies if the organization has been involved in a formal research study in the 14 months preceding their site visit, whether it initiated, led the study or was involved in a third party’s research, and regardless of whether the organization is named as one of the investigators. A research study is a systematic, methodical study conducted in order to test a hypothesis or answer a specific question for the advancement of knowledge.)

To achieve this standard, 3 out of 3 indicators must be met.

has knowledge of research design and methodology and the ability to competently perform the research.

---

**ORG-LE-4.2**  
*Required*

Resources are allocated to support research activities.

---

**ORG-LE-4.3**  
*Required*

Personnel conducting and/or participating in approved research studies are provided with sufficient support by the organization (for example, time, release from other duties, administrative support).

---

**ORG-LE-5**  
*LP Standard*

The purpose and findings of the research are communicated to stakeholders and used to inform decision making. (Note: Standard only applies if the organization has been involved in a formal research study in the 14 months preceding their site visit, whether it initiated, led the study or was involved in a third party’s research, and regardless of whether the organization is named as one of the investigators. A research study is a systematic, methodical study conducted in order to test a hypothesis or answer a specific question for the advancement of knowledge.)

Completed research is communicated in plain language to the research participants and any other intended audience.
study conducted in order to test a hypothesis or answer a specific question for the advancement of knowledge.

To achieve this standard, 3 out of 5 indicators must be met.

**ORG-LE-5.2**

Completed research is accessible to staff, persons served, community partners and other stakeholders.

**ORG-LE-5.3**

Completed research is shared with the scientific community through means such as publications and presentations at conferences.

**ORG-LE-5.4**

Research findings are used to inform the organization's decision making and to improve operations, programs and services.

**ORG-LE-5.5**

Required

Research findings are used to advocate for policy change and improved services and resources for persons and communities served.

**Component: Human Resources**

**LP Standard**

**ORG-HR-1**

**ORG-HR-1.1**
The organization plans for and addresses its human resource needs. (Note: Human resources refer to the organization’s personnel, including staff, volunteers and students, if any.)

To achieve this standard, 3 out of 4 indicators must be met.

Human resource needs are regularly assessed based on the diversity of the community served and on strategic, operational and financial plans.

**ORG-HR-1.2**

Succession plans are in place for key positions.

**ORG-HR-1.3**

Changes are made based on an analysis of human resource needs.

**ORG-HR-1.4**

Reasonable effort is made to recruit human resources that reflect the communities served.

**MAN Standard**

**ORG-HR-2**

The organization’s personnel are guided by policies addressing conduct.

**ORG-HR-2.1**

Written policies and procedures address:

- Diversity and inclusion
To achieve this standard, 4 out of 4 indicators must be met.

- Anti-discrimination
- Harassment
- Confidentiality
- Conflict of interest
- Conflict resolution
- Ethical conduct

**ORG-HR-2.2**
Required

Staff sign a statement acknowledging that they understand and will abide by the policies and procedures on confidentiality.

**Audit(s) of Files**
- Employee
- Volunteer

**Pre-Site Document(s)**
- CCA HR Records
- Checklist - employee

**ORG-HR-2.3**
Required

Personnel are supported when dealing with ethical issues and potentially difficult situations (for example, conflict of interest, confidentiality, service issues).

**Survey(s)**
- Staff
- Volunteers

**ORG-HR-2.4**
Required

Practices are consistent with policies and procedures addressing conduct.

**Interview(s)**
- Staff - Staff Group (Cross-section)

**LP Standard**

**ORG-HR-3**

All personnel, including staff, volunteers and students, receive orientation to fulfill their

**ORG-HR-3.1**

Orientation of personnel addresses the following topics:

- Mission, vision and values
- Programs and services
To achieve this standard, 2 out of 3 indicators must be met.

- Policies and procedures
- Client rights
- Workplace health and safety
- Appropriate and safe use of equipment and supplies
- Roles and responsibilities
- Culturally competent service delivery, as appropriate to the local context

**ORG-HR-3.2**

Completion of the orientation for all personnel is documented and dated.

**ORG-HR-3.3**

Personnel receive orientation in a timely manner.

**MAN Standard**

**ORG-HR-4**

The organization has clear lines of accountability and communication.

To achieve this standard, 4 out of 4 indicators must be met.

**ORG-HR-4.1**

Required

The organizational structure is clearly defined and documented.
**ORG-HR-4.2**  
**Required**

The roles, responsibilities and accountability of all personnel are outlined.

---

**ORG-HR-4.3**  
**Required**

There is a clearly defined process for delegating responsibility and authority, including for coverage of key positions during anticipated and unexpected leaves.

---

**ORG-HR-4.4**  
**Required**

Personnel understand the lines of accountability and communication.

---

**LP Standard**  
**ORG-HR-5**

The organization promotes a positive work environment for staff.

To achieve this standard, 3 out of 5 indicators must be met.

---

**ORG-HR-5.1**  
**Survey(s)**  
**Staff**

Strategies are in place to promote a positive work environment, work-life integration and staff wellness.
ORG-HR-5.2

Staff are recognized for their contributions.

ORG-HR-5.3

Staff are encouraged to provide feedback on job satisfaction and to suggest improvements to the work environment.

ORG-HR-5.4

Various mechanisms are used to monitor the quality of the work environment (for example, surveys, focus groups and assessment of indicators such as absenteeism, turnover, Employee Assistance Program use and grievances).

ORG-HR-5.5

Results are used to make improvements that support a positive work environment.

MAN Standard

ORG-HR-6

The organization has an objective, transparent and respectful human resource system.

ORG-HR-6.1

Required

Written employment policies and procedures and collective agreements, where applicable, address at minimum:
To achieve this standard, 3 out of 3 indicators must be met.

- Conditions of employment (for full-time, part-time, casual, permanent, temporary and contract staff)
- Staff recruitment, selection and hiring
- Screening of candidates, including reference checks, police records check and driver’s license checks, where appropriate
- Verification of credentials, licenses, registration, certification and/or professional liability insurance required for the position
- Mechanisms for annual confirmation of licenses and professional liability insurance, if applicable
- Compensation, including overtime and on-call time
- Benefits
- Vacation and leave
- Performance appraisal
- Termination
- Confidentiality of, and access to, employee records
- Employee access to their file, including how to access and request changes to information contained in their file
- Grievances or appeals

Note: There are three types of police records check - criminal records check, criminal records and judicial matters check, vulnerable sector check.

**ORG-HR-6.2**

Required

Human resource policies and procedures and, where applicable, collective agreements comply with legislation.
ORG-HR-6.3
Required
Practices are consistent with human resource policies and procedures.

ORG-HR-7.1
Required
All staff positions have job descriptions that include at minimum:
- Position title
- Qualifications
- Responsibilities
- Lines of accountability
- Scope of practice, and any registration, certification or licensing required for regulated professionals, where applicable to the position

Note: The organization is expected to provide a sample of job descriptions that represents a cross-section of roles across the organization.

ORG-HR-7.2
Required
Staff are provided with a job description at hiring and when revisions are made.
ORG-HR-7.3

Required

Staff have input into the regular review of their job description.

ORG-HR-7.4

Required

Job descriptions are up to date.

Note: The organization is expected to provide a sample of job descriptions that represents a cross-section of roles across the organization.

ORG-HR-8

The organization provides training and professional development to enhance the skills and knowledge of staff.

To achieve this standard, 2 out of 3 indicators must be met.

ORG-HR-8.1

Written policies and procedures address training and development for all staff.

ORG-HR-8.2

Training and development are planned as part of both the staff performance appraisal process and as a reflection of organizational needs.
ORG-HR-8.3

Staff participate in professional development.

ORG-HR-9

Staff have the resources, guidance and support to carry out their duties effectively.

To achieve this standard, 3 out of 5 indicators must be met.

ORG-HR-9.1

Written policies and procedures address staff supervision and support.

ORG-HR-9.2

Staff have the supervision, mentoring and support they need to carry out their jobs.

ORG-HR-9.3

Supervisors delegate authority and responsibility in a clear and supportive manner.
ORG-HR-9.4

Supervisors provide ongoing support and feedback on job performance.

ORG-HR-9.5

Space and equipment are allocated to staff to perform their duties.

ORG-HR-10

The organization manages the performance of its employees through regular performance appraisals.

To achieve this standard, 2 out of 2 indicators must be met.

ORG-HR-10.1

Staff performance appraisal is a joint process that includes:

- Review of performance against the expectations of the position
- Setting of goals for training and/or professional development
- Production of a written appraisal document for the employee's file
- Written acknowledgement by the employee indicating he/she has read the appraisal
- Opportunity for the employee to provide feedback on the results

ORG-HR-10.2

Staff performance appraisals are conducted at minimum every two years.
MAN Standard

ORG-HR-11

The organization has a confidential system in place to maintain employee records.

To achieve this standard, 2 out of 2 indicators must be met.

ORG-HR-11.1

Required

Mechanisms are in place to maintain and safeguard confidential employee information.

ORG-HR-11.2

Required

A complete and up-to-date confidential record is maintained on each employee that includes:

- Employee contact information
- Emergency contact information
- Current contract or letter of offer, including employment conditions
- Job description for current position
- Evidence employee received staff orientation (for example, signed orientation checklist)
- Payroll information (anniversary date, salary level, approval of pay decisions, leave records, benefits information)
- Proof of qualifications and/or professional licenses or registration as required by the position
- Proof of check of professional standing at hiring (where standing is required by the position)
- Signed oath of confidentiality
- Copy of driver’s license, consistent with organization’s policies
- Copy of police records check, consistent with organization's policies
- Verification of professional liability insurance if employee not covered under organization’s insurance
- Performance appraisal completed within timeframe specified by organization’s policies
- Evidence of training and professional development
- Documentation relating to grievance and/or disciplinary process, if any

Note: Employee records may be kept in more than one file (for
Component: Volunteers

The standards in this component apply only to organizations that have engaged volunteers, in the 14 months preceding their site visit, in any one of the following ways: - Use volunteers on an ongoing basis - Volunteers sometimes have direct contact with persons served - Volunteers sometimes have access to confidential information - Volunteers sometimes handle money - Ten or more volunteers have worked together at an event.

LP Standard

ORG-HRV-1

The organization has systems in place to guide how it recruits, selects and manages volunteers. (Note: The standards in this component apply only to organizations that have engaged volunteers, in the 14 months preceding their site visit, in any one of the following ways:

- Use volunteers on an ongoing basis
- Volunteers sometimes have direct contact with persons served
- Volunteers sometimes have access to confidential information
- Volunteers sometimes handle money
- Ten or more volunteers have worked together at an event)

To achieve this standard, 3 out of 4 indicators must be met.

Written volunteer policies and procedures address:

- Recruitment application and selection
- Recruitment of current or past staff and persons served
- Screening, including how and when the following are done: reference checks, police records check and verification of licenses (including driver’s licence if applicable)
- Supervision and support
- Evaluation of volunteers
- Circumstances under which a volunteer may be released from duties and procedures to follow
- Volunteer access to his/her information on file with the organization

Note: There are three types of police records check - criminal records check, criminal records and judicial matters check, vulnerable sector check.

Pre-Site Document(s)

personnel - policies/procedures
ORG-HRV-1.2

Confidential information on each volunteer is maintained on file, and at minimum includes the elements listed in one of the following two lists, depending on how the volunteer is engaged with the organization.

For volunteers involved on an ongoing basis, for volunteers who have direct contact with persons served, for volunteers who have access to confidential information, and for volunteers who handle money, information on file includes:
- Volunteer’s contact information including emergency contact information
- Application to volunteer
- References, where required
- Signed confidentiality agreement
- Record of and date that orientation was completed
- Police records check, where required
- Driver's abstract, driver's licence and proof of auto insurance, where required
- For volunteers in ongoing assignments and for volunteers who have contact with persons served, most recent evaluation, consistent with organization’s policies

For one-time or occasional volunteers:
- Volunteer’s contact information including emergency contact information
- Record of how and/or where volunteer was recruited
- Record of the volunteer orientation provided

ORG-HRV-1.3

Practices are consistent with volunteer policies and procedures.
### ORG-HRV-1.4

**Required**

Volunteers are recruited and selected according to the position's requirements, in compliance with applicable legislation and the organization's policies, and according to the position's level of risk.

### ORG-HRV-2

**LP Standard**

**ORG-HRV-2**

The organization supports, supervises and evaluates its volunteers. (Note: The standards in this component apply only to organizations that have engaged volunteers, in the 14 months preceding their site visit, in any one of the following ways:

- Use volunteers on an ongoing basis
- Volunteers sometimes have direct contact with persons served
- Volunteers sometimes have access to confidential information
- Volunteers sometimes handle money
- Ten or more volunteers have worked together at an event)

To achieve this standard, 3 out of 4 indicators must be met.

### ORG-HRV-2.1

**Required**

Staff are assigned to coordinate and manage volunteers.

### ORG-HRV-2.2

**Required**

Volunteers receive support, supervision and recognition according to the volunteer assignment.

### ORG-HRV-2.3

**Required**

Volunteers involved in ongoing assignments and volunteers who have contact with persons served are evaluated on a regular basis and the results of the evaluation are documented.
LP Standard

ORG-HRV-3

The organization develops its volunteer program based on strategic, service and budget planning. (Note: The standards in this component apply only to organizations that have engaged volunteers, in the 14 months preceding their site visit, in any one of the following ways:

- Use volunteers on an ongoing basis
- Volunteers sometimes have direct contact with persons served
- Volunteers sometimes have access to confidential information
- Volunteers sometimes handle money
- Ten or more volunteers have worked together at an event)

To achieve this standard, 2 out of 3 indicators must be met.

ORG-HRV-2.4

Volunteers have access to the training needed to carry out their duties.

ORG-HRV-3.1

Relevant data about volunteer services is collected, recorded and analyzed (for example, number of active volunteers, number of persons served by volunteers, number of kilometres driven by volunteers, number of hours of volunteer service).

ORG-HRV-3.2

Volunteers are encouraged to provide feedback on their volunteer experience.

ORG-HRV-3.3

Collected volunteer data and feedback are used to make improvements to the volunteer program.

Component: Systems and Structure

MAN Standard

ORG-SYS-1

Required

Pre-Site Document(s)
policies/procedures - other
The organization’s operations are guided by a framework of relevant and up-to-date policies and procedures.

To achieve this standard, 5 out of 5 indicators must be met.

Written policies and procedures address the following elements pertaining to the development, implementation and regular review of policies and procedures:

- Process for development and regular review of policies and procedures
- Frequency of review
- Roles and responsibilities for oversight, initiating reviews, consultation
- Approval of policies and procedures
- How changes to policies and procedures are communicated
- Version control, including maintenance of documentation and archiving of versions

**ORG-SYS-1.2**

Required

Personnel and members of the governing body have input into the development and review of the policies and procedures that affect them.

Note: If the organization does not have a board of directors or body (such as a steering committee, council or advisory group) that acts as a governance structure, this indicator should be interpreted to mean personnel have input and a governing body survey would not apply.

**ORG-SYS-1.3**

Required

When there are changes to policies and procedures that affect them, individuals are informed.
**ORG-SYS-1.4**

Required

Policies and procedures are readily accessible to staff, volunteers and students in a format that is secure.

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**ORG-SYS-1.5**

Required

The organization regularly reviews its policies and procedures.

---

**MAN Standard**

**ORG-SYS-2**

The organization has a system that guides the collection, use and release of personal information.

To achieve this standard, 5 out of 5 indicators must be met.

**ORG-SYS-2.1**

Required

Written privacy policies and procedures guiding the collection, use and release of personal information comply with provincial and federal legislation and address at minimum:

- Obtaining the informed consent of persons served for the collection, use and release of their personal information, except where permitted or required by law
- How information will be used (for example, for routine management, professional supervision and quality assurance purposes, including accreditation)
- Obtaining the consent of a substitute decision maker if needed
- Handling withdrawal of consent, withholding of consent or limits placed on use of the personal information, including informing persons served of implications for service (for example, limits to treatment, loss of third-party benefits
- Limiting use of personal information to the purposes for which the information was provided
- Preventing unauthorized access to personal information held by the organization

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**Narrative**

**Observation(s)**

**General**

**Pre-Site Document(s)**

suggested

staff and team minutes

**Pre-Site Document(s)**

privacy policies, procedures, forms
- Responding to police and other third-party requests for personal information
- Notifying persons served in the case of theft, loss, or unauthorized use or release of their personal information
- Permitting persons served to access their personal information, to request a correction, and to request a copy of their personal information
- Providing procedures for complaints regarding a breach of privacy
- Appointing a privacy officer

**ORG-SYS-2.2**

**Required**

A written statement is made available to the public containing:

- A description of the organization’s practices to protect privacy and safeguard personal information
- Circumstances in which information may be disclosed (for example, for routine management and professional supervision, for quality assurance purposes, including accreditation)
- How to contact the organization’s privacy contact person
- The procedure for making a complaint regarding a breach of privacy

**ORG-SYS-2.3**

**Required**

Support in understanding the organization’s privacy policies and practices is provided for persons served for whom English and/or French language facility or literacy is an issue.
ORG-SYS-2.4
Required

When releasing personal information of person(s) served, the organization documents the person’s or persons’ express consent, including:

- Their name(s)
- Organization and name of staff person releasing the information
- Organization or name of person receiving the information Specific information being released
- Purpose of the release
- Date of consent
- Any limits on the consent (for example, time period, limits on use)

Note: On-site client file review is used only for organizations completing a CCA review in Child and Youth Mental Health, Community Support and Social Services, Child Welfare, Youth Justice, Family Services and/or Credit Counselling.

ORG-SYS-2.5
Required

Practices are consistent with the organization’s policies and procedures for the collection, use and release of personal information.

Note: The Client Journey is used only for organizations completing a CCA review in Community-Based Primary Health Care. On-site client file review is used only for organizations completing a CCA review in Child and Youth Mental Health, Community Support and Social Services, Child Welfare, Youth Justice, Family Services and/or Credit Counselling.

ORG-SYS-3.1
Required

Written policies and procedures address access to and security of corporate records, financial records and the records of personnel and persons served, and at minimum cover the following:

- Storage
- Access to records
- Protection against exposure and unauthorized access
- Protection against loss and destruction
- Tracking when records are removed
- Retention and destruction of records (including time frame and method)

Note: This indicator applies to records in paper and electronic forms.

--

**ORG-SYS-3.2**

**Required**

Written policies and procedures on information systems address:

- Roles, responsibilities and accountabilities for management of information systems
- Provision, maintenance, update and care of information systems
- Measures to protect the integrity of systems and data (for example, through limits on file downloading and software installation)
- Access, use and password protection of computers, tablets, cellular phones, fax and voice-mail system
- Systems security, including through measures such as firewalls, use of SSL, anti-virus software and a secure user-password system
- Security of email communications
- Secure use of portable electronic storage such as USB data savers and external hard drives

**Pre-Site Document(s)**

policies/procedures - other

**Narrative**

Interview(s)

Staff - IT Staff

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**ORG-SYS-3.3**

**Required**

Practices are consistent with policies and procedures.
ORG-SYS-3.4
Required

The physical environment contributes to assuring the privacy of persons served and personnel.

ORG-SYS-3.5
Required

Other measures are used to protect the confidentiality of persons served (for example, protocols for telephone communications with persons served and use of blocked caller identification).

ORG-SYS-4

The organization takes measures to ensure appropriate and responsible use of information systems and electronic communications, congruent with the organization’s service philosophy.

To achieve this standard, 2 out of 3 indicators must be met.

ORG-SYS-4.1

Written policies and procedures address:

- Whether email, text, instant messaging and other forms of electronic communications can be used as a means of communication between persons served and service providers
- Parameters under which personnel may use email, text, instant messaging and other forms of electronic communications to communicate with persons served
- Measures to reduce the risk of a breach of the privacy of persons served if electronic communications are used (for example, refraining from sharing identifying or sensitive information electronically)
- Prohibited use of the organization’s information systems to access, transmit or store offensive material (for example, pornographic, racist, slanderous and threatening material) or for any purpose that may promote illegal activity
ORG-SYS-4.2

Persons served are informed of the organization’s guidelines on using email, text, instant messaging and other forms of electronic communications to communicate about their service and are made aware of the risks to privacy and confidentiality.

ORG-SYS-4.3

Practices are consistent with policies and procedures.

ORG-SYS-5.1

Required

Written partnership agreements are in place and cover the following:

- Roles
- Responsibilities
- Accountabilities
- Liability
- Financial details
- Dispute resolution

To achieve this standard, 2 out of 2 indicators must

ORG-SYS-5.2

Required

The impact of the partnership in achieving its objectives is periodically assessed.
## Component: Service Framework

### MAN Standard

**YJ-SER-1**

The organization’s approach to service balances support for young persons, and concern for public and community safety.

To achieve this standard, 3 out of 3 indicators must be met.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>YJ-SER-1.1</td>
<td>Required</td>
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<tr>
<td>The organization’s values promote:</td>
<td></td>
</tr>
<tr>
<td>- Rehabilitation and reintegration of young persons served</td>
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<tr>
<td>- Involvement of family and the network of individuals and agencies involved with the young person</td>
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<tr>
<td>- Use of the least intrusive measures necessary to ensure the safety of young persons, staff and other personnel</td>
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</table>

### YJ-SER-1.2

Required

A commitment to providing services in a manner that attends to the safety of the community and personnel is articulated in writing for stakeholders.
YJ-SER-1.3

**Required**

The governing body and personnel integrate the values and approach to service in governance, operations and program and service delivery.

---

**YJ-SER-2**

**Programs** and services are designed to build relationships with young persons and to address the factors that underpin a young person’s behaviour.

To achieve this standard, 4 out of 4 indicators must be met.

---

**YJ-SER-2.1**

**Required**

Program and service goals, objectives and design principles are articulated in writing.

---

**YJ-SER-2.2**

**Required**

Program and service goals and objectives address the rehabilitation and reintegration of young persons, with the aim of reducing re-offending and/or the frequency and seriousness of further offences.

---

**YJ-SER-2.3**

**Required**

Programs and services are designed to support young people taking responsibility for their actions and behaviours, being accountable, and making amends where possible.
YJ-SER-2.4

Required

Programs and services address the dynamic criminogenic factors (for example, anti-social attitudes, anti-social peer associations, lack of problem-solving skills, lack of self-control skills) that underpin a young person’s behaviour and can lead to conflict with the law.

YJ-SER-3

YJ-SER-3.1

A written agreement between the collaborating organizations describes:

- The nature of the relationship
- Goals of the collaboration
- Expectations and responsibilities of each partner, including for hiring, training and supervising staff, insurance coverage, liability, and accountability to funders and other stakeholders

YJ-SER-3.2

Mechanisms are in place for resolving conflicts that may arise.

YJ-SER-3.3

Partners review and evaluate the impact of the collaboration in achieving stated goals.
YJ-SER-3.4

Evaluation results are used to make improvements to the collaboration and/or joint delivery of the program or service.

Component: Quality Programs and Services

MAN Standard

YJ-QUA-1

The organization’s approach fosters continuity, coordination of service, and collaboration within the organization, with external providers and with other individuals involved in a young person’s network.

To achieve this standard, 6 out of 6 indicators must be met.

YJ-QUA-1.1

Required

Written policies and procedures guide service coordination and outline expectations for case management at each stage of service provision.

YJ-QUA-1.2

Required

The roles and responsibilities of the young person, of internal and external service providers and of the young person’s support system (as applicable) are outlined in writing.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.
YJ-QUA-1.3

Required

Young persons served on an ongoing basis have an assigned primary worker within the organization.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

YJ-QUA-1.4

Required

Case management and service coordination are done in collaboration with the young person and his/her support system as applicable, and respect the preferences of the person served.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

YJ-QUA-1.5

Required

Case management responsibilities are understood by the young person, his/her support system and the service providers involved.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.
YJ-QUA-1.6

Required

Practices are consistent with case management and service coordination policies and procedures.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

YJ-QUA-2.1

Required

Written policies and procedures on screening and intake are consistent with any legislative requirements and at minimum address:

- Eligibility criteria
- Essential information and permissions to be obtained
- Use of standardized or specific intake tools, where applicable
- Parameters for screening the level of risk and level of need
- Special considerations at intake that may affect eligibility or priority
- Prioritization procedures that address access or direction to alternate or interim services, for example for young persons in immediate crisis

YJ-QUA-2.2

Required

Intake practices are consistent with policies and procedures.
YJ-QUA-3

The organization monitors wait times for service and works to reduce them. (Note: This standard only applies if there is a waiting list for service.)

To achieve this standard, 3 out of 3 indicators must be met.

YJ-QUA-3.1

Where a young person is placed on a waiting list for a program or service, the person and the referent are informed of their wait-list status.

Note: An on-site document is not necessary if the organization’s wait-list system is electronic and can be observed by the CCA review team.

YJ-QUA-3.2

Measures are in place to track and monitor response times for services for which there is a wait.

YJ-QUA-3.3

Measures are taken, where possible, to reduce wait times.

YJ-QUA-4

A comprehensive assessment process guides the development of a young person’s plan of service. (Note: This standard does not apply where another party is responsible for conducting assessments. The organization is not expected to have a formal assessment process for brief, one-time services or

YJ-QUA-4.1

Written assessment policies and procedures address at minimum:

- Who is involved in conducting an assessment
- Specific assessment tools and their use
- Coordination of assessments from multiple sources to support service planning
- Documentation, including the timeframe for recording assessments and communicating the results to persons served and other stakeholders

Pre-Site Document(s)

program/service - client needs assessment
- Process and timeframe for developing a plan of service for each young person served
- How often the young person’s plan of service must be reviewed

YJ-QUA-4.2

Required

Tools that guide assessment and service planning take into consideration the risks, needs and strengths of young persons served.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

YJ-QUA-4.3

Required

The young person served is engaged in the assessment process.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.
YJ-QUA-4.4

Required

Assessment practices are consistent with policies and procedures.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

YJ-QUA-4.5

Required

Assessment practices reflect current professional guidelines and any best practices.

YJ-QUA-5.1

Written policies and procedures address the use of mental health screening, including:

- Screening for all youth participating in counseling-based or residential programs
- Additional circumstances under which a mental health screening should be conducted
- Who conducts a mental health screening
- Tools to be used
- Timeframe for completing the screening as soon as possible after a young person’s admission to the program or facility
- Documentation of results

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.
To achieve this standard, 3 out of 4 indicators must be met.

**YJ-QUA-5.2**
Practices are consistent with policies and procedures on mental health screening.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

**YJ-QUA-5.3**
Youth receive an appropriate description of the purpose and uses of the screening, and have access to the screening results if requested.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

**YJ-QUA-5.4**
The results of a mental health screening inform the development of a crisis plan and/or the young person’s plan of service.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

**MAN Standard**

**YJ-QUA-6**
The organization develops a plan of service with each young person served. (Note: The organization is

**YJ-QUA-6.1**
Required

The plan of service is based on a comprehensive written criminogenic assessment, an assessment of risk, needs and strengths, and the results of a mental health
not expected to have a formal plan of service for group programs, or for brief, one-time services including crisis services.

For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.

To achieve this standard, 7 out of 7 indicators must be met.

YJ-QUA-6.2

Required

The young person is engaged in the development of his/her plan of service.

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

YJ-QUA-6.3

Required

A written plan of service in the young person’s file includes goals that are time limited, measurable and achievable, including goals for reintegration to the community where relevant.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.
Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.

**YJ-QUA-6.4**

Required

Any current safety and risk issues are identified in the plan of service, and measures for addressing these issues are specified.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

**YJ-QUA-6.5**

Required

Support is available to young persons who may have difficulty meeting their commitments as outlined in the plan of service.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.
**YJ-QUA-6.6**

**Required**

The plan of service is periodically reviewed according to a schedule established by the organization.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.

**YJ-QUA-6.7**

**Required**

The plan of service is modified as necessary and any changes are documented in the young person’s file.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.

**YJ-QUA-7.1**

**Narrative**

Interview(s)

Staff - Program-specific Staff

Client Interviews - Clients

Client Journey
YJ-QUA-7

Where more than one type of intervention is provided to a young person, service is coordinated and integrated. (Note: This standard only applies where an organization provides multiple types of interventions.)

To achieve this standard, 4 out of 4 indicators must be met.

Required

The needs and preferences of the young person inform the types of interventions to be used.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

---

YJ-QUA-7.2

Required

The young person’s plan of service is integrated and addresses the nature and timing of the different interventions and services provided.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

---

YJ-QUA-7.3

Required

A staff person is assigned to coordinate the multi-intervention process and multidisciplinary aspects where applicable, including to facilitate discussion, conflict resolution and decision making.

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YJ-QUA-7.4

Required

Practices are consistent with policies and procedures.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.
YJ-QUA-8

The organization approaches service using a multi-faceted process. (Note: This standard only applies where an organization provides multiple types of interventions.)

A process that is multi-faceted takes into account many aspects or features of the young person’s situation to help establish the multiple types of interventions to be used.

To achieve this standard, 4 out of 4 indicators must be met.

YJ-QUA-8.1

Written policies and procedures outline the multi-faceted process, and include the organization’s philosophy of how the process is to be used and circumstances under which consultation must be sought (for example, for young persons in risk situations such as suicide, family violence or abuse).

YJ-QUA-8.2

Available resources, needs and strengths are considered in the design and use of a multi-faceted approach.

YJ-QUA-8.3

Multiple disciplines are accessed where appropriate and where available, either on site, in the community (for example, through a contractual or consulting arrangement) or through other means.
**YJ-QUA-8.4**

Practices are consistent with policies and procedures.

---

**YJ-QUA-9**

The organization advocates with and for young persons served to obtain services and supports for them. (Note: This standard only relates to advocacy with and for individual persons served and not to the systemic advocacy addressed in CCA’s Organizational Standards.)

To achieve this standard, 2 out of 3 indicators must be met.

---

**YJ-QUA-9.1**

Young persons are provided with support to develop the necessary skills to communicate expectations and advocate on their own behalf.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

---

**YJ-QUA-9.2**

Where required, staff advocate on behalf of young persons served, both within the organization and with external service providers and relevant individuals.

---

**YJ-QUA-9.3**

Individual advocacy has benefitted young persons served.

---

**YJ-QUA-10**

A written description of group programs clearly...

---

**YJ-QUA-10.1**

A written description of group programs clearly...
Planning and evaluation guide group programming. (Note: This standard applies only where the organization offers group programs. The standard is not intended to include unstructured group activities (such as recreational time) or group programs that are part of evidence-based programming, which is addressed separately in these standards.)

To achieve this standard, 4 out of 4 indicators must be met.

YJ-QUA-10.2

Each group program has written goals and activity plans or outlines that describe how the goals will be achieved.

YJ-QUA-10.3

Group programs are delivered according to the purpose, goals and plans outlined.

YJ-QUA-10.4

Data on group outcomes is collected, reviewed and used for program decision making or modification.

YJ-QUA-11.1

Young persons served are assisted to understand the
The organization addresses service transitions in a manner that promotes coordination and continuity.

To achieve this standard, 3 out of 3 indicators must be met.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.

YJ-QUA-11.2

A written transition plan identifies at minimum:

- Successes achieved
- Ongoing or anticipated needs
- Available resources
- The young person’s preferences
- Any referral to an appropriate service and/or information source

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.
**YJ-QUA-11.3**

Referral plans are made in partnership with any receiving organizations.

---

**YJ-QUA-12**

The organization has a comprehensive system for maintaining the files of young persons served.

To achieve this standard, 5 out of 5 indicators must be met.

---

**YJ-QUA-12.1**

Required

Written policies and procedures address:

- When a client file is to be created
- What a client file should contain
- Time frame for recording in the file
- Access to information in the file
- File closure at cessation of service

---

**YJ-QUA-12.2**

Required

A system is in place to ensure that a young person’s file contains current, accurate and complete information.

---

**YJ-QUA-12.3**

Required

Staff, young persons and parents/guardians are made aware of Youth Criminal Justice Act requirements and the organization’s own policies and procedures related to young person’s files.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA
YJ-QUA-12.4

Required

When service ceases, files are closed within the required time frame.

Note: To pilot version 1 of these standards, some reviews will include as evidence the Client Journey; others, will include On-Site Client File Review and/or an interview with clients. CCA will confirm with the organization which of these will apply to its review.

YJ-QUA-12.5

Required

Practices are consistent with client record keeping policies and procedures.

Component: Knowledge Integration

YJ-KI-1.1

Required

Youth justice programs/services are designed to reflect the relevant knowledge and evidence that is currently available.
**YJ-KI-1.2**

**Required**

Programs are reviewed periodically, in light of the current knowledge and available research, on a schedule determined by the organization.

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<tr>
<th>Pre-Site Document(s)</th>
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<td></td>
<td>program/service - plans</td>
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<td>Interview(s)</td>
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<td>Staff - Managers Group</td>
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**YJ-KI-1.3**

**Required**

The impact of evidence-informed practices is measured and evaluated periodically.

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<th>Pre-Site Document(s)</th>
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<td>evaluation - summary reports</td>
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<td>Interview(s)</td>
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<td>Staff - Program-specific Manager(s)</td>
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**YJ-KI-1.4**

**Required**

Learnings from evaluations are used to make improvements.

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<td>staff and team minutes reports</td>
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<td>Interview(s)</td>
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<td>Staff - Program-specific Manager(s)</td>
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**YJ-KI-2.1**

Staff have opportunities to participate in professional development regarding evidence-informed practices.

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<th>Survey(s)</th>
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<td>Staff</td>
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<td>Pre-Site Document(s)</td>
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<td>training and development - plan/schedule</td>
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<tr>
<td>Interview(s)</td>
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<td>Staff - Program-specific Staff</td>
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**LP Standard**

**YJ-KI-2**

The organization supports learning and development around evidence-informed program and service delivery

To achieve this standard, 2 out of 3 indicators must be met.
YJ-KI-2.2

Staff have opportunities to exchange knowledge to support evidence-informed practices.

YJ-KI-2.3

Staff are encouraged to introduce and test new and innovative practices that are informed by evidence.

YJ-KI-3

Decision making is data-driven.

To achieve this standard, 3 out of 4 indicators must be met.

YJ-KI-3.1

There is a system to collect and aggregate service and outcome data about young persons served.

Note: An on-site document is not necessary if the organization’s system is electronic and can be observed by the CCA review team.

YJ-KI-3.2

Service and outcome data about young persons served is used for client and program planning, evaluation and funder reporting.
YJ-KI-3.3

Results are analyzed against established targets.

Pre-Site Document(s) suggested reports
Interview(s)
Staff - Managers Group

YJ-KI-3.4

Data analysis is used to improve service quality.

Narrative
Pre-Site Document(s) suggested reports
Interview(s)
Staff - Managers Group

MAN Standard

YJ-KI-4

Evidence-based programs are carefully selected and planned. (Note: This standard only applies if the organization provides an established evidence-based program. An evidence-based program is a substantiated and empirically-validated process that has been developed, documented, researched and established as an effective means to address a specific problem. At least two randomized clinical trials must have been completed and shown effectiveness. In most cases, the process is manual, follows defined procedures and practices, requires specific training and may have established measures of fidelity. The standards regarding implementation address

YJ-KI-4.1

Required

Research and professional publications are consulted to inform or confirm the evidence-based program to be implemented.

Narrative
Pre-Site Document(s) suggested research - literature and/or literature reviews
Interview(s)
Staff - Program-specific Manager(s)

YJ-KI-4.2

Required

Client needs, values, preferences and circumstances are taken into account when selecting or reviewing the appropriateness of an evidence-based program.

Narrative
Interview(s)
Staff - Program-specific Manager(s)
Important considerations that organizations should attend to for success. Examples include, but are not limited to, SNAP and Triple P.

To achieve this standard, 6 out of 6 indicators must be met.

**YJ-KI-4.3**

**Required**

The specific area, behaviour, need or population that will be the focus of the evidence-based program is identified.

**Pre-Site Document(s)**
- suggested planning - other
- Staff - Program-specific Manager(s)

**Narrative**
- Pre-Site Document(s)
- plans and/or guidelines
- Interview(s)
- Staff - Program-specific Manager(s)

**Pre-Site Document(s)**
- suggested evaluation - summary reports
- Interview(s)
- Staff - Program-specific Staff
- Staff - Program-specific Manager(s)

**YJ-KI-4.4**

**Required**

When beginning the implementation of an evidence-based program, a documented plan is developed.

Note: If implementation has begun without a plan, the organization is expected to review the experience to date and create a plan to help guide future activities.

**Pre-Site Document(s)**
- plans and/or guidelines
- Interview(s)
- Staff - Program-specific Manager(s)

**Narrative**
- Pre-Site Document(s)
- evaluation - summary reports
- Interview(s)
- Staff - Program-specific Staff
- Staff - Program-specific Manager(s)

**YJ-KI-4.5**

**Required**

Steps are taken to ensure fidelity to the evidence-based program, fidelity is monitored, and outcomes are measured before any adaptations are considered.

**Pre-Site Document(s)**
- reports
- Interview(s)
- Staff - Program-specific Staff
- Staff - Program-specific Manager(s)

**Narrative**
- Pre-Site Document(s)
- suggested evaluation - summary reports
- Interview(s)
- Staff - Program-specific Staff
- Staff - Program-specific Manager(s)

**YJ-KI-4.6**

**Required**

When necessary, adaptations are made, taking care to ensure that the core intervention components of the evidence-based program are not modified and that adaptations are documented.

**Pre-Site Document(s)**
- reports
- Interview(s)
- Staff - Program-specific Staff
- Staff - Program-specific Manager(s)
MAN Standard

YJ-KI-5

There are mechanisms in place to support the implementation of evidence-based programs. (Note: This standard only applies if the organization provides an established evidence-based program. An evidence-based program is a substantiated and empirically-validated process that has been developed, documented, researched and established as an effective means to address a specific problem. At least two randomized clinical trials must have been completed and shown effectiveness. In most cases, the process is manual, follows defined procedures and practices, requires specific training and may have established measures of fidelity. The standards regarding implementation address important considerations that organizations should attend to for success. Examples include, but are not limited to, SNAP and Triple P.)

To achieve this standard, 5 out of 5 indicators must be met.

YJ-KI-5.1

The governing body supports the organization’s active participation in undertaking evidence-based programming.

YJ-KI-5.2

The knowledge and skills-development needs of staff and supervisors involved in delivery the program are identified.

YJ-KI-5.3

Training is provided when beginning the implementation of an evidence-based program.

YJ-KI-5.4

Ongoing education and development are provided, and staff are given the opportunity to share their learning and experiences and to seek input from others who are implementing the same or similar programs (for example, community of practice).
YJ-KI-5.5
Staff are given time to incorporate the new practices.

YJ-KI-6
The organization evaluates its implementation of evidence-based programs. (Note: This standard only applies if the organization provides an established evidence-based program, An evidence-based program is a substantiated and empirically-validated process that has been developed, documented, researched and established as an effective means to address a specific problem. At least two randomized clinical trials must have been completed and shown effectiveness. In most cases, the process is manual, follows defined procedures and practices, requires specific training and may have established measures of fidelity. The standards regarding implementation address important considerations that organizations should attend to for success. Examples include, but are not limited to, SNAP and Triple P.)

To achieve this standard, 4 out of 4 indicators must be met.

YJ-KI-6.1
There is a process for monitoring program implementation and updating practices as the evidence and literature evolve over time.

YJ-KI-6.2
There is a documented plan to periodically evaluate the implementation of evidence-based programs.

YJ-KI-6.3
Client outcomes are measured to determine whether similar outcomes are achieved to those suggested by the research and variances are analyzed.
Component: Service Safety

MAN Standard

YJ-SAF-1

The organization strives to use the least intrusive methods for intervening in crisis situations. (Note: Some aspects of crisis intervention are also covered in CCA’s Organizational Standards. The organization must also meet the requirements of this standard for its youth justice programs or services.)

To achieve this standard, 4 out of 4 indicators must be met.

YJ-KI-6.4

Feedback on implementation of evidence-based programs is collected from clients and, as applicable, the community.

YJ-SAF-1.1

Required

Written policies and procedures provide clear direction for staff when significant risk factors are identified and at minimum address:

- Expectations regarding multidisciplinary consultation and communication with parents, child welfare and police or other authorities, where appropriate
- Use of the least intrusive measures necessary to ensure the safety of young persons, staff and other personnel
- Use of restrictive measures consistent with applicable legislation and systems for monitoring their use only when necessary

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.
YJ-SAF-1.2

Required

All program staff participate in training and ongoing education with an emphasis on:

- Identification of risk factors (for example, suicide/self-harm, individual threatening security of the program)
- Development and implementation of safety plans
- Debriefing processes to be used following a crisis

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.

YJ-SAF-1.3

Required

Any residential staff participate in training and ongoing education with an emphasis on:

- Crisis prevention and de-escalation
- Use of the least intrusive measures appropriate given the circumstances
- Safe and appropriate use of physical restraints when warranted

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.
**YJ-SAF-1.4**

Required

Practices are consistent with policies and procedures.

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field. The CCA review team may ask for evidence of a currently valid license when it is on site.

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**YJ-SAF-2.1**

Required

Written policies and procedures address staff use of personal vehicles for transporting young persons and include:

- Whether the use of personal vehicles is allowed and under what circumstances.
- If allowed, requirements for a valid driver’s licence and minimum vehicle insurance coverage.

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.

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**YJ-SAF-2.2**

Required

Practices are consistent with policies and procedures.

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.
MAN Standard

YJ-SAF-3

There are mechanisms in place to mitigate health-related service risks. (Note: Many aspects of service safety are also covered in CCA’s Organizational Standards. The organization must also meet the requirements of this standard for its youth justice programs or services.)

To achieve this standard, 4 out of 4 indicators must be met.

YJ-SAF-3.1

Required

Written policies and procedures cover health-related safety issues and address, as relevant to the service setting:

- First aid
- Cardiopulmonary resuscitation
- Dealing with youth under the influence of substances or undergoing withdrawal, including when to obtain medical intervention
- Anaphylaxis
- Precautions to be taken to ensure staff are aware of pertinent health information that may be required in an emergency
- Other potential health care crises

YJ-SAF-3.2

Required

Written policies and procedures address handling of medication where relevant, including:

- Storage, recording, monitoring and transportation of medication
- Limitations that apply to staff managing medication
- Documentation of the medication history of young persons served at the time of assessment
- Reconciliation of a person’s medications at transitions in service or other risk points to determine if medications have been discontinued or changed
YJ-SAF-3.3

Required

Basic infection control policies and procedures are in place and address, as applicable to the service setting:

- Universal and routine precautions
- Plans for responding to outbreaks should they occur (for example, influenza, virulent infections, infestations)
- Reporting of communicable diseases as required by public health or other authorities

Note: For programs licensed under the Ontario Ministry of Children and Youth Services Residential Licensing Standards for Youth Justice, the organization is asked to provide evidence of a current license. No additional evidence is required for those programs. Please make a note in the Narrative field and provide either a copy of the current, valid license as a pre-site document or produce it when the CCA review team is on site.

YJ-SAF-3.4

Required

Practices are consistent with policies and procedures.