

G5. QUALITY OF THE SERVICE ENVIRONMENT

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..... G5. QUALITY OF THE SERVICE ENVIRONMENT

G5. The organization provides programs and services in an environment that is safe, accessible, and appropriate for the needs of personnel and persons served.

ENVIRONMENTAL QUALITY

G5.1 The organization is housed, equipped, and maintained in a manner that facilitates service delivery and demonstrates respect for persons served.

G5.1.01

The facility reflects the organization’s commitment to provide comfort and dignity to individuals of diverse backgrounds and ages.

Evidence of Compliance (G5.1.01)

ON-SITE
The team will observe the physical surroundings and interview personnel and persons served.

Rating Indicators (G5.1.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but the environment could be improved in some minor way.
- 3 The organization demonstrates efforts to meet the requirements of the standard, but deviates from the requirements in some significant way.
- 4 The organization has inadequate facilities that do not provide an appropriate context for delivery of its services, e.g., the facility is unkempt, cheerless, and/or generally unsuitable for serving persons and families.

G5.1.02

The organization regularly seeks the input of persons served and personnel about the quality of the environment and focuses its efforts on remediating identified problems.

Interpretation (G5.1.02):

See G2.2 for methods of stakeholder involvement.

Evidence of Compliance (G5.1.02)

PRE-SITE
The team will review the Consumer Questionnaire.

Rating Indicators (G5.1.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard but does not always promptly correct identified problems.

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ON-SITE

The team will interview personnel responsible for obtaining input from persons served regarding the quality of the service environment, review a planning document that reflects corrective action, observe the program, and interview persons served, if appropriate.

- 3 The organization only occasionally seeks input from persons served, and follow-up is partial or delayed in correcting identified problems.
- 4 The organization has no system for gathering information and takes no remedial action.

G5.1.03

An organization that provides group, residential, or day programs accommodates informal gatherings of persons served, ensures that such spaces are usable in inclement weather, and has a smoking policy, where applicable.

Interpretation (G1.5.03):

The standard requires organizations providing group, residential, and day programs to be sensitive to the expressed wishes of consumer groups who wish to smoke and cannot do so in regular program areas, or who wish to have, or would benefit from, a period of time away from structured programming. Smoking areas must not be adjacent to areas where persons are served and are likely to encounter second-hand smoke.

Note: *COA does not sanction or encourage smoking, but this issue is important for persons with serious and persistent mental illness. COA's intent in writing these standards is to be genuinely responsive to input of persons served.*

Evidence of Compliance (G5.1.03)

PRE-SITE

Provide a copy of the organization's smoking procedure, where applicable.

ON-SITE

The team will inspect the facilities.

Rating Indicators (G5.1.03)

- 1 The organization fully complies with the standard.
 - 2 The organization has space for informal gatherings of persons served but the facilities are not adequate for inclement weather; or practice could be strengthened in some minor way.
 - 3 The organization has no accommodations of its own suitable for informal gatherings but sometimes tries to provide space in an adjacent building or facility; or practice requires significant improvement.
 - 4 The organization has no space suitable for informal gatherings and does not try to find suitable space elsewhere; or the organization does not comply with the standard in some other serious way.
- NA The organization does not provide group, residential, or day programs.

G5.1.04

The organization maintains a work environment for its personnel that is conducive to effective performance and has offices or rooms available for interviewing or counseling families and children in a private and confidential manner, as applicable.

Interpretation (G5.1.04):

Examples of environments that are "conducive to effective performance" are: conference rooms, libraries, large or multipurpose facilities which can be used by personnel for meetings, conferences, breaks, etc., or a variety of types of attractively furnished and well-maintained spaces that maximize effective office administration and service delivery.

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<p>Evidence of Compliance (G5.1.04)</p> <p>ON-SITE The team will observe personnel work and meeting areas.</p>	<p>Rating Indicators (G5.1.04)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but the facilities may be somewhat cramped or in need of updating or expansion to meet the needs of personnel.3 The organization has significantly limited facilities for its professional and administrative personnel, e.g., it lacks an adequate facility for lounge purposes/conferences/meetings or lacks enough, or sufficiently private, interviewing space at peak periods, or is generally untidy or overcrowded.4 The work environment is inadequate, e.g., there are no provisions for privacy for interviewing or for conducting the collective business of the organization such as meetings, case conferences, etc.
<p>G5.1.05</p> <p>An organization that provides child care, adult day care, day treatment, or any type of residential care has adequate facilities for housekeeping, laundry, maintenance, storage, and related administrative support functions.</p>	
<p>Evidence of Compliance (G5.1.05)</p> <p>ON-SITE The team will observe housekeeping, laundry, maintenance and other support facilities and the administrative areas.</p>	<p>Rating Indicators (G5.1.05)</p> <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but facilities could be strengthened in some minor way.3 Practice requires significant improvement, e.g., the housekeeping and laundry areas may be insufficient; or delays occur in responding to needs; or some needed services are provided infrequently.4 The organization's support facilities are consistently substandard and reflect a lack of attention to important support functions. <p>NA The organization does not provide child care, adult day care, day treatment, or any form of residential care.</p>
<p>G5.1.06</p> <p>When offered, dietary services:</p> <ol style="list-style-type: none">a. meet or exceed national nutritional standards;b. are planned with the documented assistance of a dietitian;c. meet general and prescribed dietary needs of persons served;d. consider cultural, ethnic, and religious variations in eating habits; ande. provide appealing, well-balanced meals and snacks according to posted menus. <p>Interpretation (G5.1.06):</p> <p><i>Posted menus and the services of a dietitian are not required in foster homes.</i></p> <p style="text-align: right;"><i>(continued on next page)</i></p>	

**Evidence of Compliance (G5.1.06)**

PRE-SITE
Provide standards, and national or regional guidelines used by dietary services.

ON-SITE
The team will review posted menus and observe food service/dietary practices.

Rating Indicators (G5.1.06)

- 1 The organization fully complies with the standard.
 - 2 The organization generally complies with the standard, but one of the required elements is not fully addressed, e.g., menus are not posted; or the organization fails to document the assistance of a dietetic consultant, etc.
 - 3 Two of the required elements are not addressed, e.g., ethnic variation in dietary needs are ignored; or a dietitian is not involved in planning the overall nutritional program.
 - 4 The organization does not comply with the standard.
- NA The organization does not provide dietary services.

ACCESS**

G5.2 The organization makes services accessible to its defined service population and personnel in compliance with all applicable legal and regulatory requirements.

G5.2.01

In planning the location of its offices and branches, the organization addresses:

- a. accessibility, availability, and affordability of public transportation;**
- b. location of other community resources; and**
- c. special needs of actual and potential persons served within the organization's geographic service areas.**

Interpretation (G5.2.01c):

In addition to the needs of the defined service population, this standard requires the organization to address the needs of persons with disabilities. Such planning is part of the long-term planning addressed in G2.3.

Evidence of Compliance (G5.2.01)

PRE-SITE
The team will review information regarding the hours of operation and any short or long-term planning document that addresses stakeholder accessibility. The team will review the Consumer Questionnaire.

ON-SITE
The team will observe facilities.

Rating Indicators (G5.2.01)

- 1 The organization fully complies with the standard.
- 2 One of the required elements is not fully addressed, but the organization has taken steps to strengthen practice.
- 3 One of the required elements is not fully addressed, and the organization has not taken steps to strengthen practice, e.g., the organization has neither considered the availability of public transportation nor reviewed the distribution of persons within the service population in relation to facility locations; or some persons served must travel long distances for services.

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4 Access to service is severely limited because of the organization's location, which either results in the underutilization of the service by a part of the population and/or in the organization's failure to be responsive to a changing community needs.

G5.2.02

An organization that serves older adults, persons with disabilities, or young children:

- a. designs and adapts its facilities to address the visual, auditory, linguistic, and motor limitations of its service population;**
- b. provides assisted technology, as needed; and**
- c. coordinates with community resources to ensure that environmental barriers do not impede service goals.**

Interpretation (G5.2.02):

Accessibility of services is integral to meeting need equitably. The organization should attempt to deploy and adapt its facilities so that they are usable by all those in need and otherwise eligible to use its services.

The standard requires the organization to adapt its environment to the special needs of persons served. For example, if the organization serves an individual with linguistic impediments, the organization should provide communication assistance, such as a computer, or an individual able to sign, to facilitate service.

Evidence of Compliance (G5.2.02)

PRE-SITE
Provide written materials that describe the organization's efforts to coordinate with community resources and otherwise adapt its services to meet the needs of the listed populations.
ON-SITE
The team will interview personnel and observe the facility for adaptations in facility and equipment to meet special needs.

Rating Indicators (G5.2.02)

- 1 The organization fully complies with the standard.
 - 2 The organization generally complies with the standard, but in some instances, cost or other barriers prevent immediate attention to necessary facility modifications.
 - 3 The facilities have barriers that make entering and using facilities difficult for persons with disabilities and few alternate means are used, e.g., Braille markers are not present in the elevators of an organization whose services may be needed by the blind or severely visually impaired; or program or facility adaptations may sometimes be slow or unresponsive in some way to the limitations of the service population.
 - 4 Throughout the facility there are barriers that restrict usage by persons with disabilities and others and little or no assistive technology is used. The organization does not voluntarily seek to design or modify its programs, personnel deployment, or facilities to meet the needs of the identified service population.
- NA The organization does not serve older adults, persons with disabilities, or young children.

G5.2.03

As applicable, and in accordance with applicable law, the organization ensures that some of its service facilities are free of architectural barriers that restrict use by some segment of its service population or personnel, and/or the organization coordinates use of accessible facilities to provide service to those persons.

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Interpretation (G5.2.03):

An organization that provides equal alternative and accessible services, where the facility's age or excessive cost prevent change, will be held in full compliance with this standard. Additionally, the organization will be deemed to have effectively addressed the requirements of law by adapting at least some of its physical facilities (ramps, lavatories, drinking fountains, etc.) to make services equally available to persons with physical disabilities or those otherwise qualified. This may also be manifest in current provision of services to persons with physical disabilities.

Evidence of Compliance (G5.2.03)

ON-SITE

The team will observe the facilities and interview personnel about citations, stakeholder grievances (as addressed in G2.5.03), or other records addressing compliance with federal, state, or provincial law or regulation in relation to the requirements of the standard.

Rating Indicators (G5.2.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in a few minor areas, e.g., it does not comply with all regulations but is working towards compliance; or the organization has made an effort to make its facilities more accessible but is limited in implementing its plans due to lack of financial resources. In these examples, the organization has developed alternative ways of extending services to persons with disabilities. If an organization has only one facility that serves a specific target population and that cannot be made accessible, such as a drop-in center for youth in crisis in a neighborhood setting, the organization has made arrangements with other programs to provide alternative services and has been aggressive in its efforts to compensate for the structural barriers of its own program site.
- 3 Practice requires significant improvement, e.g., barriers exist that may make entering and using facilities difficult for persons with disabilities, and few alternate means are used. The organization has made little effort to identify low cost renovations or take other steps to make the premises accessible.
- 4 The organization's facilities have barriers that restrict usage by those in need of special accommodation, and no attempt at needed modifications has been made.

G5.2.04

The organization complies with federal, state or provincial, or local legal requirements governing public accessibility, and addresses structural barriers with greatest impact on physical access.

Interpretation (G5.2.04):

Applicable laws governing organizations that operate in the United States include Title III of the Americans with Disabilities Act ("ADA") as well as various state and municipal laws. Applicable laws governing organizations that operate in Canada include the Charter of Rights and Freedoms, Canadian Human Rights Act, provincial human rights statutes, and provincial and municipal building codes.

Compliance with G5.2.04 may be demonstrated in many different ways, such as removing structural barriers by constructing ramps, widening doorways, providing accessible parking, removing obstructing furniture, improving visual access to goods and services, widening toilet stalls, installing grab bars, and other modifications, where such measures and/or modifications are readily achievable.

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Interpretation for religious organizations: Religious organizations are exempt from Title III of the ADA. Note that, however, Title I of the ADA requires employers to make reasonable accommodations for employees with disabilities to the point of undue hardship. Additionally, the laws of some states exceed federal requirements for public accommodations.

Evidence of Compliance (G5.2.04)

PRE-SITE
Provide a narrative describing the federal, state or provincial, or local legal requirements governing public accessibility that apply to the organization.
ON-SITE
The team will observe the facility and interview management personnel, and as applicable, will review plans to address structural barriers.

Rating Indicators (G5.2.04)

- 1 The organization fully complies with the standard.
- 2 The organization complies with most legal requirements regarding accessibility and has plans to address those issues with greatest impact on access. However, there have been minor delays in implementing some of the plans needed for full compliance.
- 3 The organization is in partial compliance with legal requirements regarding accessibility and has plans to address those areas in which it is not in compliance, but has not as yet done so.
- 4 The organization does not comply with legal requirements regarding accessibility, as is manifest in a letter or ruling from authorities or in evidence of generally inaccessible and non-adapted facilities.

COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS*

G5.3 The organization complies with statutory requirements applicable to its facilities.

G5.3.01

The organization complies with licensing and regulatory requirements as follows:

- a. organizations have current authorization or licensure for facilities that require authorization or licensure; and**
- b. current licenses or other evidence of compliance are prominently displayed in an area visible to the public (such as a reception area).**

Interpretation (G5.3.01):

This standard requires legal authorization of all facilities, as well as relevant health and safety requirements related to licensure. Examples of physical facilities addressed by this standard include but are not limited to child care centers and homes, shelters, group homes, and other residential facilities.

Note: *This standard does not apply to foster and kinship care homes. Foster and kinship care homes are addressed below in G5.3.02.*

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Evidence of Compliance (G5.3.01)

PRE-SITE

Provide a list of all applicable licenses, giving current status and expiration date.

ON-SITE

The team will review and inspect licenses, including any letters or related documents that accompany the license, permits, reports or assessments by any parent organization or public authority which addresses licensing or regulatory compliance.

Rating Indicators (G5.3.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way, e.g., all licenses are in effect but are displayed in an area not frequently used by the persons served, or some licenses are approved but pending receipt.
- 3 The organization has been directed to correct minor violations, has a probationary or provisional status, or is under a temporary restriction.
- 4 The organization is operating without approval or current license; and/or licenses are not displayed.
- NA The organization does not provide services for which licensure or authorization is required by law.

G5.3.02

All organizations that use foster, kinship, and/or host homes for planned and emergency purposes ensure that they are fully approved, certified, or licensed by applicable state or provincial and local regulatory bodies or by placement organizations delegated to perform this function.

Interpretation (G5.3.02):

This standard addresses licensure or certification of foster homes, including emergency foster homes.

Evidence of Compliance (G5.3.02)

ON-SITE

The team will review proof of applicable licensing or regulatory requirements, review foster parent questionnaires and inspect licenses and/or certificates for foster or host homes.

Rating Indicators (G5.3.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but occasionally in emergencies the organization uses foster family homes or host homes which are not certified or licensed but have started the application process.
- 3 Practice requires significant improvement.
- 4 The organization does not comply with the standard.
- NA The organization does not use foster, kinship, or host homes.

COMPLIANCE WITH HEALTH AND SAFETY CODES AND REGULATIONS*

G5.4 The organization’s premises and equipment are safe and functional for use by persons served, personnel, and visitors.



G5.4.01

The organization complies with all health regulations and codes applicable to its personnel.

Interpretation (G5.4.01):

A common example of an applicable health regulation is mandated tuberculosis screening for personnel. When any codes are in conflict (e.g., state and local codes) the stricter code applies.

Evidence of Compliance (G5.4.01)

PRE-SITE
Provide a narrative describing the health regulations and codes that apply to the organization's personnel.
ON-SITE
The team will review incident reports and/or citations, and documentation of corrective action. The team will review evidence provided for G2.5.04.

Rating Indicators (G5.4.01)

- 1 The organization fully complies with the standard.
- 2 The organization complies with all regulations and codes, with only minor exceptions noted in reports.
- 3 The organization does not comply in at least one major area and is remedying this under the direction of appropriate authorities.
- 4 The organization has a pervasive problem of non-compliance with health and/or safety regulations.

G5.4.02

For facilities, offices, and grounds that are regularly used, rented, or owned, the organization maintains a permanent file of reports, including incident reports, that demonstrate its compliance with all:

- a. certification of occupancy requirements;
- b. zoning and building codes;
- c. occupational safety and health administration codes;
- d. health, sanitation, and fire codes; and
- e. all other applicable safety codes.

Interpretation (G5.4.02):

Compliance with the standard can be demonstrated through documentation from public or private authorities. For example, some jurisdictions do not make inspection reports available to those who rent rather than own property. In such a case, the organization may solicit a recognized expert to verify compliance with the law.

This interpretation is intended to provide some flexibility for organizations renting facilities from landlords who will not give them access to needed information. The organization should document its attempts to gain access to the information. See also G5.4.03.

Note: No organization is exempt from this standard.

Evidence of Compliance (G5.4.02)

ON-SITE
The team will review files that contain copies of applicable regulations, certificates of occupancy, and facility maintenance and incident reports. The team will review evidence provided for G2.5.04.

Rating Indicators (G5.4.02)

- 1 The organization fully complies with the standard.
- 2 The organization conforms to all regulations and codes, with minor discrepancies that are being remedied.
- 3 The organization's code compliance requires significant improvement, e.g., only some but not all required papers are kept on file; or the organization is in the

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process of remediating deficiencies and has only provisional approval; or the organization has sought review of its compliance by an expert only when forced to do so by an external body.

- 4 The organization's code compliance is seriously deficient, e.g., the organization has no permanent files containing the required materials and cannot demonstrate compliance, or has been found out of compliance, or is operating without approval.

G5.4.03

The organization's facilities are clean, sanitary, and well-lit, and its ventilation, heating, cooling, electrical work, water supply, plumbing, food service, elevators and other fixtures conform to all health, sanitation, and safety codes and regulations.

Interpretation (G5.4.03):

Facilities include all buildings or spaces where the organization provides its services. Residential facilities such as group homes, centers, shelters, and independent living facilities are included, as applicable, under this standard. In situations where the organization has no control over the setting where it provides services, such as a public school, the organization must communicate with setting representatives and attempt to correct problems with any aspect of the environment listed above.

Evidence of Compliance (G5.4.03)

ON-SITE

The team will observe the facilities, review certificates of inspection or other documentation of compliance, and interview personnel responsible for maintaining the environment. As needed, the team may also interview a sample of persons served.

Rating Indicators (G5.4.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard with minor exceptions, e.g., at times the hot water supply is inadequate for the number of residents or common rooms are less clean or orderly than desirable; or there are very minor deficiencies, and the organization is working to correct them through a plan for remediation that is approved by applicable authorities.
- 3 The facilities are safe, but in a significant number of cases, do not meet the requirements of the standard, e.g., there are ongoing problems with the hot water supply or heat; or the organization has a significant number of deficiencies in regard to health, sanitation, and safety codes and regulations, and is taking remedial action under direction from authorities.
- 4 The facilities are unsafe or unsanitary; or the organization does not meet applicable codes and regulations (one or more certificates have been denied or revoked); or the facilities have multiple, serious violations in several areas.

G5.4.04

As applicable, all residential facilities:

- a. conform to the current Life Safety Code® of the National Fire Protection Association or fire safety regulations promulgated by Underwriters Laboratories; or**
- b. conform to applicable statutes or regulations that incorporate the above codes; or**
- c. independently review the Life Safety Code®, and remediate deficiencies through approved plans.**

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For Canadian Organizations:

- a. conform to current, well-recognized fire safety codes; or**
- b. conform to applicable statutes or regulations that incorporate such codes; or**
- c. independently review such codes and remediate deficiencies through approved plans.**

Evidence of Compliance (G5.4.04)

ON-SITE
The team will review relevant certificates or other evidence of compliance.

Rating Indicators (G5.4.04)

- 1 The organization fully complies with the standard.
- 2 The organization adheres to current fire regulation requirements in all facilities; it has reviewed Life Safety Code®, Underwriters Laboratories regulations, or other applicable statutes or regulations and has begun preliminary planning for necessary changes.
- 3 The organization meets local requirements, but has not determined if the Life Safety Code®, or Underwriters Laboratories regulations, or other applicable statutes or regulations are incorporated in the local regulations; or the organization has knowledge of deficiencies but no formal or approved plan for remediation.
- 4 At least one facility is out of compliance with current Life Safety and fire codes and no corrective measures are in process; or the organization has not reviewed the Life Safety Code®, or other applicable statutes or regulations.
- NA The organization does not provide residential services; or the organization is located where such a code is not required or referenced.

FUNCTIONAL SAFETY*

G5.5 The organization ensures the functional safety of persons served, personnel, and visitors.

G5.5.01

The organization follows procedures that address the safety of its personnel when off-site and has developed specific methods of maintaining periodic contact with them.

Interpretation (G5.5.01):

Working "off-site" is also commonly known as working "in the field." Off-site workers may also be telecommuters. Additionally, the standard requires the organization to have a readily accessible telephone in each major service area.

Evidence of Compliance (G5.5.01)

PRE-SITE
Provide the safety plan or other written material regarding the safety of off-site personnel.
ON-SITE
The team will interview personnel.

Rating Indicators (G5.5.01)

- 1 The organization fully complies with the standard.

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	<p>2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way, e.g., the written plan requires greater clarity, comprehensiveness, and/or detail.</p> <p>3 Practice or procedure requires significant improvement, e.g., procedures for maintaining periodic contact with personnel in the field are so general that they are subject to multiple interpretations.</p> <p>4 The organization does not comply with the standard.</p> <p>NA The organization does not use staff who work offsite.</p>
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G5.5.02

An organization that provides transportation in its vehicles for persons served as part of a service follows written procedures on:

- a. the use of age-appropriate passenger restraint systems;**
- b. adequate passenger supervision, as required by statute or regulation;**
- c. proper maintenance of vehicles;**
- d. proper registration of vehicles; and**
- e. annual validation of driver licenses and driving records.**

Evidence of Compliance (G5.5.02)

PRE-SITE
Provide procedures regarding transportation of persons served; include a list of the amount and type of insurance coverage for those transporting persons served.

ON-SITE
The team will interview management, observe vehicle inspection stickers and passenger restraint systems, and review documentation of driver's licenses and driving records.

Rating Indicators (G5.5.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way, e.g., in rare instances routine vehicle maintenance or driver's checks are delayed.
- 3 The organization's practice requires significant improvement, e.g., some vehicle inspections have been allowed to expire, or not all vehicles have passenger restraints in every seat.
- 4 The organization consistently does not comply with one or more of the elements in the standard.
- NA The organization does not operate vehicles or provide transportation for persons served.

G5.5.03

An organization that permits the transportation of persons served in vehicles that belong to the organization's personnel, foster parents, or contractors requires:

- a. passenger coverage in the organization's insurance, or passenger coverage at an amount specified by the organization on the driver's automobile liability insurance;**
- b. proof of insurance or driver's liability insurance;**
- c. age-appropriate passenger restraints for all passengers;**
- d. annual validation of licenses and driving records;**
- e. confirmation of appropriate license type; and**
- f. current vehicle maintenance approval, when vehicle inspections apply.**

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Evidence of Compliance (G5.5.03)	Rating Indicators (G5.5.03)
<p>PRE-SITE Provide procedures regarding transportation of persons served; include a list of the amount and type of insurance coverage for individuals transporting persons served.</p> <p>ON-SITE The team will interview management, observe vehicle inspection stickers and passenger restraint systems, and review documentation of driver's licenses and driving records.</p>	<ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 The organization generally complies with the standard, but practice could be strengthened in some minor way, e.g., all those who transport persons served are licensed and insured but not necessarily for an amount specified by the organization; or the organization reviews driving records and vehicle maintenance, but not always in a systematic or frequent manner. 3 The organization frequently violates one of the standard's elements. 4 The organization has inadequate safeguards. <p>NA The organization does not permit transportation of persons served in vehicles not owned by the organization.</p>

FACILITY SAFETY AND SECURITY*

G5.6 Facility safety and security is planned and monitored on a continual basis.

G5.6.01

The organization conducts and documents:

- a. regular inspections and preventative maintenance to ensure the safety of its premises, equipment, and fixtures;**
- b. a monthly review of the physical plant's fire extinguishers, fire safety, lighting, and other systems that identify hazardous conditions; and**
- c. the installation of window guards where necessary.**

Interpretation (G5.6.01):

"Hazardous conditions" considered by the standard include: uncovered electrical outlets, unsecured floor coverings or equipment, walk-in freezers or refrigerators that do not open from the inside, stairs without handrails, harmful water temperatures, adequacy of light, ventilation and temperature, unscreened areas or unmarked glass doors, and unsafe use of electrical appliances and objects, such as hair dryers, space heaters, and radios or toys that are used by children or others who may be vulnerable.

Evidence of Compliance (G5.6.01)	Rating Indicators (G5.6.01)
<p>PRE-SITE Provide procedures for conducting inspections, preventive maintenance, and monthly safety reviews as well as quarterly CQI reports as required by G2.5.04 that relate to this standard.</p> <p>ON-SITE The team will observe the facility, and review incident reports, and documentation of inspections and preventive maintenance.</p>	<ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 The organization's system of safety review addresses the standard's elements on at least a quarterly basis, repairs are made on an "as needed" basis; or a few items have not been inspected or received maintenance in a reasonably recent time period, such as within six months;

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however, these exceptions are relatively minor or involve conditions unlikely to be subject to change. In all cases, a safe environment is ensured.

- 3 The organization's safety review is conducted on an irregular basis, but more frequently than once a year; or the preventative maintenance program requires significant improvement, e.g., repairs are not made on a timely basis.
- 4 The organization has no scheduled program of inspection and maintenance, e.g., reviews occur at intervals of once a year or greater; or the organization's review does not address the specific requirements listed in this standard.

G5.6.02

The organization ensures that qualified personnel perform routine building maintenance in a timely manner.

Interpretation (G5.6.02):

Building maintenance includes attention to flooring, holes in the wall, and furniture.

Evidence of Compliance (G5.6.02)

ON-SITE
The team will interview personnel and persons served, and review incident reports and documentation of maintenance performed in the last six months. The team will review the evidence that is provided for G2.5.04.

Rating Indicators (G5.6.02)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 The organization's protocol or practice requires significant improvement.
- 4 The organization does not perform needed routine maintenance.

G5.6.03

The organization follows anti-crime procedures to ensure that all buildings, grounds, and facilities are safe and secure for persons served and personnel.

Interpretation (G5.6.03):

Such procedures may include measures against vandalism and bars on windows.

Evidence of Compliance (G5.6.03)

PRE-SITE
Provide security procedures.
ON-SITE
The team will review incident reports and interview personnel and persons served.

Rating Indicators (G5.6.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
- 3 Practice or procedure requires significant improvement.
- 4 The organization's buildings, grounds and facilities are unsafe; or the organization does not regularly address safety issues.



EMERGENCY RESPONSE*

G5.7 The organization is prepared to protect persons served, personnel and facilities during emergency situations.

G5.7.01

The organization follows procedures for responding to accidents, serious illness, fire, medical emergencies, water emergencies, natural disasters, and other life threatening situations that:

- a. address the needs of persons served and personnel, including persons with special needs;
- b. specify evacuation procedures and appropriate responses to medical emergencies;
- c. address voluntary or involuntary closure of facilities in emergency situations; and
- d. require notifying the person's parent or legal guardian and other appropriate authorities.

Evidence of Compliance (G5.7.01)

PRE-SITE
Provide a copy of the organization's emergency procedures.
ON-SITE
The team will interview personnel.

Rating Indicators (G5.7.01)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but plans could be more explicit or detailed.
- 3 The organization's written plans are general and fail to address specific needs of persons served.
- 4 Emergency plans are inadequate in several respects.

G5.7.02

An organization that serves persons in residential or daytime group care settings conducts monthly fire drills during periods of both activity and rest, and all other organizations meet legal requirements for fire drills.

Evidence of Compliance (G5.7.02)

ON-SITE
The team will review the fire drill schedule and fire inspection records.

Rating Indicators (G5.7.02)

- 1 The organization fully complies with the standard.
- 2 The organization conducts monthly fire drills, but rarely during rest periods.
- 3 The organization conducts fire drills every two months.
- 4 The organization rarely conducts drills; and/or the organization never conducts them during rest periods.

G5.7.03

As applicable, any facility that is operated for persons with mobility challenges has a plan to evacuate these persons in an emergency.

Interpretation (G5.7.03):

This standard applies to organizations that serve infants, toddlers, and older adults, as well as other populations, as applicable.

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Evidence of Compliance (G5.7.03)

ON-SITE
The team will observe the facility and review emergency exit plans.

Rating Indicators (G5.7.03)

- 1 The organization fully complies with the standard.
 - 2 The organization has a plan, but either the substance or dissemination of the plan could be strengthened in some minor way.
 - 3 The plan requires significant improvement, e.g., the plan does not address use of elevators or identify which exits have ramps.
 - 4 The organization does not comply with this standard, e.g., there is no evacuation plan or the plan presents an impediment for persons with mobility challenges to safely or speedily exit in case of emergency.
- NA The organization does not operate a facility that serves persons with mobility challenges.

G5.7.04

All of the organization's programs prepare to deal effectively with injuries, accidents, and illnesses by:

- a. consulting with a health professional to develop procedures for handling such situations; and**
- b. ensuring that a communication device and first aid supplies and manuals are readily available.**

Evidence of Compliance (G5.7.04)

PRE-SITE
Provide procedures regarding handling injuries, accidents, or illnesses and the training of personnel pertinent to this standard.
ON-SITE
The team will interview personnel, observe facilities, and training curricula.

Rating Indicators (G5.7.04)

- 1 The organization fully complies with the standard.
- 2 One of the required elements is not fully addressed, but the organization has taken steps to strengthen practice.
- 3 One of the required elements is not fully addressed, and the organization has not taken steps to strengthen practice.
- 4 Two or more of the required elements are not fully addressed; or one or more elements is not addressed at all.

G5.7.05

The organization follows procedures for emergency situations that:

- a. involve persons served who are injured, lost, or have run away; and**
- b. involve a threat of or actual harm or violence to personnel or persons served.**

Interpretation (G5.7.05b):

The standard requires the organization to develop protocols for emergencies such as hostage situations, bomb threats, unlawful intrusion, or assaultive behavior.

Evidence of Compliance (G5.7.05)

PRE-SITE
Provide a copy of the procedures for dealing with emergency situations as specified in the standard.
ON-SITE
The team will interview personnel.

Rating Indicators (G5.7.05)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way, e.g., there is only a rudimentary plan on paper but personnel are adequately and uniformly

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	<p>aware of the way to handle various emergencies and what the administration expects them to do.</p> <ol style="list-style-type: none">3 Practice or procedure requires significant improvement.4 The organization does not comply with the standard.
G5.7.06 The organization follows procedures for handling workplace emergencies that include the establishment of: <ol style="list-style-type: none">a. a temporary work site;b. a computer data recovery plan;c. emergency telephone, internet, and facsimile use;d. procedures for handling the media; ande. a system for communicating with the governing body, personnel, persons served, and the public.	
Evidence of Compliance (G5.7.06) PRE-SITE The team will review the procedures for addressing emergency situations that are provided for G5.7.01. ON-SITE The team will interview personnel.	Rating Indicators (G5.7.06) <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.3 Practice or procedure requires significant improvement.4 The organization does not comply with the standard.
G5.7.07 The organization follows procedures regarding emergency maintenance issues. Interpretation (G5.7.07): <i>“Emergency maintenance issues” include overflowing toilets, flooded basements, and other situations that can damage property, pose a threat to clients, or interfere with service delivery.</i>	
Evidence of Compliance (G5.7.07) PRE-SITE Provide emergency maintenance procedures. ON-SITE The team will review incident reports and interview appropriate personnel.	Rating Indicators (G5.7.07) <ol style="list-style-type: none">1 The organization fully complies with the standard.2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.3 Practice or procedure requires significant improvement.4 The organization does not have emergency maintenance procedures; or the organization does a poor job of addressing such issues in practice.



CONTAGIOUS AND INFECTIOUS DISEASES*

G5.8 The organization undertakes efforts to prevent and control contagious and infectious diseases.

G5.8.01

The organization follows procedures for minimizing the risk of exposure to airborne and blood-borne pathogens and complies with related standards of the Centers for Disease Control and the Occupational Safety and Health Administration.

For Canadian Organizations:

The organization follows procedures regarding the risk of exposure to airborne and blood-borne pathogens and complies with related standards of Health Canada, the Ministry of Labour, and federal and provincial health and safety laws and regulations for all persons.

Interpretation (G5.8.01):

This standard applies to all organizations regardless of the types of services they provide or the populations they serve. All organizations, even those that do not serve persons in their offices, may have in their employ persons who have been exposed to air-borne or blood-borne pathogens. As such, organizations must comply with health standards.

Evidence of Compliance (G5.8.01)

PRE-SITE
Provide procedures regarding exposure to air-borne and blood-borne pathogens.
ON-SITE
The team will review incident reports and information indicating that applicable standards have been reviewed and that practice is consistent with them.

Rating Indicators (G5.8.01)

- 1 The organization fully complies with the standard.
- 2 The organization follows procedures regarding exposure to air and blood-borne pathogens, but the procedures need minor improvements to fully comply with applicable standards.
- 3 The organization has only a broad procedure on air and/or blood-pathogens, but has taken some steps toward compliance.
- 4 The organization has no procedures regarding exposure to air and blood-borne pathogens; and/or procedures are not enforced in practice.

G5.8.02

An organization that provides emergency shelter services, residential care services, substance abuse treatment, day treatment, child care, home care, foster care, psychosocial rehabilitation, or any other service where a high risk of air-borne or bodily fluid exposure is present:

- a. develops policies and/or procedures to prevent and control HIV/AIDS, hepatitis, tuberculosis, and other contagious or infectious diseases; and
- b. annually reviews these policies and updates them as necessary.

Interpretation (G5.8.02):

An organization that provides the following services, as well as any services that face a high risk of exposure, must comply with this standard. These services include S3, S6, S7, S8, S16, S17, S20, S21, S23, S24, S26, S27, S28, S33, and S37.

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<p>Evidence of Compliance (G5.8.02)</p> <p>PRE-SITE Provide policies and/or procedures for the prevention and control of contagious or infectious diseases.</p> <p>ON-SITE The team will interview personnel responsible for implementing these policies and procedures, review the most recent update of procedures, and review incident reports.</p>	<p>Rating Indicators (G5.8.02)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 The organization has developed adequate written policies and procedures for the prevention and control of contagious or infectious diseases, but in a few isolated cases procedures have not been enforced. 3 The organization has written policies and procedures for the prevention and control of contagious or infectious disease, but they are very general, and/or are often not enforced. 4 The organization does not have written policies and procedures for the prevention and control of contagious or infectious diseases. <p>NA The organization does not provide emergency shelter services, residential care services, substance abuse treatment, day treatment, child care, home care, psychosocial rehabilitation, or any other service where a high risk of air-borne or bodily fluid exposure is present.</p>
<p>G5.8.03</p> <p>For those organizations that provide emergency shelter services, residential care or services, substance abuse treatment, day treatment, child care, home care, foster care, psychosocial rehabilitation, or any other service where a high risk of air-borne or bodily fluid exposure is present, the organization's policies and procedures for the prevention and control of contagious or infectious diseases include:</p> <ol style="list-style-type: none"> a. seeking current medical advice governing contagious or infectious disease and problems associated with immunodeficiency; b. retaining medical records related to exposure to contagious and infectious diseases; c. containing and decontaminating items that have been in contact with blood and other bodily fluids; and d. protocols for early and rapid identification of exposed personnel and persons served and immediate transfer of suspected cases to a health facility for assessment, when necessary. <p><i>Interpretation (G5.8.03):</i></p> <p><i>Organizations that provide the following services as well as any services that face a high risk of exposure must comply with this standard: S3, S6, S7, S8, S16, S17, S20, S21, S23, S24, S26, S27, S28, S33, and S37.</i></p>	
<p>Evidence of Compliance (G5.8.03)</p> <p>PRE-SITE The team will review the policies and/or procedures for the prevention and control of contagious or infectious diseases that are provided for G5.8.02.</p> <p>ON-SITE The team will review incident reports and interview personnel responsible for implementing these policies and procedures.</p>	<p>Rating Indicators (G5.8.03)</p> <ol style="list-style-type: none"> 1 The organization fully complies with the standard. 2 The organization generally complies with the standard, but one of the required elements is not fully addressed; or the policies and/or procedures are vague in one area. 3 Two of the required elements are not fully addressed; or the organization's written policies address the requirements of the standard in unclear terms. 4 Three or more of the required elements are not fully addressed; or the organization has no relevant policies or procedures regarding the requirements of this standard. <p>NA The organization does not provide any of the following services: S3, S6, S7, S8, S16, S17, S20, S21, S23, S24, S26, S27, S28, S33, or S37.</p>



G5.8.04

The organization follows policies that ensure that all personnel who have direct contact with the populations served in G5.8.03:

- a. complete a medical history relating to exposure to tuberculosis;
- b. receive tuberculin skin tests prior to initial assignment and at least annually thereafter, as well as after incidents of exposure or manifestation of symptoms of TB; and
- c. demonstrate completion of an approved treatment when results are positive.

Evidence of Compliance (G5.8.04)

ON-SITE
 The team will review the documentation that is provided for G5.8.02, and will review incident reports and personnel records.

Rating Indicators (G5.8.04)

- 1 The organization fully complies with the standard
- 2 The organization has developed adequate written policies and procedures for the prevention and control of contagious or infectious diseases, but in isolated incidents procedures have not been enforced.
- 3 The organization has written policies and procedures for the prevention and control of contagious or infectious disease, but they are very general and/or are often not enforced.
- 4 The organization does not have written policies and procedures for the prevention and control of contagious or infectious diseases.
- NA The organization does not provide any of the following services: S3, S6, S7, S8, S16, S17, S20, S21, S23, S24, S26, S27, S28, S33, or S37.

G5.8.05

The organization follows procedures to ensure clean and safe food preparation and prevent the exchange of communicable diseases, and such procedures:

- a. specifically require that food service personnel do not prepare and/or serve food if they have symptoms of acute illness or an open, untreated wound; and
- b. set forth minimum dishwashing and laundry water temperatures to kill bacteria.

Evidence of Compliance (G5.8.05)

PRE-SITE
 The team will review the documentation that is provided for G5.8.02.
 ON-SITE
 The team will review incident reports and interview food service personnel.

Rating Indicators (G5.8.05)

- 1 The organization fully complies with the standard.
- 2 The organization has developed adequate written procedures addressing clean and safe food preparation, but could strengthen practice in some minor way.
- 3 Practice or procedure requires significant improvement.
- 4 Procedures are not in place or are wholly inadequate; and/or the standard is not met in practice.
- NA The organization does not perform food preparation.



SPECIAL HEALTH PRECAUTIONS*

G5.9 The organization undertakes additional health and safety precautions as indicated by the needs of persons served.

G5.9.01

An organization that provides any form of child care or day treatment, psychosocial rehabilitation, home care, emergency shelter services, residential care, or foster care:

- a. follows procedures to maintain a safe, hygienic, and sanitary environment;
- b. trains personnel and foster parents on such procedures; and
- c. monitors adherence to those procedures.

Evidence of Compliance (G5.9.01)

PRE-SITE
Provide procedures regarding maintaining a safe, hygienic, and sanitary environment.
ON-SITE
The team will review training curricula, evidence of monitoring, and incident reports.

Rating Indicators (G5.9.01)

- 1 The organization fully complies with the standard.
 - 2 The organization has procedures and a monitoring system that, with minor exceptions, ensure the maintenance of a safe, sanitary environment.
 - 3 The procedures and monitoring system are not sufficiently thorough to guarantee the maintenance of a safe, sanitary environment.
 - 4 The procedures and/or monitoring system are inadequate or poorly implemented so that the recommended environment is not maintained.
- NA The organization provides none of the cited services: S3, S8, S16, S17, S20, S21, S23, S24, S26, S27, S28, or S37.

G5.9.02

The organization's health and safety procedures referenced in G5.9.01 address the following, as applicable:

- a. steps to retard the spread of infection in bathrooms, bedding, and food;
- b. proper storage of cleaning supplies and hazardous materials; and
- c. handling of sick children and adults.

Evidence of Compliance (G5.9.02)

PRE-SITE
Provide procedures regarding maintaining a safe, hygienic, and sanitary environment.
ON-SITE
The team will review training curricula, evidence of monitoring, and incident reports.

Rating Indicators (G5.9.02)

- 1 The organization fully complies with the standard.
 - 2 The organization generally complies with the standard, but practice or procedure could be strengthened in some minor way.
 - 3 Practice or procedure requires significant improvement.
 - 4 The organization does not have or follow relevant procedures; or the environment is unsafe.
- NA The organization provides none of the cited services: S3, S8, S16, S17, S20, S21, S23, S24, S26, S27, S28, or S37.



G5.9.03

An organization that provides food services or snacks ensures that at least one employee or volunteer on site at each program at any given time is trained in the Heimlich maneuver and anti-choking protocols.

Evidence of Compliance (G5.9.03)

ON-SITE
The team will interview personnel and will review training curricula, evidence of monitoring, and incident reports.

Rating Indicators (G5.9.03)

- 1 The organization fully complies with the standard.
 - 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
 - 3 Practice requires significant improvement.
 - 4 The organization does not train as per the standard.
- NA The organization does not provide food or snacks.

G5.9.04

The organization ensures that all providers of direct service in residential and child care settings have access to current poison control information and procedures for referral to emergency medical attention.

Evidence of Compliance (G5.9.04)

PRE-SITE
Provide a copy of the poison control information disseminated to direct service staff.
ON-SITE
The team will review incident reports.

Rating Indicators (G5.9.04)

- 1 The organization fully complies with the standard.
 - 2 The organization generally complies with the standard, but practice could be strengthened in some minor way.
 - 3 Practice requires significant improvement.
 - 4 The organization does not provide information as per the standard.
- NA The organization does not provide residential services or any services to children.

ADDITIONAL REQUIREMENTS FOR RESIDENTIAL FACILITIES**

G5.10 Residential facilities ensure environmental quality and an effective context for service delivery.

Interpretation: (G5.10)

Organizations that provide S8 Shelter Services, S12 Battered Women/Rape Crisis Services (as applicable), S13 Pregnancy Counseling and Support (as applicable), S23 Supported Community Living, S26 Group Living, S27 Residential Treatment Centers, and S28 Therapeutic Wilderness Camps must complete this section.

NA The organization does not provide residential care.



G5.10.01

The organization supports each resident’s right to live in a non-institutional, homelike setting by providing homelike furnishings.

Interpretation (G5.10.01):

Whether a setting is homelike is assessed within the context of the organization’s location and environment.

Evidence of Compliance (G5.10.01)

ON-SITE
The team will observe the facilities in their surrounding neighborhood. The team will interview personnel responsible for assigning persons served to appropriate accommodations and maintaining an appropriate environment. As appropriate, the team may also interview a sample of persons served.

Rating Indicators (G5.10.01)

- 1 The organization fully complies with the standard.
- 2 The organization’s environment is generally homelike, but the setting could be strengthened in some minor way, e.g., the environment has some institutional characteristics, such as a few stark walls with no decorations or the dining room has an institutional atmosphere.
- 3 The organization’s environment requires significant improvement, e.g., the facility is sometimes unable to provide accommodation in separate units within one building and there is a subsequent loss of a homelike environment; or there is evidence of rigid scheduling of meals and activities and an absence of home-like furnishings and decorations; or the facility as a whole or some cottages or units have an institutional appearance; however, some individual rooms or units have been made homelike.
- 4 The environment is deficient in some major way, e.g., there is little evidence of effort on the part of the organization to make the facility more homelike.

G5.10.02

Residential facilities promote privacy by:
a. using separate cottages or several units in one building to house residents; and
b. limiting total group size to a number consistent with legal requirements.

Evidence of Compliance (G5.10.02)

ON-SITE
The team will observe the facilities. The team will interview personnel responsible for assigning persons served to appropriate accommodations and maintaining an appropriate environment. As appropriate, the team may also interview a sample of persons served.

Rating Indicators (G5.10.02)

- 1 The organization fully complies with the standard.
- 2 In exceptional and short-term situations, the organization exceeds the limits of legal requirements for group size, but overall, adheres to these requirements.
- 3 The facility is sometimes unable to provide accommodation in separate units within one building and there is a subsequent loss of privacy; or for periods of time during the year, group size exceeds legal requirements, although the organization is taking steps to address this problem.
- 4 The facility does not have separate cottages or units within one building and the organization routinely fails to maintain group size consistent with legal requirements.



G5.10.03

Residential facilities provide the following:

- a. rooms that are adequately and attractively furnished with a separate bed for each resident, including a clean, comfortable, covered mattress;**
- b. sufficient linens and blankets;**
- c. group and room assignments based on case-specific and gender considerations; and**
- d. accommodations for single rooms, and/or groups of two to four as appropriate to the service provided, with at least 300 cubic feet of space per person.**

Interpretation (G5.10.03):

A room size of twelve feet by thirteen feet (12' x 13') with eight foot ceilings for four individuals meets the standard.

Evidence of Compliance (G5.10.03)

ON-SITE

The team will observe the facilities. The team will interview personnel responsible for assigning persons served to appropriate accommodations and maintaining an appropriate environment. As appropriate, the team will review Consumer Questionnaires.

Rating Indicators (G5.10.03)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but one of the elements is not fully addressed, e.g., in a few instances children do not have adequate space for their belongings or case-specific considerations are usually, but not always, important criteria in making room and group assignments.
- 3 The organization's facilities require significant improvement, e.g., rooms are essentially bare except for beds, and rooms are shabbily decorated; or it appears that groups and/or room assignments are often not made in accord with clinical considerations, when appropriate; or residents do not have sufficient space for privacy.
- 4 One or more of the standard's requirements are consistently not met, e.g., there is frequent overcrowding in one or more residences with little or no clinical consideration given to group and room assignments.

G5.10.04

Residential facilities include:

- a. facilities for bathing, toileting, and personal hygiene;**
- b. a common room, dining area, and space for indoor recreation;**
- c. private areas where residents can meet with family and friends; and**
- d. supplies, equipment, and furnishings suitable for the resident's needs.**

Evidence of Compliance (G5.10.04)

ON-SITE

The team will observe the facilities. The team will interview personnel responsible for assigning persons served to appropriate accommodations and maintaining an appropriate environment. As appropriate, the team may also interview persons served.

Rating Indicators (G5.10.04)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way, e.g., space for indoor recreation may be limited.

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	<p>3 The organization's facilities require significant improvement, e.g., there is no area where residents can meet privately with family and friends; or there is insufficient space for indoor recreation.</p> <p>4 The organization is out of compliance with the requirements of the standard in at least two major areas such as overall unsuitability of the facilities to the needs of the residents, or inadequate supplies, equipment, and/or furnishings.</p>
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G5.10.05

Residential facilities also include:

- a. a safe place such as a locker to keep personal belongings and valuables;**
- b. at least one room suitably furnished for the use of on-duty personnel, with separate beds or separate bedrooms provided if personnel sleep in the facility;**
- c. rooms for providing on-site services, as applicable; and**
- d. adequate access to telephones to meet the needs of personnel and residents.**

Evidence of Compliance (G5.10.05)

PRE-SITE

Provide policies and/or procedures and other relevant documents regarding respect for and maintenance of resident privacy.

ON-SITE

The team will observe the facilities. The team will interview personnel responsible for assigning persons served to appropriate accommodations and maintaining an appropriate environment. As appropriate, the team may also interview a sample of persons served.

Rating Indicators (G5.10.05)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice could be strengthened in some minor way, e.g., in unusual and short-term circumstances, personnel may not have use of a private room when on duty.
- 3 The organization's facilities require significant improvement, e.g., the telephone used by personnel and residents may not be readily accessible and/or is out of order; and/or personnel who sleep in the facility may not have separate bedrooms. However, the organization is seeking to address these deficiencies.
- 4 Two or more items are not provided.

G5.10.06

A residential organization that provides services specifically designed for perpetrators of violent crimes in the same facility or grounds as services provided for victims of violent crimes follows a program designed to monitor and manage all interactions between such populations to prevent psychological or physical victimization.

Evidence of Compliance (G5.10.06)

PRE-SITE

Provide procedures that address the standard.

ON-SITE

The team will interview personnel.

Rating Indicators (G5.10.06)

- 1 The organization fully complies with the standard.
- 2 The organization generally complies with the standard, but practice or procedure could be strengthened in

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some minor way, e.g., the organization has procedures to monitor and manage interactions, but those procedures have not been followed or enforced in a few, isolated instances.

3 Practice or procedure requires significant improvement, e.g., the organization has very broad procedures for monitoring and managing interactions between the populations that do not adequately protect crime victims; or the organization has detailed procedures that are neither followed nor enforced.

4 The organization does not address the standard in practice or procedure; and/or interactions have caused harm.

NA The organization does not provide residential services specifically designed for perpetrators of violent crimes in the same facility or on the same grounds as services for victims.