

STANDARDS



Connecticut Center of Excellence Developed
Community Services Block Grant
Organizational Standards

Self-Assessment Guidance for CSBG Eligible Entities

Department of Social Services
Program Oversight & Grant Administration Division
Office of Community Services
55 Farmington Avenue
Hartford, CT 06105
<https://portal.ct.gov/dss>

SELF-ASSESSMENT GUIDANCE ORIGIN

The CSBG organizational standards provide a standard foundation of organizational capacity for all CSBG Eligible Entities (CEEs) across the United States. The Federal Office of Community Services' Information Memorandum (IM) 138 provides direction to States and CEEs on establishing organizational standards by FY 2016 and includes the final wording of the standards developed by the OCS-funded organizational standards Center of Excellence (COE).

The COE-developed organizational standards are comprehensive and were developed by and for the CSBG Network through the work of the CSBG Working Group. They work together to characterize an effective and healthy organization while reflecting the vision and values of Community Action and the requirements of the CSBG Act.

The State of Connecticut Department of Social Services ("DSS" or the "Department") in conjunction with a workgroup comprised of Community Action Agency (CAA) staff from various levels, as well as Connecticut Association For Community Action, Inc. (CAFCA) and Northeast Institute for Quality Community Action, Inc. (NIQCA) reviewed the "COE Developed CSBG Organizational Standards Self-Assessment Tool for Private CEEs" to determine its feasibility for Connecticut. The workgroup offered valuable input on each standard and its possible impact for CAAs; cost effectiveness, importance of terminology; literal meaning of "met" and "not met" and the expected standards for compliance; proposed clarifying language, etc. The final product, "Self-Assessment Guidance for CSBG Eligible Entities" is a customization of the "COE CSBG Organizational Standards Self-Assessment Tool for Private CEEs". Its purpose to provide detailed clarification for Connecticut CAAs preparing self-assessment submissions.

As noted above, this document has been updated with the final language for the COE-developed CSBG Organizational Standards as issued in IM 138. Please note that the CSBG Office, Center of Excellence and CT CAA Network may provide additional modifications to this guidance as work of the CSBG Working Group and Center of Excellence continues; and CAAs and States work together to implement the CSBG Organizational Standards.

This document provides guidance associated with the CAA internal assessment process and notes.

Each CAA shall utilize the Department issued checklist (Excel workbook) to submit its self-assessment response. This Self-Assessment Guidance for CSBG Eligible Entities is meant to be used by CAAs for internal review in preparation for the annual self-assessment submission; and includes clarifying guidance, self-assessment of standard, supporting documentation to demonstrate “met” status, progress, and action steps to meet standards, and DSS Notes offering detailed clarification. This is an appropriate and hoped for use of this guidance and CAA boards and staff are encouraged to share ways they have used this document with the Department and state association.

It is available in both PDF and Microsoft Word formats to make it more flexible.

- **Refer back to IM 138.** All users of this guidance document are encouraged to read and refer back to IM 138 regarding implementation of CSBG Organizational Standards

There are several elements to this guidance document:

First, there is brief guidance on each standard. It is not binding guidance and attempts to clarify issues that have been raised without unintentionally narrowing them.

Second, is the standard assessed as *Met* or *Not Met*?

Third, what document(s) were used to assess the standard? This is not intended to be an exhaustive list, nor should an agency need to have all of the sample documentation in place. This list is only meant to provide examples of ways the entity can demonstrate and record how they meet individual standards. No alternate documentation will be accepted other than those specified for each Standard. For some Standards entities will need to submit more than one document to demonstrate compliance. Alternatively, certain documents will be utilized to demonstrate compliance with multiple standards.

Fourth, if the standard is not currently met, what is the progress completed to date by the Organization to meet the standard.

Fifth, what action steps, if any, are planned by the Organization to meet or even exceed the standard?

Sixth, detailed clarification for Connecticut CAAs’ demonstration of compliance.

If you have question or feedback, please contact your CT CSBG program liaison.

Maximum Feasible Participation – Category 1: Consumer Input and Involvement

Standard 1.1 **The organization demonstrates low-income individuals’ participation in its activities.**

Guidance:

- This standard is meant to embody “maximum feasible participation”.
- The intent of this standard is to go beyond board membership; however, board participation may be counted toward meeting this standard if no other involvement is provided. The tripartite board is only one of many mechanisms through which CEEs engage people with low incomes.
- Participation can include activities such as Head Start Policy Council, tenant or neighborhood councils, and volunteering, etc.
- Though not mandatory, many CEEs meet this standard by including advisory bodies to the board.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Advisory group documents | <input type="checkbox"/> Focus Group participation lists |
| <input type="checkbox"/> Advisory group minutes | <input type="checkbox"/> Head Start Council documents |
| <input type="checkbox"/> Activity participation lists | <input type="checkbox"/> Non-Board member Committee participation lists |
| <input type="checkbox"/> Board minutes | |
| <input type="checkbox"/> Board pre-meeting materials/packet | |
| <input type="checkbox"/> Volunteer lists and documents | |

*Documentation submission must include confirmation that participants are low-income individuals. Refer to Notes section below.

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

The CSBG Act does not define “low-income” participation in terms of Board representation; however, it is each CAA’s responsibility to define “low-income” individuals with corresponding documentation (e.g., Bylaws) and the democratic selection process (also addressed in Standard 5.1). Note that Standard Guidance encourages participation beyond Board membership.

Documentation must include confirmation that activity participants are low-income individuals. For example, submission of Advisory group meeting minutes alone will not demonstrate compliance with Standard 1.1. Agencies must also provide documentation that demonstrates participating Advisory group members are low-income individuals. The documentation need not be listing of personal incomes of participating individuals. Documentation may be a summary or description of the Advisory board confirming all or a portion of members are low-income.

Review Community Action Partnership’s Category 1 Consumer Input and Involvement Technical Assistance Guide pages 5 – 8: <https://communityactionpartnership.com/publication/toolkit/organizational-standards-technical-assistance-guide-category-1-consumer-input-and-involvement/>

Maximum Feasible Participation – Category 1: Consumer Input and Involvement

Standard 1.2 **The organization analyzes information collected directly from low-income individuals as part of the community assessment.**

Guidance:

- This standard reflects the need for CEEs to talk directly with low-income individuals regarding the needs in the community.
- Data can be collected through a variety of ways including, but not limited to, focus groups, interviews, community forums, customer surveys, etc.
- Analyzing the information can be met through review of the collected data by staff and/or board, including a review of collected data in the written community assessment, with notations of this review in the Assessment’s Appendix, committee minutes, etc.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Community assessment document (including appendices)
 Backup documentation/data summaries
 Community forum summaries
 Interview transcripts

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Community Assessment refers to the Comprehensive 3-year Community Needs Assessment. It should be noted that when a Comprehensive Needs Assessment is not required, a Needs Assessment Update is required, i.e., analysis of information collected directly from low-income individuals is an annual requirement.

Review Community Action Partnership’s Category 1 Consumer Input and Involvement Technical Assistance Guide pages 9 – 13: https://communityactionpartnership.com/publication_toolkit/organizational-standards-technical-assistance-guide-category-1-consumer-input-and-involvement/

Maximum Feasible Participation – Category 1: Consumer Input and Involvement

Standard 1.3 **The organization has a systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board.**

Guidance:

- This reflects the need for any business to gather information regarding customer satisfaction. All organizations need to be aware of how satisfied their customers are of the services they receive.
- This standard does not imply that a specific satisfaction level needs to be achieved.
- Documentation is needed to demonstrate all three components in order to meet the standard: 1) collection, 2) analysis, and 3) reporting of data.
- A systematic approach may include, but not be limited to, surveys or other tools being distributed to customers annually, quarterly, or at the point of service (or on a schedule that works for the individuation CEE). Such collection may occur by program or agency-wide at a point in time.
- Analyzing the findings is typically completed by staff.
- Reporting to the board may be via written or verbal formats.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Customer satisfaction policy and/or procedures
 Customer satisfaction instruments, e.g., survey, data collection tools and schedule
 Customer satisfaction reports to organization leadership, board and/or broader community
 Board/Committee Minutes

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

The systematic approach for collecting, analyzing, and reporting customer satisfaction data to the governing board is at least annually. A “systematic approach” means that policies and procedures are in place to guide practice.

Maximum Feasible Participation – Category 2: Community Engagement

Standard 2.1 The organization has documented or demonstrated partnerships across the community, for specifically identified purposes; partnerships include other anti-poverty organizations in the area.

Guidance:

- Partnerships are considered to be mutually beneficial arrangements wherein each entity contributes and/or receives time, effort, expertise and/or resources.
- Specifically identified purposes may include but are not limited to shared projects; community collaborations/coalitions with an identified topic e.g., domestic violence, homelessness, teen pregnancy prevention, transportation task forces, community economic development projects, etc.; contractually coordinated services; etc.
- The CSBG Annual Report already asks for a list of partners. The intent of this standard is not to have another list, but to have documentation that shows what these partnerships entail and/or achieve.
- These could be documented through MOUs, contracts, agreements, documented outcomes, coalition membership, etc.
- This standard does not require that every partnership is a formal, fully documented relationship.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Partnership documentation: agreements, emails, MOU/MOAs
 Subcontracts with delegate/partner agencies
 Coalition membership lists
 Strategic plan update/report if it demonstrates partnerships

Required Documentation:

- DSS Form: Community Action Agency (CAA) Partnership Charts (Formal & Informal)

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Organizations shall utilize the Department’s existing tool entitled “Community Action Agency (CAA) Partnership Charts” (Formal and Informal). Noteworthy, Standard 2.1 states, “area” and not CSBG area, and entities should report on partnerships and not limit them to their CSBG designated area. The Department considers its tool as partnership documentation and thus it is explicitly identified above.

Maximum Feasible Participation – Category 2: Community Engagement

Standard 2.2 The organization utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

Guidance:

- If gathered during the community assessment, it would be documented in the assessment. If done during “other times” this may be reflected in reports, data analysis, or staff/board meeting minutes.
- Engagement may include key informant interviews, staff participation in other community groups/advisory bodies, community-wide processes, etc.
- Documentation is needed to demonstrate that all five sectors have been engaged: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions. There is no requirement for how many individual organizations the CEE must contact, or what data is collected.
- If one or more of these sectors are not present in the community or refuses to participate, then the CEE needs to demonstrate the gap or a good faith effort to engage the sector(s).
- Demonstrating that you have “gathered” and “used” the information may be met in a variety of ways including, but not limited to summarizing the data in the community assessment or its appendices; documentation of phone calls, surveys interviews, focus groups in CEE files (hard copy or electronic); documentation in planning team minutes; summary reports on the data shared at board meetings or board committees; etc.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Community assessment document (including appendices)
 Other written or online reports
 Backup documentation of involvement: surveys, interview documentation, community meeting minutes, etc.
 Board/Committee or staff meeting minutes

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

If scored as Met for full comprehensive needs assessment (in alignment with Department 3-year contractual cycle) the Met score is maintained for the remainder of the 3-year cycle. In lieu of document(s) submission, CAA must update the “CAA Comments” section of the checklist document with the fiscal year of submission and document title that demonstrated “Met”.

Maximum Feasible Participation – Category 2: Community Engagement

Standard 2.3 The organization communicates its activities and its results to the community.

Guidance:

- This may be met through a CEE’s annual report, social media activity, traditional news media, community outreach activities, etc.
- Community would be defined by the CEE but needs to include those outside of the staff and board of the CEE.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Annual report
 Website, Facebook page, Twitter account, etc. (regularly updated)
 Media files of stories published
 News release copies
 Community event information
 Communication plan
 Community outreach documents (such as Newsletter)

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Communication of results and activities shall occur annually. The organization shall identify its annual cycle for the Department, e.g., calendar year, federal fiscal year, state fiscal year or some other consistent 12-month period of time. Activities may be program services, agency-sponsored events, etc.; and results are outcomes of services, major accomplishments of the agency, and impact on the community. Review Community Action Partnership’s Category 2 Community Engagement Technical Assistance Guide: https://communityactionpartnership.com/publication_toolkit/organizational-standards-technical-assistance-guide-category-2-community-engagement/

Maximum Feasible Participation – Category 2: Community Engagement

Standard 2.4 **The organization documents the number of volunteers and hours mobilized in support of its activities.**

Guidance:

- There is no requirement to utilize volunteers, only to document their number and hours, if utilized.
- This information should already be collected as part of current National Performance Indicators.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Data on number of volunteers and hours provided
 Board minutes
 Documentation of tracking system(s)
 Board Attendance Records
 CSBG-Annual Report, Module 2 B.3. Volunteer Hours (e.g., program support, service delivery, and fundraising)
 Volunteer Handbook / agreement
 12-month summary report demonstrating tracking/calculation of number of volunteers and hours

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Organizations shall document the number of volunteers and hours mobilized in support of its activities. This activity shall be performed annually, federal fiscal year (October – September) to align with organization’s report of such information on its annual Community Services Block Grant –Annual Report, Module 2, Section B.3. Volunteer Hours (e.g., program support, service delivery, and fundraising). Documentation utilized for preparation/completion of Module 2 B.3. must be submitted (demonstrates 12-month summary of the total number of service volunteers and their hours of collective service).

Maximum Feasible Participation – Category 3: Community Assessment

Standard 3.1 The organization conducted a community assessment and issued a report within the past 3 years.

Guidance:

- This standard refers to what is sometimes called a community needs assessment and requires that CEEs assess both needs and resources in the community. The requirement for this assessment is outlined in the CSBG Act.
- This may require CSBG Lead Offices to adjust timeframes for required submission.
- The report may be electronic or print and may be circulated as the CEE deems appropriate. This can include websites, mail/email distribution, social media, press conference, etc.
- It may be helpful for CEEs to document the report release date such as April 2014 or December 2015.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Community assessment document with date noted

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

The Community Assessment must be included in the most recent Community Action Plan or Community Action Plan Update, per Department’s CAP/CAP Update Forms and Guidance. Standard 3.1’s Guidance suggests that the report will be made available to external audiences, but actual Standard language does not require this action.

If scored as Met for Community Assessment (in alignment with Department 3-year contractual cycle) the Met score is maintained for the remainder of the 3-year cycle. In lieu of document(s) submission, CAA must update the “CAA Comments” section of the checklist document with the fiscal year of submission and document title that demonstrated “Met”.

Maximum Feasible Participation – Category 3: Community Assessment

Standard 3.2 As part of the community assessment, the organization collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).

Guidance:

- Documentation is needed to demonstrate all four categories in order to meet the standard: gender, age, race, and ethnicity.
- Data on poverty is available from the U.S. Census Bureau.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Community assessment document (including appendices)
 Backup information including census and other demographic data

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Community Needs Assessment should be for the organization’s service area(s).
If scored as Met for Community Assessment (in alignment with Department 3-year contractual cycle) the Met score is maintained for the remainder of the 3-year cycle. In lieu of document(s) submission, CAA must update the “CAA Comments” section of the checklist document with the fiscal year of submission and document title that demonstrated “Met”.

Maximum Feasible Participation – Category 3: Community Assessment

Standard 3.3 **The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.**

Guidance:

- Documentation is needed to demonstrate that both types of data are collected in order to meet the Standard:
 - Qualitative: this is opinions, observations, and other descriptive information obtained from the community through surveys, focus groups, interviews, community forums, etc.
 - Quantitative: this is numeric information, e.g., Census data, program counts, demographic information, and other statistical sources.
- Documentation on data analysis is also required in order to meet the Standard.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Community assessment document (including appendices)
 Backup documentation
 Broader community-wide assessments
 Other data collection process on poverty
 Committee/team meeting minutes reflecting analysis

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

If scored as Met for Community Assessment (in alignment with Department 3-year contractual cycle) the Met score is maintained for the remainder of the 3-year cycle. In lieu of document(s) submission, CAA must update the “CAA Comments” section of the checklist document with the fiscal year of submission and document title that demonstrated “Met”.

Maximum Feasible Participation – Category 3: Community Assessment

Standard 3.4 **The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.**

Guidance:

- The organization may choose to include a key findings section in the assessment report and/or executive summary.
- Conditions of poverty may include items such as: numbers of homeless, free, and reduced school lunch statistics, SNAP participation rates, etc.
- Causes of poverty may include items such as: lack of living wage jobs, lack of affordable housing, low education attainment rates, etc.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Community assessment document (including appendices)
 Backup documentation
 Committee/team meeting minutes reflecting analysis

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

If scored as Met for Community Needs Assessment (in alignment with Department 3-year contractual cycle) the Met score is maintained for the remainder of the 3-year cycle. In lieu of document(s) submission, CAA must update the “CAA comments” section of the checklist document with the fiscal year of submission and document title that demonstrated “Met”.

Maximum Feasible Participation – Category 3: Community Assessment

Standard 3.5 The governing board formally accepts the completed community assessment.

Guidance:

- This would be met through the Board voting on a motion to accept the assessment at a regular board meeting and documenting this in the minutes.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Community assessment document
 Board minutes
 Board pre-meeting materials/packet

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

If scored as Met for governing board formally accepts the completed community assessment, (in alignment with Department 3-year contractual cycle) the Met score is maintained for the remainder of the 3-year cycle. In lieu of document(s) submission, CAA must update the “CAA comments” section of the checklist document with the fiscal year of submission and document title that demonstrated “Met”.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.1 The governing board has reviewed the organization’s mission statement within the past 5 years and assured that:

1. The mission addresses poverty; and
2. The organization’s programs and services are in alignment with the mission.

Guidance:

- “Addresses poverty” does not require using the specific word poverty in the organization’s mission.
- Language such as but not limited to low-income, self-sufficiency, economic security, etc. is acceptable.
- It is the board that determines if the programs and services are in alignment with the mission. This review and formal determination would be recorded in the board minutes.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board minutes
 Strategic plan
 Mission statement

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Organizations must demonstrate that Board has reviewed its mission statement and assure that its mission addresses poverty and its programs & services are in alignment with the mission statement. Based upon Guidance, no Board action is required (affirm existing, adopt, revision, etc.); however, Board minutes and applicable supporting documentation must be provided to demonstrate review and assurance.

Met score maintained for 5 years from date of Board meeting minutes demonstrating compliance (e.g., 2022 Board minutes demonstrate compliance, then documentation submission is not required for 2023, 2024, 2025 and 2026 COE assessments). However, if the agency modifies its mission statement mid-cycle of the 5-year period, documentation must be submitted to demonstrate compliance at the next COE assessment. In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Vision and Direction – Category 4: Organizational Leadership

Standard 4.2 **The organization’s Community Action plan is outcome-based, anti-poverty focused, and ties directly to the community assessment.**

Guidance:

- The State Lead Agency is responsible for determining the plan’s format and needs to ensure that the three components are readily identifiable.
- The plan needs to be focused on outcomes, i.e., changes in status (such as hunger alleviation vs. food baskets).
- The Community Action plan is sometimes referred to as the CSBG workplan.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Community Action Plan (CAP)
 Logic model
 Community assessment
 CAP Update

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Standard 4.2 is an annual requirement. CAA CAPs and CAP Updates must demonstrate compliance in order to achieve Met determination.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.3 The organization’s Community Action plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation). In addition, the organization documents having used the services of a ROMA-certified trainer (or equivalent) to assist in implementation.

Guidance:

- There is no requirement to have a certified ROMA trainer on staff at the organization.
- While a ROMA trainer (or equivalent) must be involved, it is up to the organization to determine the manner in which this individual is utilized. Examples include involving the trainer in strategic planning meetings, consultation on implementation, etc.
- This includes involving a ROMA trainer (or equivalent) in the course of ROMA-cycle activities such as the community assessment, strategic planning, data, and analysis, and does not need to be a separate activity.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Certified ROMA professional in the organization
 Agreement with certified trainer not within the organization to provide ROMA services
 Strategic plan (including appendices)
 The community action plan (including appendices)
 Meeting summaries of ROMA trainer participation

Required Documentation:

- Department issued 4.3 Document Submission Tool

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

CAAs, at a minimum, must utilize Department issued Organizational Standard 4.3 Tool customized from the tool shared by the National Community Action Partnership.

If an organization does not have a certified ROMA professional on staff, the organization can coordinate services with CAFCA.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.4 The governing board receives an annual update on the success of specific strategies included in the Community Action plan.

Guidance:

- The CSBG Act requires that boards be involved with assessment, planning, implementation, and evaluation of the programs: this standard supports meeting that requirement.
- This standard is met by an update being provided at a regular board meeting and documented in the minutes.
- The update provided to the board may be written or verbal.
- The update provided to the board should include specific strategies outlined in the Community Action plan and any progress made over the course of the last year, or by another period of time as determined by the board that is less than one year.

Organization Self-Assessment:

- Met
- Not Met

Documentation used: (Check all that apply)

- Community action plan update/report
- Board minutes
- Board pre-meeting materials/packet

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Standard language specifies an update focused on “success of specific strategies” vs. the assessment of the progress on achieving specific goals. The Department expects organizations to report to the Board on strategy successes as well as the assessment of the progress on achieving specific goals. Although the update can be written or verbal, the Board minutes must reflect the update of success and progress to achieve specific goals. Annual updates must communicate measurable achievement of agency CAP goals/outcomes, i.e., performance focused.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.5 The organization has a written succession plan in place for the CEO/ED, approved by the governing board, which contains procedures for covering an emergency/unplanned, short-term absence of 3 months or less, as well as outlines the process for filling a permanent vacancy.

Guidance:

- Board approval would most likely occur through a board vote at a regular board meeting
- Documentation must include both elements: 1) plan for emergency/unplanned absence and 2) policy for filling a permanent vacancy.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board minutes
 Succession plan/policy
 Short term succession plan
 Long term succession plan

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

The Department added long term succession plan as a type of documentation. Although the Guidance is silent, a well written plan will also describe additional detail, such as: Board/Staff roles and responsibilities for implementation, communication, training, etc.

Succession plan must be up-to-date referencing current positions, recording correct usage of terms such as “interim” and “acting”; short-term defined as 3 months or less in plan; direct Board approval of succession plan and not bundled into consent agenda, etc.

Vision and Direction – Category 4: Organizational Leadership

Standard 4.6 **An organization-wide, comprehensive risk assessment has been completed within the past 2 years and reported to the governing board.**

Guidance:

- Reporting to the governing board would most likely occur at a regular board meeting and should be reflected in minutes.
- It is important to note that to meet the Standard the organization only has to complete the assessment and report to the board. The results of the assessment are internal to the organization and therefore private.
- There is no one mandatory tool for completing this task. This comprehensive assessment is more than the financial risk assessment contained in the audit and may also include such areas as: insurance, transportation, facilities, staffing, property, etc. To meet the Standard, the tools(s) used needs to address organization-wide functions, not only individual program requirements.

Organization Self-Assessment:

- Met
- Not Met

Documentation used: (Check all that apply)

- Risk assessment policy and/or procedures
- Board minutes
- Completed risk assessment tool
- Risk assessment reports

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Notation: Documentation of policy and/or procedure alone does not demonstrate practice/occurrence within identified time period. Standard requires risk assessment “reported” to Board, Standard does not identify agency response to assessment such as production of plan to prevent and/or mitigate risk. Assessment must be agency-wide and comprehensive including all areas of operations.

Met score maintained for 2 years from date of Board meeting minutes demonstrating compliance (e.g., 2022 Board minutes demonstrate compliance, then documentation submission is not required for 2023 COE assessment). In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Vision and Direction – Category 5: Board Governance

Standard 5.1 The organization’s governing board is structured in compliance with the CSBG Act:

1. At least one third democratically-selected representatives of the low-income community;
2. One-third local elected officials (or their representatives); and
3. The remaining membership from major groups and interests in the community.

Guidance:

- This standard is based on the CSBG Act and addresses the composition structure of the board only.
- See the CSBG Act and IM 82 for comprehensive guidance.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board minutes
 Board roster
 Bylaws
 Board Member Handbook

Required Documentation:

- DSS – CSBG Board Profile Chart

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Notation: Bylaws alone do not demonstrate current compliance. Compliance review should be calculated on an annual frequency, during a 12-month continuous period of time. Vacancies longer than 6 months will constitute “Not Met”. Vacancies shorter than 6 months with documentation to reflect recruitment activities shall constitute “Met”; however, no documentation, shall constitute “Not Met”.

Submission of completed DSS - CSBG Board Profile Chart is required.

Review IM 82 for further detail.

Vision and Direction – Category 5: Board Governance

Standard 5.2

The organization’s governing board has written procedures that document a democratic selection process for low-income board members adequate to assure that they are representative of the low-income community.

Guidance:

- See the CSBG Act and IM 82 for comprehensive guidance.
- See definitions list for additional clarity on democratic selection – please note that the CSBG Act requires a democratic *selection* process, not *election* process.
- Examples of democratic selection procedures for low-income sector directors include: (1) election by ballots cast by the CEE’s clients and/or by other low-income people in the CEE’s service area (ballots could be cast, for example, at designated polling place(s) in the service area, at the CEE’s offices, or via the Internet); (2) vote at a community meeting of low-income people (the meeting could serve not simply to select low-income sector directors but also to address a topic of interest to low-income people); (3) designation of one or more community organization(s) composed predominantly of and representing low-income people in the service area (for example, a Head Start policy council, low-income housing tenant association, or the board of a community health center) to designate representative(s) to serve on the CEE’s board.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board policies and procedures
 Board minutes
 Bylaws
 Board Member Handbook

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Standard assumes compliance with low-income residency requirement and the Department confirms the expectation of residency requirement. Although the Standard does not address any policy for filling low-income sector mid-term Board vacancies, the Department recommends that organizations develop a written policy and practice to address this occurrence, as a lack of practice could potentially leave an organization with a vacancy resulting in “Not Met” status.

Vision and Direction – Category 5: Board Governance

Standard 5.3 **The organization’s bylaws have been reviewed by an attorney within the past 5 years.**

Guidance:

- There is no requirement that the attorney be paid
- Final reviews by attorneys on the board or on staff are not recommended but are not disallowed.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Bylaws
 Board minutes
 Attorney statement/invoice

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Met score maintained for 5 years from date of attorney review documentation (e.g., 2022 attorney review documentation demonstrates compliance, then documentation submission is not required for 2023, 2024, 2025 and 2026 COE assessments). However, if the agency arranges for an attorney review mid-cycle of the 5-year period, documentation must be submitted to demonstrate compliance at the next COE assessment. In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of the organization’s bylaws were reviewed by an attorney demonstrating compliance; COE year such documentation was submitted and file name(s).

Note that attorneys do not approve agency bylaws; the Board of Directors is responsible for approval/acceptance/adoption/etc.

Vision and Direction – Category 5: Board Governance

Standard 5.4

The organization documents that each governing board member has received a copy of the bylaws within the past 2 years.

Guidance:

- Distribution may be accomplished through electronic or hard copy distribution.
- Acknowledgment of receipt may be accomplished through a signed and dated written acknowledgement, email acknowledgement, board minutes documenting receipt for those in attendance, etc.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board minutes
 Board pre-meeting materials/packet
 Bylaws
 List of signatures
 Copies of acknowledgements (written or electronic)

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Documentation confirming bylaws distribution alone is not acceptable; acknowledgement of each Board member's receipt must be submitted. I.e., e-mail forwarded to Board members with bylaws attached is not adequate; Board members must acknowledge receipt of bylaws either through signed/dated acknowledgement form, dated e-mail message acknowledging receipt, etc.

Vision and Direction – Category 5: Board Governance

Standard 5.5 **The organization’s governing board meets in accordance with the frequency and quorum requirements and fills board vacancies as set out in its bylaws.**

Guidance:

- There are no requirements on the meeting frequency or quorum; only that organizations abide by their approved bylaws.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board minutes
 Board roster
 Board bylaws
 Record of annual Board meeting attendance

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Organization’s bylaws must define meeting frequency, attendance, and quorum requirements. Annual review of meeting minutes and Board attendance rosters, as well as current Board approved bylaws shall demonstrate “Met”. CT CSBG is considering a minimum number of meetings per year and this item will be revisited during FFY 2022.

Note as a component of Standard 5.5 is filling Board vacancies, its status is connected to Standard 5.1, i.e., if 5.1 is “Not Met”, Standard 5.5 will also be scored as “Not Met”.

Vision and Direction – Category 5: Board Governance

Standard 5.6 **Each governing board member has signed a conflict of interest policy within the past 2 years.**

Guidance:

- There is no requirement to use a specific conflict of interest policy, only that the organization utilizes one that meets its needs.
- The signed conflict of interest policies are collected, reviewed, and stored by the organization.
- 2 CFR Part 200 (Super Circular) is in effect for any grant periods after December 26, 2014 and has additional information on conflict of interest policies and specific disclosures.
- As a point of reference, the 990 asks: Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If so, describe how.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board minutes
 Conflict of interest policy/procedures
 Signed policies/signature list
 Board Member Handbook
 IRS Form 990

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Preferred practice would be to annually provide Board members a copy of the agency's policy along with required (IRS Form 990) signed disclosure form. The Standard is specific to a signature on the policy.

Vision and Direction – Category 5: Board Governance

Standard 5.7

The organization has a process to provide a structured orientation for governing board members within 6 months of being seated.

Guidance:

- There is no specific curricula requirement, or training methodology required; Board Orientation should have many organization-specific elements. These may include bylaws, overview of programs, and review of fiscal reports.
- Training may be delivered at board meetings, special sessions, in person, through electronic media, or through other modalities as determined by the board.
- The organization must have documentation of its process (including content), as well as documentation that each board member has been provided with the opportunity for orientation.

Organization Self-Assessment:

- Not Met
 Met

Documentation used: (Check all that apply)

- Board policy/procedures
 Board training materials
 Board member acknowledgement/signature

Required Documentation:

- Board minutes reflecting date new Board member appointed.
 Dated new member Orientation attendance.

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Organizations use the term Board Handbook/Manual and Board Policies and Procedures interchangeably. Whichever term is utilized within the organization, it is expected that said document include a written process to provide structured orientation for governing Board members within 6 months of being seated. However, since Board members are expected to carry out their fiduciary responsibilities upon being seated, it is recommended that initial engagement of the orientation process being within 30-45 days of their election/selection.

In order to demonstrate Met status, submission must include written structured orientation process, documentation of new Board member appointment date, and documentation of orientation date.

Vision and Direction – Category 5: Board Governance

Standard 5.8 **Governing board members have been provided with training on their duties and responsibilities within the past 2 years.**

Guidance:

- There is no specific curricula requirement, or training methodology required.
- Training may be delivered at board meetings, special sessions, conferences, through electronic media, or other modalities as determined by the board.
- The organization needs to have documentation that the training occurred (including content) as well as documentation that each board member has been provided with training opportunities.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Training agendas/presentations
 Attendee list
 Board minutes
 Documentation of board attendance at offsite training conferences/events/webinars etc.

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Standard 5.8 is applicable to all Board members. OCS IM 82 Question No. 5 highlights content areas for Board training related to roles and responsibilities. This IM should be utilized as a guide for the identification of minimum duties and responsibilities: <https://www.acf.hhs.gov/ocs/policy-guidance/csbg-im-82-tripartite-boards>. All documentation should be dated.

Met score maintained for 2 years from date of training (e.g., documentation confirms training conducted in 2022, then documentation not required for 2023 COE assessment). In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Vision and Direction – Category 5: Board Governance

Standard 5.9 **The organization’s governing board receives programmatic reports at each regular board meeting.**

Guidance:

- This standard does not require a report on each program at every board meeting; however, it does call for some level of programmatic reporting at every board meeting. Organizations determine their own process to report programs to the board. For example, some organizations may cycle through their programs semi-annually, others may do so on a quarterly basis, and yet others may do a brief summary at every board meeting.
- Board minutes should reflect that programmatic reports have been received documentation.
- Programmatic reporting may be in writing (reports, dashboards) and/or verbal.

Organization Self-Assessment:

- Met
- Not Met

Documentation used: (Check all that apply)

- Board minutes
- Board pre-meeting materials/packet
- Programmatic reports

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Although Standard Guidance states that programmatic reporting may be in writing (reports, dashboards) and/or verbal; it is the Department’s expectation that Board minutes reflect programmatic reports have been received and a brief summary of the report(s).

Vision and Direction – Category 6: Strategic Planning

Standard 6.1 **The organization has an agency-wide strategic plan in place that has been approved by the governing board within the past 5 years.**

Guidance:

- This is intended to be an organization-wide document, not a list of individual program goals
- This would be met through the Board voting on a motion to accept the strategic plan at a regular board meeting and documenting this in the minutes.

Organization Self-Assessment:

- Met
- Not Met

Documentation used: (Check all that apply)

- Board minutes
- Strategic plan

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

The Department does not consider the Strategic Plan and the Community Action Plan as the same documents. These documents complement each other. Only refer to the Strategic Plan for this standard.

Met score maintained 5 years from date of governing board approval. However, if the agency sets Strategic Plan in place mid-cycle of the 5-year period, documentation must be submitted to demonstrate compliance at the next COE assessment. Expired strategic plans will be scored as Not Met. In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Vision and Direction – Category 6: Strategic Planning

Standard 6.2 **The approved strategic plan addresses reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-sufficient.**

Guidance:

- These are the purposes of CSBG as laid out in the Act.
- These specific terms are not required, but the plan needs to include one or more of the themes noted in the Standard.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Strategic plan

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

And / or means replaceable. The Strategic Plan must include at least one of the above themes: reduction of poverty, revitalization of low-income communities, and empowerment of people with low incomes to become more self-sufficient.

If scored as Met; Met score maintained until strategic plan or 5-year period expires, whichever comes first. In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Vision and Direction – Category 6: Strategic Planning

Standard 6.3

The approved strategic plan contains family, agency, and/or community goals.

Guidance:

- These goals are set out as part of ROMA, referenced in IM 49, and provide the framework for the National Performance Indicators.
- These specific terms are not required, but the plan must address one or more of these dimensions.
- There is no requirement to address all three: family, agency, and community.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Strategic plan

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Noteworthy: Approved strategic goals should be aligned with at least 1 of the 3 National Community Action Network Theory of Change Community Action goals. Again, specific terms are not required, but the plan must address one or more of the goals. “Goals describe outcomes [results] to be accomplished in order to achieve the agency’s vision...Goals should conform to the acronym SMART: Specific, Measurable, Attainable, Relevant, Timely” (A Comprehensive Guide to Community Action Strategic Planning - https://communityactionpartnership.com/publication_toolkit/a-comprehensive-guide-to-community-action-strategic-planning-final-5/).

If scored as Met; Met score maintained until strategic plan or 5-year period expires, whichever comes first. In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Vision and Direction – Category 6: Strategic Planning

Standard 6.4

Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process.

Guidance:

- This standard links the community assessment with strategic planning.
- There is no requirement to do additional data collection.
- Please see guidance and glossary under Customer Engagement for more information on customer satisfaction and customer input.
- The standard may be documented by references to the analysis of customer satisfaction data and input within the plan, or by including the analysis of customer satisfaction data in the plan or its appendices, with a brief explanation of how it was used.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Strategic plan including appendices
 Notes from strategic planning process
 Customer satisfaction data/reports
 Customer input data/reports
 Strategic Planning Committee Meeting minutes or notes, if appropriate.

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

The Department believes that the above standard does not address how customer satisfaction data and customer input informs the strategic planning process. The strategic planning process shall include how customer satisfaction data and customer input informed the final product.

If scored as Met; Met score maintained until strategic plan or 5-year period expires, whichever comes first. In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Vision and Direction – Category 6: Strategic Planning

Standard 6.5

The governing board has received an update(s) on progress meeting the goals of the strategic plan within the past 12 months.

Guidance:

- The CSBG Act requires that Boards be involved with assessment, planning, implementation, and evaluation of programs; this standard supports meeting that requirement.
- This standard would be met by an update being provided at a regular board meeting, or a planning session, and documented in the minutes.
- The update provided to the board may be written or verbal.
- The update provided to the board should include goals outlined in the strategic plan and any progress made over the course of the last year, or by another period of time as determined by the board that is less than one year.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Strategic plan update/report
 Board minutes
 Board pre-meeting materials/packet

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

The 12-month cycle shall be based on or revolve around the Board approval date of the Strategic Plan documented in the minutes, as well as dated on the Strategic Plan.

Status of Standard 6.5 is connected to Standard 6.3, i.e., if strategic plan does not contain goals and 6.3 is determined to be Not Met, then Standard 6.5 is also Not Met.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.1 **The organization has written personnel policies that have been reviewed by an attorney and approved by the governing board within the past 5 years.**

Guidance:

- There is no requirement that the attorney be paid but should be a currently practicing attorney.
- Final reviews by attorneys on the board or on staff are not recommended but are not disallowed.
- Note that the review needs to have occurred at some point during in the past five calendar years.
- Agencies may work with human resource professionals (such as SHRM certified staff) and others (attorneys on staff or on the board) prior to the legal review to minimize cost.
- Note that not all attorneys are familiar with Human Resource issues and agencies are encouraged to use attorneys with this type of expertise.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Personnel policies
 Board pre-meeting materials/packet
 Board minutes
 Statement/invoice from an attorney reflecting the review

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Noteworthy: Written personnel policies must be dated and approved by the Board. Attorney “approval” of policies is not appropriate; it is the Board of Directors’ role to approve agency policy.

Met score maintained until 5 years from attorney review/board approval. However, if agency arranges for attorney review mid-cycle of the 5-year period, documentation must be submitted to demonstrate compliance for the next COE assessment. In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Operations and Accountability – Category 7: Human Resource Management

Standard 7.2 **The organization makes available the employee handbook (or personnel policies in cases without a handbook) to all staff and notifies staff of any changes.**

Guidance:

- The Handbook may be made available in electronic (such as an agency intranet, a location on a shared server, or distributed via email) or print formats.
- The process for notification of changes is up to the individual organization.
- Agencies are encouraged to have staff sign off that they have received and read the Employee Handbook.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Employee handbook/personnel policies
 Identified process for notifying staff of updates (may be included within the handbook/policy)
 Documentation of location and availability of handbook/policies
 Employee Handbook / Personnel policies receipt/sign-off page

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Standard does not mandate that the organization actually provide staff a copy of the agency's HR Policy Handbook with receipt documentation. The standard states "makes available". The Department requires organizations to clearly define their respective protocols on how the employee handbook (or personnel policies) is communicated to staff and their methodology and documentation for verification that all staff are alerted to the existence of the document, as well as any changes.

Operations and Accountability - Category 7: Human Resource Management

Standard 7.3 **The organization has written job descriptions for all positions, which have been updated within the past 5 years.**

Guidance:

- This references job descriptions for each type of position, not each staff person.
- To meet the Standard, job descriptions may include date of last review/update; the Standard does not require changes when descriptions are reviewed.
- The time frame is defined as within the past 5 calendar years.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Organizational chart/staff list
 Job descriptions (dated)
 Board or committee minutes noting documents have been updated

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Written job descriptions for all positions must be dated. The standard ignores the “content” of job descriptions, as well as whether or not the job descriptions should be reviewed. The Department expects that the organization has written job descriptions for all positions, which have been reviewed and updated, as needed within the past 5 years.

For annual COE self-assessment, the Department requires submission of job descriptions for all positions funded with CSBG and Human Services Infrastructure (HSI) dollars.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.4

The governing board conducts a performance appraisal of the CEO/executive director within each calendar year.

Guidance:

- There is no specific appraisal tool required to be used.
- This may be accomplished through a committee or the full board; however, the full board should receive and accept via board vote the appraisal, with the acceptance reflected in the board minutes.
- The approval of the performance appraisal is often done in conjunction with setting the CEO compensation.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board minutes
 Board committee notes
 Appraisal tool.

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Notation: Standard of annual appraisal of CEO/ED within each calendar year distinct from Standard 7.6 which refers to “regular” evaluations of employees. Only the evaluation of the CEO/ED has to be annual and reflect Board acceptance in the Board minutes. If CEO/ED performance appraisal is conducted in executive session, full Board acceptance of such appraisal must be an action recorded in the regular Board meeting minutes.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.5

The governing board reviews and approves CEO/executive director compensation within every calendar year.

Guidance:

- The full board should review and approve the total compensation at a regular board meeting and have it reflected in the board minutes.
- This includes salary, fringe, health and dental insurance, expense/travel account, vehicle, etc.
- As a point of reference, the 990 asks: Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . and if yes, describe the process.
- The compensation review and approval often happen in conjunction with the CEO performance appraisal.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Board minutes
 Executive Director/CEO contract (if applicable)
 990

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Notation: The CEO/executive director employment contract may guide compensation adjustments. The contract will describe what is required for compensation; as well as the term of the contract, which could be annual or multi-year term. Committee or Board minutes shall demonstrate the Board's review and approval of the total compensation. Standard fails to assure the Board acts in compliance with IRS Executive "reasonableness" standard. Review 990, Part VI, Section B, Line 15 to ensure this question is answered.

If review and approval of CEO/ED compensation is conducted via committee or in executive session, such review and approval must be full Board actions and recorded in regular Board meeting minutes.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.6 **The organization has a policy in place for regular written evaluation of employees by their supervisors.**

Guidance:

- The Standard calls for a policy being in place.
- It is recognized that it is best practice to have annual reviews for every employee, but the Standard is not intended to imply that 100% of employees must have an annual review. This caveat is noted given normal business conditions that may impact individual employees at any given time, e.g., timing of resignation/dismissal, FMLA leave, seasonal, etc.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Evaluation process/policy (likely found in personnel policies and procedures)

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Standard states that a policy must be in place for regular written evaluations of employees by their supervisors; it does not require the frequency of evaluations nor the percentage (%) that must be completed during that time period. The evaluation frequency and % is determined by the organization's personnel policies.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.7 **The organization has a whistleblower policy that has been approved by the governing board.**

Guidance:

- Once the whistleblower policy is approved and in place, there is no requirement for additional review under this standard. It is good policy for boards to periodically review their whistleblower policy to ensure that they are operating in compliance with it.
- This would be met through a vote by the board at a regular meeting and noted in the minutes.
- Many organizations incorporate their whistleblower policy into their Personnel Policies or Employee Handbook. If not included, the Whistleblower policy should be made available to staff via other means.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Whistleblower policy
 Board minutes
 Board pre-meeting materials/packet

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

It appears that Standard 7.7 intends for the Whistleblower Policy to only cover staff, as it does not reference the organization’s Board members and volunteers. Also, the Guidance does not address any essential content of the policy (e.g., Compliance Officer designation, retaliation protection, etc.). CAPLAW has a sample policy on their website.

Submitted policy must align with content of Board approval, i.e., if Board meeting minutes record approval of whistleblower protections for volunteers, then submitted policy must include such volunteer protections. Also, policies must be consistent, i.e., if whistleblower policy incorporated into multiple agency documents, e.g., Employee Handbook, Board manual, etc.; those policies must be identical.

Operations and Accountability – Category 7: Human Resource Management

Standard 7.8 All staff participate in a new employee orientation within 60 days of hire.

Guidance:

- There are not curricula requirements for the orientation; it is up to the organization to determine the content. Some examples of content include time and effort reporting, ROMA, data collection, mission, history of Community Action, etc.
- This may be met through individual or group orientations and documented in personnel files.
- The date of hire is considered to be the first day the employee works at the organization.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Personnel policies/employee handbook
 Orientation materials
 Sampling of HR/personnel files for documentation of attendance

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

The Department acknowledges that each organization conducts new employee orientation in different methods. The Department expects that each organization consider the minimum documentation required to ensure that an employee is aware of the organization's expectations within 60 days. Examples of new employee orientation could be organization overview/mission/vision/history; new hire orientation documentation; Confidentiality and Whistleblower policy; HIPAA checklist; time and reporting, etc. Programmatic training specific to position within the organization can occur after the initial 60 days over a longer period of time.

Documentation must include policy as well as confirmation new employees participated in orientation within 60 days of hire, e.g., documentation confirming hire date and orientation date(s).

Operations and Accountability – Category 7: Human Resource Management

Standard 7.9 **The organization conducts or makes available staff development/training (including ROMA) on an ongoing basis.**

Guidance:

- There are no specific requirements for training topics, with the exception of ROMA (or comparable system if one is used and approved by the State).
- This standard may be met through in-house, community-based, conference, online and other training modalities. Agencies may conduct their own training in-house or may make online or outside training available to staff.
- This should be documented in personnel files.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Training plan(s)
 Documentation of trainings: presentations, evaluations, attendee lists
 Documentation of attendance at offsite training events/conferences
 HR/personnel files

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

The organization shall make available staff development/training opportunities (including ROMA) on an ongoing basis; as described in the organization / program training plan. The actual registration for each employee does not need to be in the employee file; the Department recommends the utilization of a tracking log that summarizes the trainings and who attended over a specific period of time, typically one year.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.1 The organization’s annual audit (or audited financial statements) is completed by a Certified Public Accountant on time in accordance with Title 2 of the Code of Federal Regulations, Uniform Administration Requirements, Cost Principles, and Audit Requirement (if applicable) and/or State audit threshold requirements.

Guidance:

- Please see and follow state and federal guidance related to audits.
- Completed by a Certified Public Accountant on time in accordance with Single Audit Guidelines.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Completed audit

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Timely completion and submission of an organization’s audit is within 180 days of the close of the organization’s fiscal year. If an organization has requested an audit submission extension, said should be detailed in “CAA Comments” column of the self-assessment checklist.

All applicable audits must be submitted: Federal Single Audit; State Single Audit; and Audited Financial Statements.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.2 All findings from the prior year’s annual audit have been assessed by the organization and addressed where the governing board has deemed it appropriate.

Guidance:

- This standard can be met through board discussion and decisions at a regular board meeting with decisions noted in the minutes.
- Findings are those noted in the Audit itself, not the Management Letter.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Completed audit
 Management response to the audit
 Board minutes

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Notation: Audit “findings” can include a broad range of auditor observations regarding compliance or non-compliance with various accounting standards vs. language which specifies “material or significant deficiencies” and/or “ongoing concern risks”. Addressing the latter should not be discretionary. Action should immediately be taken to address the identified deficiency(s).

Repeat audit findings as defined above will result in “Not Met” determination.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.3 The organization’s auditor presents the audit to the governing board.

Guidance:

- The presentation to the board should be reflected in the Minutes.
- This standard can be met via the auditor meeting with the full board or appropriate committee including Finance, Finance/Audit, Audit, or Executive. If done via committee, a report to the full board by the Committee Chair to confirm the meeting occurred needs to be completed and documented in the minutes.
- The Auditor may make the presentation in person or via web or conference call as allowed by state law. In addition, ensure that the bylaws allow for electronic communication if the auditor or their representative presents in this way.
- The presentation may be made by a representative(s) of the audit firm and is not required to be the Partner of the firm engaged in the audit.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Completed audit
 Board minutes/committee minutes
 Board pre-meeting materials/packet

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.4 The governing board formally receives and accepts the audit.

Guidance:

- This standard can be met through a board vote accepting the audit at a regular board meeting and reflected in the minutes.
- Each board member should be provided a copy of the audit, either in hard or electronic format, with this distribution noted in the board minutes.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Completed audit
 Board minutes

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.5 The organization has solicited bids for its audit within the past 5 years.

Guidance:

- The Standard does not require that an organization switch auditors or partners, only that the audit is put out to bid within the past 5 years.
- If an organization is currently under contract with a firm that has been conducting the audit for 5 or more at the time of the first Standards assessment, the bid process needs to occur as soon as the current contract is completed.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (check all that apply)

- Organization procurement policy
 Documentation of bid process, including RFP/RFQ, list of vendors receiving notice, proof of any publication of the process
 Board pre-meeting materials/packet
 Written policy documenting auditor bidding and rotation practices

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Met score maintained for 5 years from date of audit solicitation. However, if agency solicits bids mid-cycle of the 5-year period, documentation must be submitted to demonstrate compliance for the next COE assessment. In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.6

The IRS Form 990 is completed annually and made available to the governing board for review.

Guidance:

- The IRS Form 990 is a publicly available document, and specifically asks if the board has reviewed the document prior to its submission. It also asks for a description of the review process.
- The Standard would be met by documenting the review process in the board minutes; the Standard does not require board acceptance or approval of the IRS Form 990.
- The IRS Form 990 can be made available by sharing a copy electronically or in hard copy to governing board members with the process noted in the minutes.
- The IRS Form 990 should be completed and submitted on time to the IRS within any granted extension periods.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- IRS Form 990
 Board minutes
 Board pre-meeting materials/packet
 Documentation of 990 distribution to the board (mail, email, link)

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Notation: The 990 Report requires the report to be provided to the Board for review, as opposed to “made available”. Board minutes shall reflect such provision, as well as their review of the 990 Report.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.7	The governing board receives financial reports at each regular meeting that include the following: <ol style="list-style-type: none">1. Organization-wide report on revenue and expenditures that compares budget to actual, categorized by program; and2. Balance sheet/statement of financial position.
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Guidance:

- Categorization by program does not require reporting by individual funding stream; it may be by organization-defined program areas, e.g., Early Childhood, Energy, Housing, etc.
- This does not limit the financial information a board receives at each board meeting. Individual agencies are likely to determine that additional information is needed by the board and should determine what specific information needs to be shared with the board beyond that included in the Standard.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Financial reports as noted above
 Board minutes/committee minutes
 Board pre-meeting materials/packet

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Notation: “Financial reports” as noted in this standard refer to Organization-wide reports and balance sheet/statement, as described in the Standard. Component no. 1 of the Standard must consist of one (1) report document; and component no. 2 is a separate report document. Community Action Partnership has a number of webinars/tools specific to organization-wide budgets. Also, NIQCA has tools located in its policy toolkit http://www.niqca.org/planning_toolkit/.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.8

All required filings and payments related to payroll withholdings are completed on time.

Guidance:

- This includes federal, state, and local taxes; as well as insurance and retirement payments.
- Documentation may include information received from a payroll service if used or the organization's financial management system. Such verification could be reviewed at the committee level if the organization determines it necessary or delegated to the Executive Director.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Payroll tax documentation/filings
 Insurance documentation (health, disability, flex accounts)
 Retirement accounts documentation
 Record of payments to state, federal, insurance and retirement accounts

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Documentation must reflect most recent quarter and be specific in its recording of payment due date(s) and payment issuance date(s).

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.9 The governing board annually approves an organization-wide budget.

Guidance:

- This would be met through approval at a regular board meeting and documented in the board minutes.
- This is intended to complement, not replace, program budgets.
- It is recognized that each grant or program will likely have an annual budget that may cross two organization fiscal years.
- It is important to note that an organization-wide budget is a forecast for the upcoming organization fiscal year, based on the best information at the time of development. It provides the board with an overview of what the expected revenues and expenditures are likely to be over the course of a year, with the knowledge that the actual revenue and expenditures may differ. There is no requirement for the organization to pass a modified organization-wide budget during the course of a year as things change.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Agency-wide budget
 Board minutes
 Board pre-meeting materials/packet

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Notation: Standard is silent on the timing of organization-wide budget meaning its approval prior to vs. after the start of the agency's fiscal year. The Department expects that the approval shall occur prior to the agency's fiscal year.

NIQCA has tools located on its website under "Toolkit" - http://www.niqca.org/planning_toolkit/

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.10

The fiscal policies have been reviewed by staff within the past 2 years, updated as necessary, with changes approved by the governing board.

Guidance:

- This would be met through approval at a regular board meeting and documented in the board minutes.
- There are no requirements for which specific staff need to be involved in the staff-level review.
- The annual reporting of the staff level review of the fiscal policies may be made at a fiscal committee meeting with the committee minutes reflecting the review.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Fiscal policies/procedures manual
 Board minutes/committee minutes
 Board pre-meeting materials/packet

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Standard 8.11 requires review of a CAA's procurement policy every 5 years vs. above Standard 8.10's requirement of a 2-year review of fiscal policies. Organizations should pay attention to the date sequences to ensure compliance with both Standards. Intent of Standard includes chronological component i.e., 1) staff review; 2) proposed updates; and 3) changes approved by Board. Documentation should not reflect staff acknowledgement of review after Board approval of changes.

Met score maintained for 1 year after demonstration of compliance. However, if changes are approved by the governing board mid-cycle of the 2-year period, documentation must be submitted to demonstrate compliance for the next COE assessment. In this instance, the CAA must identify the following in the "CAA Comments" column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.11 A written procurement policy is in place and has been reviewed by the governing board within the past 5 years.

Guidance:

- This would be met through approval at a regular board meeting and documented in the board minutes.
- The procurement policy may be found in an organization’s fiscal policies; it does not need to be a separate document.
- The procurement policy must be compliant with federal regulations and Agencies are encouraged to review relevant OMB circulars for specifications.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Procurement policy
 Board minutes
 Board pre-meeting materials/packet

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Standard 8.10 requires a 2-year review of fiscal policies vs. Standard 8.11’s requirement of procurement policy review every 5 years. Organizations should pay attention to the date sequences to ensure compliance with both Standards.

Met score maintained until 5 years from date of governing board review. However, if there is a change/update to the procurement policy mid-cycle of the 5-year period, documentation must be submitted to demonstrate compliance for the next COE assessment. In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.12 **The organization documents how it allocates shared costs through an indirect cost rate or through a written cost allocation plan.**

Guidance:

- If no approved indirect cost rate is in place, the organization must have a written cost allocation plan.
- A Federally Negotiated Indirect Cost Rate should be currently approved and may be determined or provisional.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Cost allocation plan
 Approved indirect cost rate

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Notation: Under OMB regulations' Uniform Guidance (aka Super Circular), CT CAAs have three (3) options: 1) Maintain or apply for an approved federal Indirect Cost Rate; 2) Accept a 10% de minimis federal rate (only if the CAA has never had a negotiated indirect cost rate); or 3) Create or maintain a "direct charge" cost allocation plan. Regarding option 3), there is no OMB federal rate protection should another federal or state agency choose to not recognize the cost allocation plan.

See 200.414(f) of the Uniform Guidance for specific statutory language. The Community Action Partnership and CAPLAW both have tools on this topic.

Operations and Accountability – Category 8: Financial Operations and Oversight

Standard 8.13 **The organization has a written policy in place for record retention and destruction.**

Guidance:

- This includes the retention and destruction of both electronic and physical documents.
- This Policy may be a stand-alone policy or may be part of a larger set of organization policies.
- As a point of reference, the 990 asks: Did the organization have a written document retention and destruction policy?

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Document retention and destruction policy

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Met score maintained until policy is revised/updated. Documentation must be submitted to demonstrate compliance if policy is changed/modified in any way. In this instance, the CAA must identify the following in the “CAA Comments” column of the assessment checklist: Date of Board meeting minutes demonstrating compliance; COE year such documentation was submitted and file name(s).

Operations and Accountability – Category 9: Data and Analysis

Standard 9.1 **The organization has a system or systems in place to track and report client demographics and services customers receive.**

Guidance:

- Some funders require their own systems be used; the organization may or may not have an organization-wide system in place. As long as all services and demographics are tracked, this standard would be met.
- The CSBG Information Survey data report already requires the reporting of client demographics. This standard does not require additional demographic data collection or reporting.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- CSBG Information Survey data report
 Data system documentation and/or direct observation
 Reports as used by staff, leadership, board, or cognizant funder

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Overall, for Category 9: No mention of capacity of data management system to support integrated agency-wide customer intake, assessment, and case management. Although not mentioned in the above standard, the absent information is required through the Department's contracts, so if this standard is Not Met, the organization is in risk of non-compliance with the Department.

Operations and Accountability – Category 9: Data and Analysis

Standard 9.2 **The organization has a system or systems in place to track family, agency, and/or community outcomes.**

Guidance:

- Some funders require their own systems be used; the organization may or may not have an organization-wide system in place. As long as outcomes are tracked, this standard would be met.
- This may or may not be the same system(s) noted in 9.1

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Data system documentation and/or direct observation
 Reports as used by staff, leadership, board, or cognizant funder

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Electronic or internal agency reporting system. It is essential that organizations can describe their internal agency reporting system for data that is tracked outside of the electronic system.

Operations and Accountability – Category 9: Data and Analysis

Standard 9.3

The organization has presented to the governing board for review or action, at least within the past 12 months, an analysis of the agency's outcomes and any operational or strategic program adjustments and improvements identified as necessary.

Guidance:

- This standard would be met through board or staff discussions as long as the analysis and discussion are documented.
- It is important to note that an organization is likely to have multiple programs with varying program years. This standard addresses an annual review of organization outcomes. Organizations are likely to make operations and strategic program adjustments throughout the year, making a single point in time analysis less effective than ongoing performance management.
- Organizations can meet this standard by having: an annual board discussion of organization outcomes, multiple conversations over the course of the year, or other process the organization deems appropriate as long as these discussions are reflected in the minutes, with any operational or program adjustments or improvements being noted.
- Organizations are not required to make adjustments in order to meet the standard, only to have conducted an analysis.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- Strategic plan update/report
 Other outcome report
 Notes from staff analysis
 Board minutes
 Board pre-meeting materials/packet

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Documentation must reflect all components of the Standard: 1) Presentation to governing board for review or action; 2) analysis of outcomes; and 3) operational or strategic program adjustments and improvements identified as necessary. For example, 2) analysis of outcomes may be documented in Board minutes recording Board review/discussion of CSBG Annual Report, Module 4 Section A.

Operations and Accountability – Category 9: Data and Analysis

Standard 9.4

The organization submits its annual CSBG Information Survey data report and it reflects client demographics and organization-wide outcomes.

Guidance:

- See CSBG State Lead Agency for specifics on the submission process.
- The CSBG Information Survey data report already requires the reporting of client demographics and organization-wide outcomes. This standard does not require additional data collection or reporting.

Organization Self-Assessment:

- Met
 Not Met

Documentation used: (Check all that apply)

- CSBG Information Survey Data Report
 Email or upload documentation reflecting submission
 Backup documentation gathered agency-wide to support this submission

If not met, progress to date on meeting the Standard:

Action steps to be taken to meet the Standard:

Notes:

Back-up documentation not necessary to submit to DSS.

Met score will be determined when CAA submits its CSBG Annual Report to the Department.