



WELCOME TO COA

Dear Colleague:

For more than 20 years, COA has been at the forefront of working with intercountry adoption service providers to ensure that the needs and rights of children, biological families, and adoptive families are met. We are, therefore, especially proud to have been designated by the Department of State as the sole national Accrediting Entity under the Intercountry Adoption Act of 2000 (IAA).

We recognize that pursuing accreditation can be daunting, especially for those providers that are small and are new to the process. Please know, however, that we are committed to *partnering* with you in a *collegial* and *facilitative* manner to make your accreditation experience a positive one. These Guidelines reflect that commitment.

We look forward to working with you in strengthening your program and improving the services delivered to your clients.



Richard Klarberg
President & CEO

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WHERE DO WE BEGIN?

As you begin the Hague accreditation or approval process, COA has a few recommendations to help you and your staff gain a greater understanding of the importance and benefits of the process.

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- Visit COA’s website at www.coanet.org to gain information and an understanding of the Council on Accreditation.
- Develop a presentation for your governing or advisory body that describes the requirements and merits of accreditation and how Hague accreditation or approval is a valuable component of their fiduciary duty.
- Educate your staff about the many benefits Hague accreditation or approval offers that will support their commitment to quality practice and their dedication to excellence.
- Discuss the process, the standards, and the commitment that is required to achieve Hague accreditation or approval with your stakeholders.
- Assess your ability to implement the standards, including those standards that are mandatory and critical to become Hague-accredited or approved.
- Let your service recipients know that Hague accreditation and approval affirm your commitment to providing them with the very best services.



HOW DO WE PREPARE?

COA would like to share the best of what we've learned from working with service providers like you about how to prepare for accreditation or approval.

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- Assign chapters or sections of standards to a staff member who will be responsible for ensuring the appropriate review and implementation of the standards. Most adoption service providers have more than one person involved in the review and implementation of standards, but COA suggests that one person be designated as ultimately accountable for each chapter or section.
- Conduct training for team members on how to use the standards to assess current practice. Training should include: the structure of the standards, how to read and use the Tables of Evidence and other charts and tools within each section, and advice and suggestions on how to write the narratives. Training should also include how to read, assess, and assign an internal "rating," using the Substantial Compliance System.
- Assign a timeframe for each team to conduct a "self-assessment" of their assigned sections. The self-assessment should include reviewing all standards and assigning a "preliminary rating" for each. The self-assessment also should include looking at the section's Table of Evidence to ensure that the required documentation is available and up-to-date and that staff feel prepared to engage in the on-site activities that will occur. Teams should also begin writing the narratives.
- Of special note: Remember that achieving Hague accreditation or approval is only possible when you have demonstrated clear evidence of compliance with the standards. Interviews conducted by the on-site Evaluator Team are extremely important as they reveal the extent to which policies and procedures have been operationalized. Use a mock interviewing process extensively and build in interview questions on agendas for regular program/departmental staff meetings.
- Develop corrective action plans for standards you identify as "non-compliant." Feedback suggests that formalizing corrective action plans, including the assignment of a responsible individual with timeframes and clear expectations of the work to be done, can help ensure the accreditation or approval timeline is met.
- Re-evaluate. At some point after the development and implementation of the corrective action plans, go back and have your assigned individuals or teams re-evaluate evidence of compliance with the standards. See if the areas identified as challenges have been addressed.



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- Start pulling it all together. All of the pre- and on-site documentation from the Tables of Evidence must be organized and prepared either to be submitted in the self-study or to be available on-site for the Evaluator Team. The main components that you need to ensure are included are narratives, all pieces of evidence, and any chart or tool that is required in each section of the standards.
- Consider conducting a “mock site visit.” Mock site visits are extremely effective in helping to assess your readiness for accreditation or approval. In fact, they are such powerful tools, you may want to consider conducting one at the beginning of this process along with another mock review as you near the site visit. Mock site visits can include case record review and extensive interviews with staff to ascertain compliance with the standards. Used at the beginning of the process, a mock site visit can help assess where your most significant gaps are and help triage and define where you will need to invest the most amount of resources and staff time.

COA can help you with conducting mock site visits. Give us a call if this is of interest to you!
- Develop and stick to your timeline! By developing a timeline that incorporates key deadlines as delineated in your timetable with COA, you can help your staff stay focused and ensure that you do not feel pressured as deadlines near.



WHAT IS THE INITIAL ASSESSMENT?

The purpose of the Initial Assessment is to familiarize the adoption service provider to the accreditation or approval process and to determine the provider's areas of strengths and needed technical assistance.

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The Intake Coordinator will review the accreditation or approval process with the provider, and gather some information that will assist in the planning of a site visit. The Intake Coordinator will also ask a series of questions about the adoption service provider's implementation of practices addressed within the Hague Accreditation and Approval Standards. The information shared by the ASP during the intake call will not be used to rate an ASP's compliance with the standards, but to develop a work plan that will help the ASP prepare their self-study and prepare for their site visit/desk review.

The provider and the Intake Coordinator will discuss a timeline for the provider's accreditation or approval process which takes into account the provider's readiness, the available review dates, and the deadline for achieving Hague Accreditation and Approval. Upon conclusion of the call, the Accreditation Coordinator will draft a Hague Accreditation/Approval Timeline that will specify the exact dates for the provider to complete each step in the accreditation/approval process.



HOW DO WE PREPARE FOR DUAL ACCREDITATION?

The Dual Accreditation Process for Adoption Service Providers seeking both Hague accreditation and COA accreditation is currently in development. For assistance with the dual accreditation process, please contact your COA Accreditation Coordinator.

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WHAT IS THE ROLE OF THE COA ACCREDITATION COORDINATOR?

The accreditation or approval process begins with your assignment to an Accreditation Coordinator, who will be your partner throughout this process, from assessment through accreditation or approval.

Your Coordinator is your primary contact at COA for anything and everything you need. He or she is your facilitator, interpreter, problem-solver and coach throughout the process and helps you:

- determine your starting point, areas of strength, and opportunities to grow;
- plan for early and on-going technical assistance;
- develop a needs-based, realistic timetable;
- understand the intent and application of Hague standards;
- answer questions about the accreditation or approval process;
- evaluate the quality of evidence and completeness of your self-study; and
- facilitate communication and access to resources at COA.

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WHAT OTHER RESOURCES ARE AVAILABLE TO ADOPTION SERVICE PROVIDERS?

COA has developed several technical assistance resources to help adoption service providers successfully navigate the Hague accreditation or approval process. Most training and technical assistance opportunities are offered at no cost or at an affordable rate.

These technical assistance and training opportunities include:

- Partnerships—linking adoption service providers with similar structures and challenges.
- Customized Training or Technical Assistance—on-site customized training designed to meet your unique and special needs.
- Webinars—you or your staff can sign up to attend web-based teleconference trainings conducted by COA staff and field experts. Your Accreditation Coordinator will schedule a series of Hague Accreditation and Approval Webinars that will cover each chapter of the standards and they key activities in the process.
- Self-Paced Training—COA offers pre-recorded trainings on specific topics that can be viewed over the Internet or on the CD-ROM. These trainings can be accessed multiple times by multiple staff members in the convenience of your office. Topics are determined by customer identified needs.
- Technical Assistance through the COA Accreditation Coordinator—the Coordinators provide on-going technical assistance to adoption service providers throughout the accreditation and approval process, and can direct you to resources and tools that can help you better understand the standards, assemble your self-study document, and prepare for the site visit.
- Face-to-Face Training—COA offers a one-day workshop on Hague Accreditation and Approval, provided regionally across the U.S. This training focuses on the Hague standards and process.

For more information on these technical assistance and training resources, contact your COA Coordinator or refer to the COA website, www.coanet.org.

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WHAT IS A HAGUE STANDARD AND HOW IS IT ASSIGNED?

Hague Accreditation and Approval Standards are requirements established by the U.S. Department of State in 22 CFR Part 96 for intercountry adoption providers involved in Hague Convention adoptions. COA has developed a formatted version of these standards, which is included in COA's *Guide to Hague Accreditation and Approval* and is available on the CD-ROM.

Hague Accreditation and Approval Standards include standards related to both management and service delivery.

Hague management standards apply to all adoption service providers regardless of the type of provider or services provided. These management standards promote accountability and include:

- Licensing and Corporate Governance
- Financial and Risk Management
- Ethical Practices and Responsibilities
- Professional Qualifications and Training of Employees
- Information Disclosure, Fee Practices, and Quality Control
- Responding to Complaints and Records and Reports Management
- Service Planning and Delivery

Service standards only apply to adoption service providers who currently provide the service. Service standards include:

- Standards for Incoming Cases
- Standards for Outgoing Cases

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HOW ARE THE HAGUE STANDARDS ORGANIZED?

The Hague Standards (Subpart F of 22 CFR Part 96) are organized in a three-tier structure: chapter, section, and sub-section. This structure contains increasing levels of specificity as one moves from the chapter to the section to the sub-section.

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Chapter:

The chapter provides a title that represents an aspect of management or service delivery. It is comprised of a group of sections.

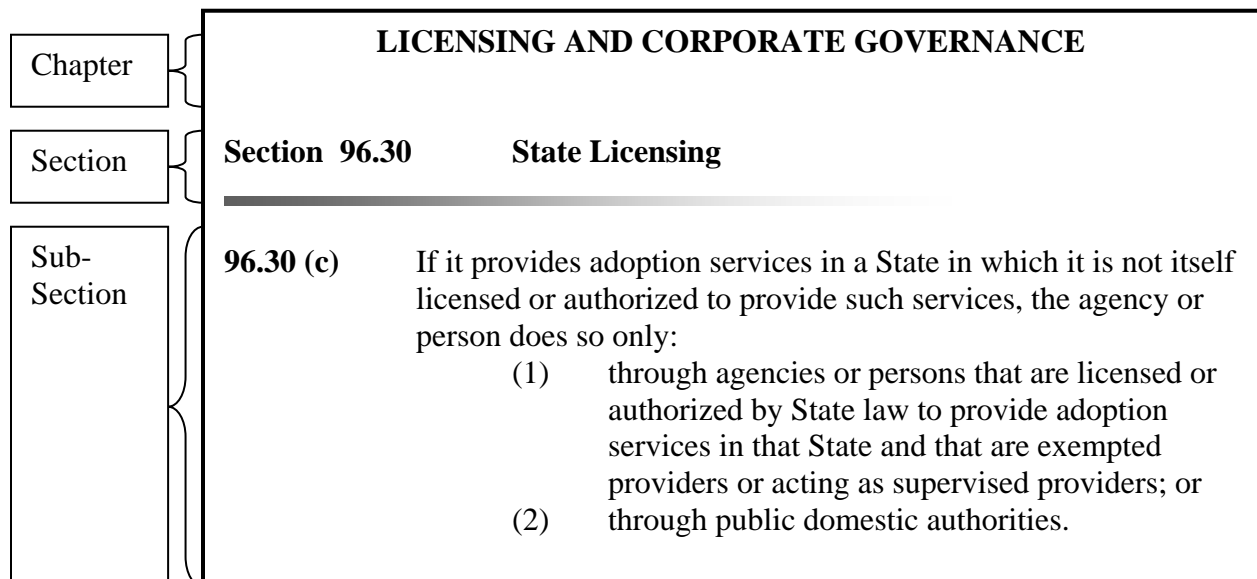
Section:

The section represents a numbered section of the regulations. It is comprised of a group of sub-sections and represents an overall theme for the group of standards.

Sub-section:

The sub-section is the most measurable, specific standard for which the adoption service provider is required to demonstrate its degree of compliance. Sub-sections are represented by a letter within each section of the regulations. Some sub-sections contain multiple requirements or elements that specify the details of a particular practice.

In the following example, the chapter is Licensing and Corporate Governance, the section is 96.30, and the sub-section is 96.30 (c).





WHAT ARE OTHER FEATURES OF THE STANDARDS?

In connection with Article 3(1)(c) of the Memoranda of Agreement with COA and Colorado, the Accrediting Entities must, in coordination with the Department of State, “develop explanatory guidance to assist applicants for accreditation (temporary accreditation) and approval in achieving substantial compliance with the applicable standards.” Explanatory Guidance includes clarifications, ratings of “NA” (not applicable), and Tables of Evidence.

Explanatory Guidance and Clarifications

Certain standards may require “clarifications” to:

- a) clarify the meaning of a term used within a standard;
- b) provide guidance through rating indicator examples regarding levels of compliance with a standard; and
- c) identify standards for which a showing of capacity would justify a rating of substantial compliance or better and guidance regarding evidence of capacity.

Explanatory Guidance will be provided in Bulletins, which will be available on COA’s website.

Explanatory Guidance Bulletin 1: Standards Clarifications

Bulletin 1 includes a list of terms from the standards and explanations of the meaning or intent of each term. This list will evolve as the accreditation/approval process gets underway, and updates to the list will be made available to Evaluators and adoption service providers on a regular basis.

Explanatory Guidance Bulletin 2: Standards Where an Evaluation of Capacity May Be Appropriate

Bulletin 2 provides a list of standards for which a showing of capacity may justify a rating of substantial compliance or better at the initial evaluation stage. Guidance is provided for determining capacity through examples of questions for evaluators to ask when assessing it.

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WHAT IS THE NA PROCESS?

Several standards will be “not applicable” (NA) to some applicants, because the standards themselves are written with conditions or contingencies that may or may not apply to the agency or person. Evaluators will confirm, during the site visit, that the conditions exist to warrant an NA rating.

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Explanatory Guidance Bulletin 3: Pre-Approved Not Applicable Rating Options

Bulletin 3 includes a list of standards and corresponding conditions that would make a rating of “NA” appropriate if the ASP does not meet the standard. NA options can also be found intermittently throughout the formatted version of standards on the CD-ROM. An NA statement is typically found directly under a standard (see example below).

When you decide that an NA is relevant to you, you must be prepared to provide evidence to the Evaluators that supports that determination. You must attach a list of all NA ratings being requested to the Table of Contents Form for each chapter of evidence you submit in your self-study.

In the example below, the NA statement follows the sub-section standard.

LICENSING AND CORPORATE GOVERNANCE

Section 96.30 State Licensing

96.30 (d) In the case of a person, the individual or for-profit entity is not prohibited by State law from providing adoption services in any State where it is providing adoption services, and does not provide adoption services in Convention countries that prohibit individuals or for-profit entities from providing adoption services.

NA The Adoption Service Provider is an agency.

NA
Statement



WHAT IS THE TABLE OF EVIDENCE?

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The designated accrediting entities have developed charts reflecting the evidence that evaluators will review in determining the level of compliance with the standards. The accrediting entities have compared their respective charts to promote uniformity and consistency. These charts specify the evidence that is expected to be provided by the adoption service provider during initial and subsequent accreditation/approval cycles. In limited circumstances, actual evidence of compliance will not be available. In such circumstances, *Explanatory Guidance Bulletin 3: Standards Where an Evaluation of Capacity is Appropriate* offers guidance for assessing capacity.

You will use the Table of Evidence as a guide to assemble your self-study and prepare for the on-site visit. The Table of Evidence is organized in two parts, the narrative and a chart that outlines the necessary evidence you need to provide in order to demonstrate compliance with the standards. The Tables of Evidence can be found on COA's Guide to *Hague Accreditation and Approval*, which is available on the CD-ROM.

The narrative provides an opportunity for you to discuss key practices that demonstrate compliance with the standards. Each question in the narrative addresses a specific aspect of your practice. Your response should be as concise as possible, while providing a comprehensive answer to the question.

TABLE OF EVIDENCE SAMPLE EXCERPTS FINANCIAL AND RISK MANAGEMENT

NARRATIVE:

Narrative

The Financial and Risk Management Narrative should provide an overview of key practices that contribute to financial and risk management. The Narrative supports, but should not duplicate, evidence provided elsewhere in your self-study. Provide responses to the following questions that address your organization's compliance with the Financial and Risk Management standards. Highlight applicable obstacles and innovations, if any, in each of your responses.

1. Describe how the organization meets the financial reporting requirements of applicable Federal and State Laws and Regulations. (96.33 d)



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Each chart includes three columns:

The *Self-Study Documents* column on the Chart includes evidence that should be provided in your self-study, which is submitted to COA and the Evaluators prior to the site visit.

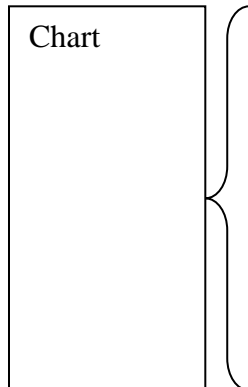
The *On-Site Documents* column on the Chart includes evidence that you should have readily available for the Evaluators when they arrive for the site visit. The Evaluators may review these documents if they need further information to evaluate your compliance with the standards.

The *On-Site Activities* column on the Chart identifies the individuals who may be interviewed by the Evaluators during the site visit, as well as any necessary case record and personnel file reviews and other on-site activities.

The Evaluators have the discretion to request additional evidence if they need further information to properly rate a standard.

TABLE OF EVIDENCE SAMPLE EXCERPTS FINANCIAL AND RISK MANAGEMENT

EVIDENCE CHART



	Self-Study Documents	On-Site Documents	On-Site Activities
96.33 Budget, Audit, Insurance, and Risk Requirements			
96.33 (a)	<ul style="list-style-type: none"> ▪ Budget (operating budget for current fiscal year) ▪ Governing Body minutes from the meeting when the budget was approved 	<ul style="list-style-type: none"> ▪ Finance procedures 	<ul style="list-style-type: none"> ▪ Interview: <ol style="list-style-type: none"> a. Governing Body b. Treasurer or Finance Committee Members c. CFO/CEO



WHAT IS THE SELF-STUDY?

The self-study is your first opportunity to demonstrate compliance with the Hague standards. With the guidance of your COA Coordinator, you will complete a self-study that serves as a self-assessment tool for you to evaluate your strengths and opportunities for growth.

The self-study is both a *process* and a *document*.

Process

Adoption service providers pursuing accreditation or approval engage in a process of self-evaluation as they assess their compliance with Hague standards. This process determines how accreditation or approval can facilitate change in your policies, procedures, and standards of practice. The self-study can also explain and reinforce the necessary maintenance of practices that are currently in operation.

Document

Adoption service providers complete and submit a compilation of evidence documents called the self-study prior to their site visit. The self-study serves as the first source of evidence for the Evaluator Team as they plan the site visit, gain knowledge about you or your management and adoption services, and begin to assess your compliance with the standards.

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<ul style="list-style-type: none"> ▶ What is the self-study? ▶ How do we complete the narrative? ▶ What evidence do we need to demonstrate compliance? ▶ What forms need to be completed? ▶ How do we complete the questionnaire? ▶ What is the self-study review? ▶ What are the options for assembling the self-study? ▶ What are the steps for assembling the self-study? ▶ Where and when do we submit our self-study? 	
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HOW DO WE COMPLETE THE NARRATIVE?

Each Table of Evidence begins with a narrative, which includes questions that require a written, descriptive response. This is an opportunity for you to describe what is unique about your structure or services and to elaborate on areas of excellence or areas needing improvement. It is helpful to answer the questions and describe the process used to implement the standards as if writing to an audience that is not familiar with your operations. When possible and feasible, use examples to illustrate a point and ensure that all responses are both succinct and relevant.

You are strongly encouraged to submit draft narratives to your COA Coordinator for review and feedback prior to the self-study submission. He or she can provide comments regarding the content and length of your narratives and what type of information will be most helpful to the Evaluator Team.

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WHAT EVIDENCE DO WE NEED TO DEMONSTRATE COMPLIANCE?

The chart in the Table of Evidence lists all documents and activities that the Evaluator Team will use to rate your compliance with the standards.

All documents outlined in the Self-Study Documents column in the chart should be included in your Self-Study.

The evidence listed in the On-Site Documents column should also be prepared during the self-study process, but will be reviewed during the site visit only if the Evaluator Team needs additional information to verify compliance with the standards.

You should use the information listed in the On-Site Activities column to prepare relevant staff for the interview process and to make the necessary arrangements for record reviews, adoptive parent interviews, and other activities prior to the site visit.

Examples of evidence include:

- licenses and other legal documents;
- contracts and/or written agreements;
- policies;
- procedures;
- training materials;
- meeting minutes; and
- quality improvement reports.

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WHAT FORMS NEED TO BE COMPLETED?

Some standards have profiles that are referenced in the narrative portion of the Table of Evidence. You can find them in the Tables of Evidence folder on the CD-ROM.

When a form is required, you should fill out the form provided and place it in your self-study or attach an existing form in lieu of this document, provided that it captures all of the data requested in the form.

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Forms	Description
Collaborative Relationships Profile	This form is used to provide information about the adoption service providers you partner with in Convention cases. You will need to include contact information for each provider. You will also need to indicate what role each provider takes on when you work on Convention cases together (e.g., primary provider, supervised provider, or exempt provider). You will need to include information about domestic and foreign partners on this form.
Governing Body Profile	This form is used to provide information about the members of your Governing Body/Advisory Group. This form is NA for individuals seeking approval.
Employee Profile	This form is used to provide information about employees who are involved in the provision of services in Convention cases. You do not need to include independent contractors here, unless they are considered employees.
Executive Verification Statement	This form is used by your Executive Director and Governing Body Chair to disclose certain information, as required in the standards. This form must be notarized.
State Licensing and Regulatory Profile	This form is used to document the services you provide directly and the state licensing rules or other regulations that apply.



HOW DO WE COMPLETE THE QUESTIONNAIRE?

The stakeholder questionnaire is used by the Evaluator Team to learn how clients perceive your agency and experience its services. Complete instructions for distributing the questionnaire and the sample memorandum are included on the CD-ROM in the Tables of Evidence folder.

On your timeline for accreditation, your COA Coordinator will identify a date when you should distribute the memo with information about the questionnaire to clients. You must accurately enter both your agency name and identification number assigned by COA on the memo before distributing them to clients.

Clients receiving the questionnaire memo should be randomly selected from the service population. You may choose your own means of random selection; however, you must be prepared to explain your sampling method during the site visit.

You should also ensure that the questionnaire memo is provided to a representative sample of both current clients and clients no longer receiving services.

Clients will have the opportunity to complete the questionnaire online at www.coanet.org/hagueasplclientsurvey or if Internet access is unavailable, by calling COA's toll-free number – 866-262-8088 – to have one of COA's Hague Team help them complete the questionnaire.

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WHAT IS THE SELF-STUDY REVIEW?

Your Accreditation Coordinator will conduct a non-rated internal review of select pieces of evidence from your self-study before you send the entire self-study to COA. The purpose of this review is intended to assess the quality of your evidence (e.g., sufficient content, relevancy) and to assess your readiness for the site visit.

During the initial assessment process, your Accreditation Coordinator will notify you of the standard documents to be sent for review and work with you to determine if any additional documents will be reviewed. You will also work with your Accreditation Coordinator to determine when each document will be reviewed, and these dates will be included in your timetable.

Your COA Coordinator will communicate in writing the findings from the self-study review, including any necessary adjustments/revisions to the evidence, and steps on how to proceed after adjustments/revisions have been made.

When your complete self-study arrives, a COA staff person will conduct a non-rated internal review of it. This review is intended to determine if your self-study is complete and well-organized (e.g., properly assembled, pages numbered, and sufficient content). Your Accreditation Coordinator will notify you if any adjustments need to be made.

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WHAT ARE THE OPTIONS FOR ASSEMBLING THE SELF-STUDY?

In an effort to reduce our environmental impact, the Council on Accreditation has developed an electronic Self-Study process which allows providers to submit evidence of compliance in a standardized template on a CD-ROM or a USB/jump drive. This process helps providers:

- Save a significant amount of money on paper, copying, and shipping; and
- Save time preparing the self-study document.

To learn more about the electronic Self-Study process, contact your Hague Coordinator, read the instructions and download the template on the COA website (www.coanet.org), or take the webinar titled “How to Assemble an Electronic Self-Study”.

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WHAT ARE THE STEPS FOR ASSEMBLING THE SELF-STUDY?

Once you've written your narratives and gathered your evidence, you can begin to assemble your Self-Study. There are four documents on the COA website that you will need to complete this process.

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- **Electronic Self-Study Instructions:** The instructions provide a step-by-step guide for completing an electronic self-study.
- **Electronic Self-Study Table of Contents:** This is an Excel document that contains a list of all of the standards and related evidence that must be submitted to demonstrate compliance.
- **Executive Verification:** The Executive Verification is a signed document which the provider submits verifying that the self-study is complete and accurate.
- **READ ME FIRST document:** This Word document contains contact information for the provider and a summary of anything that is unique about the assembly or contents of the self-study. The READ ME FIRST document should be completed once the self-study is finalized and then placed on the CD-ROM or USB/jump drive.



WHERE AND WHEN DO WE SUBMIT OUR SELF-STUDY?

Once you have completed your self-study, ship one copy via a tracking method to the following address:

Council on Accreditation
 Attn: Org. ID#___ Hague Self-Study
 120 Wall Street, 11th Floor
 New York, NY 10005

You will receive an “Evaluator Team Notification” via fax/e-mail from the Volunteer Services Department notifying you as to how many copies of the self-study should be made, and to whom you should send completed copies.

Note: You need to keep one copy of the self-study for your records, which should be made available to the Evaluator Team during the site visit.

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WHAT IS THE SITE VISIT/DESK REVIEW?

The site visit or desk review is perhaps the most important step in the Hague accreditation and approval process because this is when your peers from other organizations visit your program sites to assess your implementation of the Hague standards.

Like the earlier steps, the site visit or desk review is a facilitative experience.

Traditional Site Visit

Adoption service providers pursuing Hague accreditation or approval complete a Traditional Site Visit. The Traditional Site Visit provides you with the opportunity to demonstrate compliance with all applicable management and service delivery standards to your Evaluator Team. COA assigns a minimum of two Evaluators to conduct this review. During the site visit, Evaluators will travel to one or more of your offices to review documents and records, conduct interviews, and gather and review evidence of your compliance with the standards.

Desk Review

Adoption service providers pursuing Temporary Hague Accreditation will be assigned two Evaluators to conduct a desk review. These Evaluators will not travel to your office(s) unless extraordinary circumstances exist. During a desk review, Evaluators will review your self-study to gather and review evidence of your compliance with the standards. Evaluators may also conduct phone interviews, as necessary.

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WHO ARE THE EVALUATORS AND WHAT IS THEIR ROLE?

COA prides itself on the caliber of its volunteer corps. These volunteers are an essential component of Hague accreditation and approval. Our Evaluators make an extraordinary commitment to guarantee quality site visits and desk reviews. They are trained on the Hague process and standards. Each Evaluator dedicates approximately 50 hours to each site visit they participate in. In addition to the interviews they conduct on site, significant time is spent becoming familiar with your operations through a review of your self-study.

Hague Evaluators are recruited from the following groups of professionals:

- Chief Executive Officers of COA-accredited organizations or organizations in process of becoming accredited.
- Senior administrative and clinical staff of COA-accredited organizations or organizations in process of becoming accredited.
- Faculty of schools of social work with special expertise.
- Recently retired senior staff from COA-accredited organizations who continue to maintain an active role in the field.
- Professionals with expertise in intercountry adoption.

Each Evaluator Team is headed by a Team Leader. The Team Leaders are senior reviewers who have extensive experience with accreditation and the review process. Through these two factors they have demonstrated a true commitment to the purposes and goals of accreditation and approval.

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HOW SHOULD WE PREPARE FOR A SITE VISIT?

Although staff and stakeholders are involved in all of your accreditation efforts, the site visit is the primary opportunity for everyone to feel their participation matters. There are several things that you should do in order to assure a successful site visit.

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- Prepare staff in advance. Meet with the staff as you did when you first decided to embark on this journey; reinforce how important their participation is and how confident you are that this will be a successful visit. Make sure they know who will be interviewed and what standards will be discussed.
- Consider conducting a mock site visit to create comfort with the site visit process and to help staff understand what to expect.
- Work with your Team Leader to develop the agenda for the site visit. Then share the agenda with your staff. This will assure they continue to feel included.
- Make arrangements for the team's record and documentation review. This will go smoothly if your on-site evidence (e.g., client records, QI minutes, Board minutes, complaint records, and personnel records) are assembled prior to the team's arrival. Also, be sure to designate a staff person who is knowledgeable about the location of records and other important documents to facilitate the record review.
- Identify key staff to escort the team members to other program sites if you have multiple offices that will be visited.
- Identify a private room with a lock for the Evaluator Team to use while on site that offers privacy and minimal disruption. Place relevant on-site documents in this room, including a copy of the self-study, so that they are easily accessible to the Evaluator Team. Provide the team with a key to this room.
- If evidence is in electronic format, arrange to have a computer available in the room with access to online manuals and other important documents. If possible, arrange for Internet access at this computer. Designate a specific staff person to be available to the team to explain how to access electronic documents.
- Develop a plan to reward staff for their participation at the conclusion of the site visit and share the feedback from the Exit Meeting.



WHAT HAPPENS DURING OUR SITE VISIT?

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COA's site visit experience is both facilitative and contextual in nature. Therefore, the Evaluator Team will provide the adoption service provider with every opportunity to demonstrate that its policies and/or procedures are in compliance with the Hague standards. It is important for the adoption service provider to demonstrate to the Evaluator Team how it complies with the requirements of the standards within its unique culture and service environment. In order to determine compliance, several layers of questions may be asked of the adoption service provider.

Case Record Review

The site visit begins with a document review, usually on a Sunday. This allows more time during regular business hours for meetings with staff and stakeholders. It also allows the team to fully participate in each aspect of the site visit.

Entrance Meeting

The Entrance Meeting is the formal "kickoff" of the site visit. This is when the team is introduced to your CEO/Executive Director, members of your governing body, executive staff, and other relevant staff who will be involved in the site visit. During this meeting, the Team Leader will review what can be expected over the next few days.

Interviews

Interviews will be conducted with clients and/or personnel. The intent of interviews is to determine satisfaction with services, to determine if written policies and procedures are adhered to, and to help the team get a feel for the overall culture of the organization or individual's practice.

Exit Meeting

The Exit Meeting is intended to provide you with some initial feedback and to assure all key staff and board members understand what to expect next. This also allows you to bring closure to this part of the process.



WHAT ARE THE RATING INDICATORS?

Rating Indicators:

The Substantial Compliance System uses a four-point indicator rating system to guide the evaluators in determining the adoption service provider's degree of compliance with each standard.

With prior approval from an accrediting entity or as indicated by a particular standard, an adoption service provider can be assigned a rating of "not applicable" (NA) for some standards. For descriptions of each rating, please see Appendix A.

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Hague Accreditation and Approval Rating Indicators	
1	Full Compliance
2	Substantial Compliance
3	Partial Compliance
4	Non-Compliance
NA	Not Applicable
Ratings of (1) and (2) are considered "passing."	



WHAT VALUE IS ASSIGNED TO EACH STANDARD?

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All of the Hague standards are important to the operation of a well-functioning adoption program and adoption service providers must strive to comply with them. However, some standards are weighed more heavily than others, and failure to comply with certain standards reflects a fundamental weakness in operations or inconsistency with the principles of the Hague Convention. All sub-sections have been designated as Mandatory, Critical, or Foundational Standards. For a complete list of Mandatory, Critical, and Foundational standards, see Appendix B.

Mandatory Standards:

Mandatory standards represent practices that are essential to fulfillment of the aims of the Hague Convention, the Intercountry Adoption Act (IAA), and 22 CFR Part 96, and have the highest value in accreditation/approval. Mandatory standards require a rating of full compliance (1) in order for the adoption service provider to be accredited or approved (see below).

Critical Standards:

Critical standards represent practices that have a significant impact on fulfillment of the aims of the Hague Convention, the IAA, and 22 CFR Part 96, and have a high value.

Foundational Standards:

Foundational standards are important to the operation of a well-functioning adoption program. They derive from and support compliance with the Hague Convention, the IAA, and the Hague Regulations.



HOW ARE RATINGS DETERMINED?

Assignment of Ratings

Evaluators determine an adoption service provider's degree of compliance by rating all sub-section standards using their professional judgment and expertise. Ratings are based on:

- self-study documentation;
- questionnaire data and public comment information;
- materials provided on site; and
- interviews and information provided by staff, clients, and other key stakeholders.

A written explanation of the rating is provided if the evaluators decide to assign a rating of:

- partial compliance (3) or non-compliance (4) to a critical or foundational sub-section; or
- a rating of substantial compliance (2), partial compliance (3) or non-compliance (4) for a mandatory standard.

The adoption service provider will have an opportunity to respond to all ratings of partial compliance or non-compliance following the site visit. The accrediting entity will take these responses into account before assigning a final rating.

Achieving Accreditation or Approval

An adoption service provider's overall compliance must demonstrate "substantial compliance" by receiving a rating of full or substantial compliance on 85% of applicable standards.

In order to be accredited, temporarily accredited, or approved, the adoption service provider must:

- receive ratings of full compliance on 100% of all applicable Mandatory Standards;
- receive ratings of full or substantial compliance on 100% of all applicable Critical Standards;
- receive no rating of non-compliance on any Foundational Standard; and
- receive ratings of full or substantial compliance on enough Foundational Standards so that ratings of full or substantial compliance have been received on 85% of all applicable Mandatory, Critical and Foundational Standards taken together.

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WHAT HAPPENS AFTER OUR SITE VISIT?

Immediately following the site visit, you should do the following:

- First of all, pause for a moment to celebrate your achievements. The completion of the site visit is a significant milestone in the process. For this reason, it is important to recognize all of the people who have contributed to the accreditation or approval process up to this point.
- Next, take stock of how the site visit went and ask yourself, “In what areas of the standards did we do well? And where did the Evaluator Team identify areas for improvement?” If you are aware of needed improvements, it is important to continue working on these areas prior to receiving the site visit report.

Upon completion of the site visit, the Team Leader sends completed rating sheets with comments to COA. COA then begins preparing your Pre-Commission Review (PCR) report. The PCR report is an adoption service provider’s site visit report and identifies only those standards that require a response and/or corrective action in order for the adoption service provider to achieve accreditation or approval.

On a weekly basis, a special PCR committee comprised of a diverse group of COA’s senior staff comes together to review all Evaluator Team scores and comments. The PCR committee:

- reviews each site visit report for consistency and accuracy;
- contacts the site visit team when there are questions about a rating or reason for non-compliance;
- identifies all Mandatory, Critical, and Foundational Standards that require a response; and
- provides evidence requirements to the adoption service provider regarding how to respond to and correct all of these standards.

Within 30 business days from the last day of the site visit, you will receive a copy of your PCR report. It will be accompanied by a cover letter and instructions for how to prepare the response either in hard copy or electronic format. You will then have 30 business days to provide a response and submit additional evidence for review by the Accreditation Commission.

Your COA Coordinator continues to be available to work with you during this time.

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WHAT IS THE COMMISSION AND ITS ROLE?

COA's Commission is the decision-making body that reviews the Pre-Commission Review (PCR) reports and organizational responses in order to confer accreditation or approval.

The Commission is comprised of qualified individuals with professional backgrounds that enable thoughtful and skillful participation in the decision-making process. They must have extensive experience as Team Leaders in order to be selected or are senior management staff. COA's President/CEO appoints individuals to serve as Accreditation Commissioners for a defined period of time.

Approximately 30 days prior to a meeting, Commissioners are provided with an adoption service provider's PCR report and response, and any additional information necessary to render a decision. The Accreditation Commission reviews all documentation in a manner free from conflict of interest and without knowing the identity of the adoption service provider under review. Accreditation Commissioners with an actual or apparent conflict of interest must recuse themselves from any deliberation or vote.

At the commission meeting, a quorum of Commissioners reviews the reports and makes decisions regarding an adoption service provider's accreditation or approval status. All decisions must be unanimous. COA will notify you after the meeting if additional information is required, and you will receive notification of the accreditation or approval decision on the uniform notification date.

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WHAT ACCREDITATION AND APPROVAL DECISIONS ARE POSSIBLE?

Following are the different accreditation and approval decisions that can be awarded to an adoption service provider. For complete information about any of these decisions, please reference COA's *Hague Accreditation and Approval Policies and Procedures Manual* at www.coanet.org.

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Accreditation or Approval: The Accreditation Commission awards accreditation or approval to an adoption service provider for a period of four years, except during the initial round of Hague Accreditation, when accreditation and approval can be awarded for 3, 4, or 5 years.

Expedited: COA's President/CEO can expedite an adoption service provider's accreditation or approval without presenting an adoption service provider to the Accreditation Commission for review when the adoption service provider:

- meets all of the requirements of the Substantial Compliance System following a site visit; and
- there is no cause for concern about compliance and continuing performance with the Hague standards.

Pending: When the Accreditation Commission has questions about an adoption service provider's compliance and continuing performance with a few standards and only requires minimal documentation, it has the discretion to place the adoption service provider on pending status, and to request this documentation.

Deferral: When the Accreditation Commission has questions about an adoption service provider's compliance and continuing performance with the standards, it has the discretion to defer reaching an accreditation or approval decision and to request further information.

Denial: The Accreditation Commission reserves the right to deny accreditation or approval to an adoption service provider based on defined criteria that are outlined in the *Hague Policies and Procedures Manual*. An adoption service provider may appeal a denial decision.

Withdrawal: An adoption service provider may voluntarily withdraw from the accreditation or approval process at any time prior to the Commission's decision.



WHAT HAPPENS AFTER WE ACHIEVE ACCREDITATION OR APPROVAL?

Following the successful completion of the accreditation or approval process, you will receive the following:

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- ▶ What happens after we achieve accreditation/approval?
- ▶ How do we sustain accreditation/approval?

- An email communication stating that the agency/person has achieved accreditation/approval with a logo you can use to publicize and celebrate this achievement. This is sent within 7 business days of the decision being made.
- A packet that contains, among other things, a formal notification letter and a certificate stating that you have been accredited or approved, and your expiration date. This is sent by hard copy to your chief executive officer. Note: All related accreditation or approval fees must be paid before the formal notification packet is sent out. Replacement certificates can be ordered using the Certificate Reorder Form (see Appendix C).
- A Final Accreditation or Approval Report (FAR), which provides a complete set of ratings for all applicable standards, as well as a list of your strengths and areas for improvement. This report is intended to be used to assist you in promoting continuous quality improvement. It is sent by hard copy with the notification packet or within 45 business days after you receive your formal notification letter.

COA views Hague accreditation or approval as a monumental achievement and recommends that you celebrate and publicize this milestone with your staff, community, and stakeholders. We provide you with a sample press release that can be revised and disseminated to all interested parties in order to assist you with this celebration.



HOW DO WE SUSTAIN ACCREDITATION OR APPROVAL?

Hague accreditation or approval can be key to sustaining a culture of quality within your business. COA's monitoring and oversight processes enhance the value of accreditation and approval in the post-accreditation and approval years by promoting continuous compliance and performance with the Hague standards. These mechanisms ultimately increase the value of Hague accreditation or approval to the adoption service provider's internal and external stakeholders.

COA's monitoring and oversight process is composed of three components:

1. Self-reporting of critical incidents and significant occurrences.
2. Participation in the review of third-party concerns or complaints.
3. Completion of semi-annual reports.

Through these processes, COA and the adoption service providers it accredits and approves are able to evaluate significant changes, events and critical occurrences within the context of the adoption service provider's continuous performance improvement activities.

During the time an adoption service provider is not pursuing Hague accreditation or approval, it is welcome to contact COA's Hague Accreditation Team or Client Relations Division regarding all accreditation and approval-related questions.

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- ▶ What happens after we achieve accreditation/approval?
- ▶ How do we sustain accreditation/approval?



APPENDIX A: RATING INDICATOR LEGEND

Following are descriptions of the indicators used by the evaluators to assess an adoption service provider's degree of compliance with the standards.

1 **Full Compliance**

Description: The relevant policies, procedures, and/or practices, fully meet the standard as written. All elements or requirements are evident in practice with extremely rare or no exceptions. Exceptions in compliance do not affect, in any way, consistency with the aims of the Hague Convention and the IAA, organizational performance or quality of service.

2 **Substantial Compliance**

Description: Practice is basically sound and reflects strong capacity with room to improve. A majority of the standard's requirements are met, but one or more factors are missing or need augmentation. Appropriate policies and procedures are in place. Minor inconsistencies and underdeveloped practices are noted; however such inconsistencies do not jeopardize persons served; or overall performance, or consistency with the aims of the Hague Convention and the IAA in any way.

3 **Partial Compliance**

Description: A significant aspect of the organization's operations or service delivery deviates from the standard's requirements or from written material, or capacity is at a basic level. Significant omissions or exceptions to the standard occur with regularity. Policies or procedures are weak or personnel are poorly informed about policies or procedures. A majority of the standard's requirements are met, but several factors are missing or need augmentation. The standard requires written procedures or documentation but the organization can only anecdotally describe how it meets the standard. Practice, as is, may compromise care of consumers organizational functioning, or consistency with the aims of the Hague Convention and the IAA.

4 **Non-compliance**

Description: The adoption service provider's observed operations and service delivery show signs of neglect, stagnation or deterioration, and there is a clear need for increased capacity. Practice or documentation does not address, or is in opposition to, the standard's requirements. Few, if any, of the standard's requirements are met. The organization does not have any of the necessary components of the basic framework the standard requires. (This may be due to glaring lack of attention to practice or service delivery, or administrative decisions that are not consistent with the standard.) Omissions or exceptions occur so frequently that they are the norm. Organizational functioning or integrity is seriously compromised. Health and safety of persons served may be at risk. The organization demonstrates inconsistency with the aims of the Hague Convention and the IAA.



APPENDIX B: WEIGHTED STANDARDS

Mandatory Sub-Section Standards

96.30 (a)	96.30 (d)	96.34 (a)	96.35 (a)
96.30 (b)	96.31 (a)	96.34 (b)	96.36 (a)
96.30 (c)	96.31 (b)	96.34 (c)	96.36 (b)

Critical Sub-Section Standards

96.32 (a)	96.38 (a)	96.43 (a)	96.51 (d)
96.32 (b)	96.39 (a)	96.44 (a)	96.52 (b)
96.32 (d)	96.39 (d)	96.44 (b)	96.52 (c)
96.32 (e)	96.39 (e)	96.45 (a)	96.52 (e)
96.33 (a)	96.39 (f)	96.45 (b)	96.53 (a)
96.33 (b)	96.40 (a)	96.47 (a)	96.53 (b)
96.33 (c)	96.40 (b)	96.47 (b)	96.53 (c)
96.33 (d)	96.40 (c)	96.47 (c)	96.53 (d)
96.33 (e)	96.40 (d)	96.48 (a)	96.53 (e)
96.33 (f)	96.40 (e)	96.49 (a)	96.54 (a)
96.35 (b)	96.40 (g)	96.49 (d)	96.54 (b)
96.35 (c)	96.41 (a)	96.49 (e)	96.54 (c)
96.35 (d)	96.41 (b)	96.49 (f)	96.54 (d)
96.35 (e)	96.41 (c)	96.49 (g)	96.54 (f)
96.37 (a)	96.41 (e)	96.49 (j)	96.54 (h)
96.37 (b)	96.41 (f)	96.50 (a)	96.54 (j)
96.37 (c)	96.41 (g)	96.50 (b)	96.54 (k)
96.37 (d)	96.42 (a)	96.50 (c)	96.55 (b)
96.37 (e)	96.42 (b)	96.50 (d)	96.55 (d)
96.37 (f)	96.42 (c)	96.50 (e)	96.55 (e)
96.37 (g)	96.42 (d)	96.50 (g)	96.55 (f)

Foundational Sub-Section Standards

96.32 (c)	96.40 (f)	96.48 (b)	96.50 (f)
96.33 (g)	96.40 (h)	96.48 (c)	96.50 (h)
96.33 (h)	96.41 (d)	96.48 (d)	96.51 (a)
96.33 (i)	96.41 (h)	96.48 (e)	96.51 (b)
96.34 (d)	96.42 (e)	96.48 (f)	96.51 (c)
96.34 (e)	96.43 (b)	96.48 (g)	96.52 (a)
96.34 (f)	96.43 (c)	96.48 (h)	96.52 (d)
96.38 (b)	96.43 (d)	96.49 (b)	96.54 (e)
96.38 (c)	96.46 (a)	96.49 (c)	96.54 (g)
96.38 (d)	96.46 (b)	96.49 (h)	96.54 (i)
96.39 (b)	96.46 (c)	96.49 (i)	96.55 (a)
96.39 (c)	96.47 (d)	96.49 (k)	96.55 (c)



CREDIBILITY • INTEGRITY • ACHIEVEMENT

HAGUE ACCREDITATION AND APPROVAL CERTIFICATE REORDER FORM

Greetings! In order to successfully process your order, please complete the form below. Please note that one form must be completed for *each* location. Example: If an agency is ordering for three different sites in three different cities, the agency must complete three separate order forms.

Please allow two weeks for certificate orders to be completed.

Please send your order form(s) to the attention of Jayne Schmidt, Hague Accreditation Project Manager, COA, 120 Wall Street, 11th Floor, New York, NY 10005. If you have any questions, please feel free to contact Jayne Schmidt either by email or telephone at jschmidt@coanet.org or 212.797.3000, extension 203, respectively. Thank you in advance.

COA Identification Number: _____

Name of Agency/Person: _____

Location (*City & State Only*): _____

Number of Certificates: _____

Mailing Information

Name of Recipient: _____

Name of Agency/Person: _____

Address: _____

Telephone Number: _____

Email Address: _____

For Office Use Only

Date Order Was Received: _____