

COMMISSION FOR ACCREDITATION OF PARK AND RECREATION AGENCIES



ACCREDITATION HANDBOOK

Sixteenth Edition
2014
Revised October 2014
Amended July 2015

National Recreation and Park Association

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INTRODUCTION

This handbook is for use by individuals who are working with the CAPRA accreditation process: recreation and park professionals and visitation team members. It also is for use in training sessions designed to help these individuals become more knowledgeable and effective regarding the accreditation process. This handbook is designed to be used in conjunction with CAPRA Accreditation Standards.

OVERVIEW AND BRIEF HISTORY

The CAPRA standards for national accreditation provide an authoritative assessment tool for park and recreation agencies. Through compliance with these national standards of excellence, CAPRA accreditation assures policy makers, department staff, and the general public that an accredited park and recreation agency has been independently evaluated against established benchmarks as delivering a high level of quality.

Every park and recreation agency, whatever its focus or field of operation, is rightfully concerned with the efficiency and effectiveness of its operations. With the importance of park and recreation agencies and services to the quality of life, each agency has an essential role in the lives of the people it serves. CAPRA accreditation is a quality assurance and quality improvement process demonstrating an agency's commitment to its employees, volunteers, patrons and community.

MISSION

The mission of the Commission for Accreditation of Park and Recreation Agencies (CAPRA) accreditation program supports the achievement of the National Recreation and Park Association (NRPA) mission and is to:

1. Provide standards and procedures for the evaluation of public park and recreation agencies through a program of self-evaluation and outside peer review for the purpose of national accreditation;
2. Enhance the performance of park and recreation services; and
3. Promote an agency which will serve more effectively the citizens in providing quality recreation.

PURPOSE

The purposes for which the agency accreditation program exists and to which NRPA and CAPRA are committed are:

1. **Development of quality park and recreation agencies:** The agency accreditation program focuses on the education and evaluation of park and recreation agencies utilizing standards considered to be the essential elements for effective and efficient

operations that apply to all park and recreation systems. Standards promote improved performance for all park and recreation agencies and signify minimum standards in the field of parks and recreation.

2. **Education:** The agency accreditation standards are the benchmark for the accepted level of practice in the industry. Through the comprehensive and systematic self-assessment process and on site visitation and peer review, park and recreation professional(s) will gain knowledge and information about the baseline operations of a park and recreation agency. Additionally, through training of visitors (peer evaluators) and agencies, the agency accreditation program contributes to the ongoing professional development of park and recreation personnel.
3. **Determination of the accreditation status of park and recreation agencies:** Standards provide the tool used to identify compliance with accepted professional practices. While accreditation standards effectively distinguish between agencies that should and should not be accredited, they are not a guarantee of quality, safety, or ethical practice. No accreditation program by any organization provides such a guarantee. Accreditation is an assurance that the park and recreation agency has voluntarily subjected itself to outside evaluation by other professionals

ACCREDITATION PROCESS

CAPRA accreditation is a five-year cycle that includes four phases: training of agency staff on the accreditation process, development of the agency self-assessment report, the onsite visitation, and the Commission's review and decision. At least one person from the agency must attend a CAPRA approved training on the current set of standards within the five (5) years prior to submitting the preliminary application. The onsite visitation follows the agency's development of its self-assessment report. If accreditation is granted by the Commission at its meeting following the onsite visit, the agency will develop a new self-assessment report and be revisited every five years. Within each of the four years between onsite visits, the agency will submit an annual report that addresses its continued compliance with the accreditation standards.

UNDERSTANDING STANDARDS

A standard is a statement of desirable practice as set forth by experienced professionals. In evaluating an agency for accreditation, the standards are a measure of effectiveness using the cause and effect ("if...then") approach. If one acts in a certain way, then it is expected that there will be a certain outcome. In practice, if an agency complies with a given standard, then it is expected that the agency's operations related to that standard will be positively affected. Viewed holistically, if an agency complies with the vast majority of the standards (i.e., all fundamental standards and at least 90% for initial accreditation and 95% for continuing accreditation of the remaining), then it is understood that the agency is performing a quality operation. Standards enable evaluation by comparing what is found within an agency operation to what is accepted by professionals as desirable practices.

These standards are not a quantitative measure of the local availability of funds, lands, personnel, etc. and should be distinguished from other types of standards which address specific elements,

such as open space standards, which are population-based, and playground equipment standards, which are product-based. These qualitative standards for accreditation are comprehensive, dealing with all aspects of agency operations.

The standards provide an effective and credible means of evaluating a park and recreation agency's overall system. The standards apply to all park and recreation systems, inasmuch as they are considered to be the elements for effective and efficient operations. Most agencies administer both park and recreation functions; however, some agencies only administer recreation programs and services, not park systems, and others only administer park systems, not recreation programs and services. Additionally, the jurisdictional structure of agencies differs throughout the country, with many agencies operating under municipal authority, while others operate under county, park district, or other structures. Further, the standards apply to agencies of all sizes in terms of personnel, budget, and population served. It is recognized that each community is unique and may meet the standards in differing ways.

HISTORY OF CAPRA STANDARDS

A forerunner of the CAPRA standards was a document titled, *Evaluation and Self-Study of Public Recreation and Park Agencies*, first issued in 1965. The standards in the document were initially determined by leading professionals in the Great Lakes District of the then National Recreation Association. Eight years later, in 1972, a statewide study in Pennsylvania encompassing thirty municipal park and recreation departments resulted in the document being updated and revised; and, in 1993, it was replaced by the CAPRA standards.

The CAPRA standards were developed by a special committee initiated in 1989 by the American Academy for Park and Recreation Administration and the National Recreation and Park Association. The standards and accreditation process was field tested at park and recreation agencies of varying characteristics. In 1993, the Commission for Accreditation of Park and Recreation Agencies was established to implement and administer the accreditation agency. Since then, the CAPRA standards have been reviewed and revised several times, notably in 1996, 2001, 2009 and 2014.

In 1998 work was begun to adapt the accreditation agency to military recreation. An Army version of the standards, developed by the Army, was approved in 1999 and a representative of military services was added to the Commission board. In 2007, the Department of Defense proposed a revised set of military standards that applies to all military services; and was approved by the Commission in 2008 for use by all military services. The military accreditation standards are available as a separate document.

ABOUT THE COMMISSION

The Commission for Accreditation of Park and Recreation Agencies consists of fifteen members appointed to three-year terms on a staggered basis. The composition of the Commission includes representatives from:

- National Recreation and Park Association (5 representatives: including 1 citizen/public)
- American Academy for Park and Recreation Administration (5 representatives)
- International City/Council Management Association (1 representative)

- Council of State Executive Directors (1 representative)
- Academy for Leisure Sciences (1 representative)
- National Association of County Park and Recreation Officials (1 representative)
- Armed Forces Recreation Network (1 representative)

When a position on the Commission becomes available, a Call for Nominations is posted to the applicable group(s). Nominees must submit their full contact information and current resume for consideration. Commissioners are selected and appointed by the Board of Directors of each of the representative groups when a position becomes available for that group.

It is preferred that representatives have:

- Familiarity with CAPRA and the accreditation process;
- Experience serving as an accreditation visitor; and
- Certified Park and Recreation Professional (CPRP) or Certified Park and Recreation Executive (CPRE) credentials (with the exception of Citizen Member).

Representatives must agree and sign the Commissioner Conflict of Interest and Confidentiality statement. Commissioners serve three-year terms and may not serve more than two consecutive full terms. Commissioners act as mentors to the preliminary applicant and prospect agencies, review agency self-assessment reports for compliance with accreditation standards, review and approve visitation reports, establish accreditation policies, procedures, and standards, and make accreditation decisions. These responsibilities require approximately twenty (20) to fifty (50) hours of time commitment outside of regularly scheduled meetings each year. Additionally, the Commission meets five times per year, once in-person in the fall in conjunction with the NRPA Conference for a day to a day and a half, and quarterly via teleconference. Commissioners are responsible for travel expenses related to attending the in-person meeting.

The Commission is administratively sponsored by the National Recreation and Park Association, but acts with independence and under its own authority in determining accreditation standards and conferring accreditation of applicant agencies.

ACCREDITATION PROCESS

ACCREDITATION STANDARDS

Accreditation is based on an agency's compliance with one hundred and fifty-one (151) standards for national accreditation. To achieve accreditation, an agency must comply with all thirty-seven (37) fundamental standards and 103 (90%) of the 114 Non-Fundamental Standards upon initial accreditation and 108 (95%) of the 114 Non-Fundamental Standards upon reaccreditation.

CAPRA FEE SCHEDULE

Level	Operating Budget	Review Fee	Annual Fee
1	Under \$500,000	\$165	\$60
2	\$500,000 - \$1 million	\$275	\$120
3	\$1 million - \$2.5 million	\$550	\$180
4	\$2.5 million - \$5 million	\$1,100	\$240
5	\$5 million - \$10 million	\$1,650	\$300
6	\$10 million - \$15 million	\$2,200	\$360
7	\$15 million - \$25 million	\$2,750	\$480
8	Over \$25 million	\$3,300	\$600

All fees are invoiced in January and are due within 30 days of receipt of the invoice. The review fee is invoiced in January to agencies with hearings occurring in that calendar year.

The following are other fees that can be incurred during the accreditation process.

- Preliminary Application Fee - \$100
- Extension Request Fee – 50% of the agency's Review Fee
- Annual Report Late Fee - \$500
- Annual/Review Fee Late Fee - \$500

GENERAL STEPS

As a brief overview, the general steps of the accreditation process follow:

1. At least one person from the agency must attend a CAPRA approved training on the current set of standards within the five (5) years prior to submitting the [Application for Accreditation](#).
2. The preliminary applicant agency submits an [Application for Accreditation](#) and the required \$100 fee. The agency will indicate their requested visit dates, to occur within two years of the date of application in the spring (January – March) or summer (May – July). In the event Conference is scheduled in September, the latest a visit can be scheduled is the first week of July to ensure the agency has enough time to submit their response to the visitation report, if one is needed.

3. Upon receipt of the Application for Accreditation, a Commissioner will be assigned to the agency as a Commission Mentor to provide guidance to the agency as they proceed through the accreditation process.
4. The agency develops a self-assessment report and prepares associated supporting documents using CAPRA standards.
5. Approximately six (6) months prior to the anticipated visit, the Accreditation Manager will contact the agency contact to obtain the agency's visit availability and updated contact information via an online form. The agency can select a two-week timeframe for their visit to occur any time of the year . In the event Conference is scheduled in September, the latest a visit can be scheduled is the first week of July to ensure the agency has enough time to submit their response to the visitation report, if one is needed.
6. Once the agency availability has been received from all agencies with upcoming visits, a call for visitor availability will be sent out to the list of qualified visitors.
7. The Commission selects a visitation team who reads the agency's self-assessment report and visits the agency to confirm information in the report. Initial accreditation visit teams usually comprise three individuals. Reaccreditation visit teams usually comprise three individuals, but some agencies may have the option for the modified two-person, two-day visit. The decision regarding number of visitors and frequency of visits for specific cases rests with the Commission.
8. The proposed visit team and their resumes will be provided to the agency for their review to ensure there are no conflicts of interest.
9. The agency submits their self-assessment report and electronic evidence of compliance to the two assigned Commission Reviewers who will review the report and determine if the visit team is approved to move forward with the visit at least 10 weeks prior to the visit.
 - a. **IMPORTANT** – Visitors **MUST NOT** make any travel arrangements until the Commission Reviewers have provided their official notification that the visit has been approved to be scheduled.
10. The visitation team conducts its onsite review and submits a written report to the Commission on its findings. The Commission reviews, modifies (if necessary), and transmits this report to the agency.
11. If the approved visitation report indicates unmet fundamental standard(s) and/or less than 103 of the 114 Non-Fundamental Standards upon initial accreditation and 108 of the 114 Non-Fundamental Standards upon reaccreditation compliance with the non-fundamental standards, the agency is required to submit a response within thirty (30)

days of receipt of the report. For reaccreditation reviews in this situation, the agency will appear before the Commission for a hearing via teleconference.

12. The Commission reviews the agency's self-assessment, the visitation report, and the agency's response (if applicable), and conducts a hearing at the next formal meeting of the Commission. The Commission may grant accreditation, establish conditions for accreditation, defer action, or deny accreditation.
13. The agency must submit annual reports and fees and undergo a complete re-evaluation (application, self-assessment, visitation, visitation report, and hearing) every five years. Attendance requirements at accreditation hearings vary depending on review year and visit outcome (see the "COMMISSION BUSINESS MEETING AND HEARING" section of this handbook for further details).

ELIGIBILITY

Accreditation is open to agencies that can meet the minimum required standards and pay the required fees. The Commission requires that at least one person from the agency attend a CAPRA approved training on the current set of standards within the five (5) years prior to submitting the preliminary application.

INITIAL ACCREDITATION APPLICATION

Each agency that decides to seek initial accreditation shall file an [Application for Accreditation](#) with the Commission. This completed application and payment of the \$100 application fee are submitted to the Accreditation Manager. If an organization seeks CAPRA accreditation, but has a separate park department and recreation department, one form may be completed including both departments. The Commission requires that at least one person from the agency attend a CAPRA approved training on the current set of standards within the five (5) years prior to submitting the preliminary application. The Commission strongly encourages the agency to purchase and read the *Management of Park and Recreation Agencies*. This unique publication is designed to effectively demonstrate the management practices embodied in the CAPRA Standards.

Upon receipt of the application, the CAPRA records and website (www.nrpa.org/CAPRA) will be updated to reflect the agency's intent to pursue accreditation. Additionally, the agency will be sent a confirmation letter acknowledging receipt of the application and providing information on the next steps. The [Application for Accreditation](#) is only required initially and serves to tentatively schedule the agency's accreditation review process.

The agency's self-assessment must be received and the visit scheduled within two years of the Application date. If the agency is unable to complete the self-assessment and/or schedule the visit within the two-year timeframe, the agency may request an extension and pay the extension fee or withdraw from the process and apply again when they are ready. The extension fee is 50% of the agency's Review Fee, which is based on the operating budget.

Approximately six (6) months prior to the anticipated visit, the Accreditation Manager will contact the agency contact to obtain the agency's visit availability and updated contact information via an online form. Agencies will be invoiced the review fee in January for the calendar year in which their review will take place. A visitation team will then complete an onsite review and develop a visitation report. The Commission conducts accreditation hearings once a year at its fall meeting in conjunction with the NRPA Conference

CONTINUING ACCREDITATION

Continuing accreditation is granted on five-year cycles, starting from the date of the initial accreditation. An accredited agency is usually revisited and reviewed for continuing accreditation by the Commission every five (5) years. Eighteen (18) months in advance, the Accreditation Manager sends a written reminder to the agency that a review of the agency is due within a specified period.

The procedures for continuing accreditation are similar to those for initial accreditation. Approximately six (6) months prior to the anticipated visit, the Accreditation Manager will contact the agency contact to obtain the agency's visit availability and updated contact information via an online form. Agencies are invoiced the review fee in January for the calendar year in which their review will take place. A visitation team will then complete an onsite review and develop a visitation report. In addition to reviewing all the standards, the CAPRA visitation team considers the information provided in the previous accreditation review (visitation report, agency response, and Commission actions), and previously submitted annual reports. The Commission conducts accreditation hearings once a year at its fall meeting in conjunction with the NRPA Conference. Agencies may host their visit any time of the year with the same 10 week deadline to submit the Self-Assessment. Agencies may appear before Commission via teleconference or by consent agenda at the next scheduled meeting after the Visit Report is approved.

Agencies with a 20-year review may schedule their visit early enough in the year for their hearing to occur in-person before the Commission at the Fall Meeting. The Agency would not be required to cover the travel costs for the visit chair to the hearing and the visit chair would not be required to appear for the hearing.

EXTENSIONS – INITIAL ACCREDITATION APPLICANTS

Agencies seeking initial accreditation may seek an extension of time to complete the self-assessment process and schedule the onsite visit. Any costs incurred by the agency related to the deferral of its visit are the agency's responsibility (i.e., plane tickets or hotel reservations for visitors). Initial application extensions may be requested for up to twelve (12) months and will not be permitted after the visitation team report has been issued or once the visitation team has arrived at the agency. Once a visitation team has arrived at the agency, a visit report must be issued.

To request an extension, you must send an email to the Accreditation Manager at CAPRA@nrpa.org to obtain the Extension Request Form. The form is to be completed and returned with payment of the Extension Request fee (50% of the agency's Review Fee) to the

Accreditation Manager. Once the completed form and payment are received, a determination will be made by the Accreditation Manager and the agency director will receive official notification of the decision.

EXTENSIONS – CONTINUING ACCREDITATION APPLICANTS

Accredited agencies may request their accreditation visit be deferred due to bonafide hardship. The request for a deferred visit must come by way of letter from the Chief Executive (city manager, county administrator, mayor, etc.) whom the agency's Director reports to in addition to the completed Extension Request Form.

The request must demonstrate and include:

1. The reason why the agency is requesting a deferred visit;
2. How such a deferment will enable the agency to proceed with a rescheduled accreditation visit and review in the future;
3. Provide an action plan and timeline for how the agency will overcome these barriers in time for a rescheduled accreditation visit.; and
4. The length of time for which the agency seeks a visit deferral, up to twelve (12) months.

Extension Requests will not alter the agency's original five year accreditation cycle. Extensions may not be requested after the visitation team report has been issued or once the visitation team has arrived at the agency. Once a visitation team has arrived at the agency, a visit report must be issued. The Commission Executive Committee will review all requests for deferred visits.

Approval of a request for deferred visit is contingent upon receipt of the Extension Request fee (50% of the agency's Review Fee) for extensions of twelve (12) months, within thirty calendar days of notice that the request has been approved. The agency is still required to submit the Annual Report and Annual Fee as schedule at the beginning of each year. An agency will only be assessed one annual fee per fiscal year and during deferred visit periods the annual maintenance fee will be assessed in lieu of the review fee. Any costs incurred by the agency related to the deferral of its visit are the agency's responsibility (i.e., plane tickets or hotel reservations for visitors). Extensions may not be requested after the visitation team has arrived at the agency.

To request an extension, you must send an email to the Accreditation Manager at CAPRA@nrpa.org to obtain the Extension Request Form. The form is to be completed and returned to the Accreditation Manager. Once the completed form is received, a determination will be made by the Commission Executive Committee and the agency director will receive official notification of the decision. For extensions of twelve (12) months, the Extension Request fee (50% of the agency's Review Fee) will due within thirty calendar days of notice of approval.

MAINTENANCE OF ACCREDITATION

Once an agency has been accredited, the maintenance of its accreditation is contingent upon fulfilling the following requirements:

1. Being reviewed and approved by the Commission on a continuing basis every five (5) years or, in particular cases, as often as required by the Commission.
2. Compliance with standards set by the Commission for the duration of the five-year period between reviews.
3. Submitting an annual report and fee each year, all agencies regardless of accreditation cycle are invoiced in January. Agencies are notified at least thirty (30) days prior to the due date of the annual report and fee.
 - a. If an agency is non-compliant with submitting the annual report by the March 1st deadline, the following steps will be taken:
 - i. The Accreditation Manager will send an email to the agency director and agency contact no later than April 1st (within one month from the annual report due date) to follow up on the status of the submission of the report.
 - ii. If the annual report has still not been submitted, the Accreditation Manager will call the agency director and/or agency contact no later than May 1st (within one month of the email) to follow up on the status of the submission of the report.
 - iii. If the annual report has still not been submitted, a letter will be sent to the agency director with a copy to the agency contact no later than June 1st (within one month of the phone call) to follow up on the status of the submission of the report.
 - iv. If the annual report has still not been submitted, the agency will be assessed a \$500 late fee no later than July 1st (within one month of the letter).
 - v. If the annual report has still not been submitted, the agency will be placed on the Commission's September meeting agenda for discussion of possible revocation of the agency's accreditation status due to non-compliance with the annual report submission requirement.
 - b. If an agency is non-compliant with submitting the annual or hearing fee within 30 days of receipt of the invoice, the following steps will be taken:
 - i. The Accreditation Manager will send an email to the agency director and agency contact no later than April 1st (within one month from the fee due date) to follow up on the status of the submission of the payment.

- ii. If the fee has still not been paid, the Accreditation Manager will call the agency director and/or agency contact no later than May 1st (within one month of the email) to follow up on the status of the submission of the payment.
 - iii. If the fee has still not been paid, a letter will be sent to the agency director with a copy to the agency contact no later than June 1st (within one month of the phone call) to follow up on the status of the submission of the payment.
 - iv. If the fee has still not been paid, the agency will be assessed a \$500 late fee no later than July 1st (within one month of the letter).
 - v. If the fee has still not been paid, the agency will be placed on the Commission's September meeting agenda for discussion of possible revocation of the agency's accreditation status due to non-compliance with the annual fee payment requirement.
- 4. Upon receipt of all of the annual reports, the Commission will commence reviewing the annual reports to identify any compliance issues that they determine need to be addressed prior to the agencies next scheduled visit.
 - a. If any compliance issues are identified and are deemed necessary for the agency to address prior to their next scheduled visit, the assigned Commissioner will contact the Accreditation Manager with a description of the areas of concern.
 - b. The Accreditation Manager will add the description of the areas of concern to the Commission's next meeting agenda for discussion with the full Commission.
 - c. The full Commission will determine the next steps at their next meeting and the Accreditation Manager will notify the agency director and the agency contact on those next steps. The Commission will assign a Commissioner who will be the agency's point of contact throughout this process.

The agency must be successfully reviewed and reaccredited on a continuing basis every five years, or as required by CAPRA.

SELF-ASSESSMENT REPORT

OVERVIEW

The self-assessment process is a major undertaking rather than a cursory review of the agency. It serves as an opportunity for an agency to engage in a process of rigorous self-review and improvement against nationally recognized quality indicators. The resulting self-assessment report is used by the visitation team as the primary document in the Commission's evaluation of the agency. The self-assessment report must include clear and compelling evidence of compliance with each of the standards. The self-assessment is thus pivotal to the success and efficiency of the entire review process.

Two basic purposes exist for conducting and preparing the self-assessment:

1. To collect, review, and record all material relative to the administration of the park and recreation agency. The self-assessment documents the standards being addressed by the agency. The self-assessment process provides the opportunity to involve staff at all levels of the organization in the assessment of the agency.
2. To provide documentation that an agency is meeting nationally recognized standards. The visitation team assesses the documentation indicating the ways in which the standards are being met and serves as a basis for the Commission's determination of accreditation.

The agency will collect, compile, and summarize compelling evidence that standards are being met. Thus, it is extremely important that the self-assessment report be written carefully and accurately. Because of the complexity involved, data may be gathered from multiple sources and it is not uncommon for the data collection and preparation to take a considerable amount of time. This preparation phase is one of the most valuable parts of the entire process because it is here that the agency comes to know itself better. This provides opportunities for clarity, improvement, and a unified approach to change.

ADDRESSING ON-GOING CHANGES

Changes within the agency may occur during the time period in which the self-assessment is being written. Generally, an agency will be accredited on the material that is current at the time of the visitation. While past or future aspects of the agency may not appear in the self-assessment itself, supplementary materials may be added to document the changes for the visitation team to review during the on-site visit. For instance, no agency is expected to re-write the entire report if staff changes occur or if programs/services are dropped or added just before, during, or after the visit is made. Making a note of these changes and their anticipated impact on the agency and specific standards is appropriate and can be reported to the visitation team during the on-site visit or to Commission during the hearing. If the changes are significant and/or impact the compliance of standards reviewed during the on-site visit, the Commission should be notified in writing, at least thirty (30) days prior to an agency's scheduled hearing or within an agency's annual report, whichever comes first. Unless requested to do so by the Commission, changes to the Self-Assessment should not be made after it is submitted to the Commission reviewers.

COSTS OF THE SELF-ASSESSMENT

Direct and indirect costs involved in preparing of the self-assessment document include staff time for the research, preparation and production of the document, and costs for supplies and postage. These costs are the responsibility of the agency seeking accreditation.

PREPARING THE SELF-ASSESSMENT REPORT

The Commission for Accreditation of Park and Recreation Agencies (CAPRA) provides this [template](#) for preparing a self-assessment. Use of the [template](#) is mandatory. Use of the [template](#) creates a uniform format for presentation of information that assists visitors and Commissioners in performing consistent reviews. The [template](#) format combines the agency self-assessment and the visitation report for a more comprehensive review process. The [template](#) is in three parts: 1) introduction, 2) agency overview, and 3) individual assessments for each standard with a section for the agency self-assessment and a section for the visitor evaluation. Self-assessments have two parts, a narrative and a list of evidence of compliance (EOC) documents. To ease self-assessment review:

- Keep the page numbers in footer.
- Place the full agency name in the header.
- Use Times New Roman 12-point font (the template setting).
- Use proper grammar, sentence structure (complete sentences), and punctuation.
- Eliminate all spelling errors.
- Use abbreviations only after the abbreviation or acronym has been fully described.
- Identify and correct shifts in verb tense.
- Use the active voice.
- Use succinct and factual sentences.
- Refrain from using overstatement and hyperbole.
- Never cut and paste or copy word-for-word from any agency report or website, unless properly cited.
- Do not delete/remove the information related to the visitation report, including the Visitation Report Introduction, Visitor Comments, and Visitor Evaluation. The intention of this combined report template is to streamline the reporting and review process.
- Submit the Self-Assessment report document as an unprotected Word document to ensure the visitation team can update their section of the report during the on-site visit. A PDF version of the report with the electronic EOC is acceptable as long as the Word version is also provided.

Narrative

A well-developed and executed self-assessment document is essential for reviewers to both determine agency readiness to proceed and enable the visitation team to do thorough verification. Commission reviewers, as well as the visitation team chair and team, will look for relevance, accuracy, specificity, and completeness.

Self-assessment narratives should be concise, yet thorough. Throughout, the wording of the self-assessment should be factual and objective to avoid ambiguity. A narrative that merely indicates

that the evidence is on file or only provides a listing of EOC documents without a narrative is insufficient. The self-assessment for each standard should provide a compelling narrative that both discuss how the agency complies with the standard and makes reference to each EOC document that is being offered in support of compliance.

Each EOC document should be referenced in the narrative in the same order that it appears in the EOC list. Refer only to those documents presented as EOC. The report narrative or embedded electronic hyperlinks must direct the reviewer to the exact pages, paragraphs or lines to be reviewed.

List of Evidence of Compliance (EOC)

Each EOC document must be correctly identified or referenced and thoroughly organized, and consistently presented. It is important to provide the date and source of each piece of evidence to assure credibility and significance. Follow these guidelines for submission of EOC documents:

- As of May 1, 2015, it will be mandatory to provide an electronic copy of all EOC documentation with the self-assessment via disk, flash drive, or website.
- Use the required naming convention for all EOC documents, electronic links, and files so readers/reviewer can easily identify and access the contents.
 - The naming convention for the EOC documents should follow the standard numbers. For instance, for Standard 1.1 if there are two pieces of EOC you would name them as follows, replacing the “EOC 1” with the actual document name.
 - 1.1 – EOC 1
 - 1.1 – EOC 2
 - Electronic links and EOC documents must be named exactly as referenced in the corresponding narrative
 - Correctly name and list each document as it is mentioned in the narrative. Do not list documents that are not referenced in the narrative.
- Provide the date of document preparation and provide the date of approval or adoption by the approving authority and the date of last review, as required.
- Hyperlinks to the EOC documents may be used to point the reader to specific information that is published online. If hyperlinks are used in the self-assessment, they must be valid and viewable by the reviewers. Agencies are responsible for assuring that all links are functional.
- When linking to a large document, such as a policy manual, there should be bookmarks, specific page and section references, or links that allow the reader to easily access the item to be reviewed.
- Provide only the required EOC; do not include extra materials that are not necessary, i.e. redundant, supplementary and complementary documents.

SUBMITTING THE SELF-ASSESSMENT REPORT

The agency is responsible for sending a complete copy of the self-assessment report to the two Commission Reviewers and the Accreditation Manager at least ten (10) weeks prior to the scheduled visit dates. The Commission Reviewers will review the applicant agency's self-assessment for format and agency readiness.

Unless otherwise directed, the agency will send a digital copy of the self-assessment and complete EOC to the Accreditation Manager at CAPRA@nrpa.org and Commission Reviewers. The Accreditation Manager will make available copies of the agency's previous self-assessment report(s) and annual reports (if available) to the Commission Reviewers and Visitation Chair.

Format Review

The Commission Reviewers first determine if the self-assessment document has been prepared in accordance with instructions, e.g. that the agency used the [self-assessment template](#), that the self-assessment for each standard has both a substantive narrative and a detailed list of evidence and that a copy of each item of evidence has been supplied. If the review shows that the self-assessment is not prepared in the proper format, the review will be suspended until a document in the proper format is submitted for review.

Agency Readiness Review

For the agency readiness review, Commission Reviewers will create a detailed list, by each standard, of issues the visit chair needs to address on-site or that the agency may need to address prior to the visit being approved by the Commission.

Approval and Disapproval

Site visits will not take place and visitation team member travel arrangements will not be scheduled until the self-assessment has received approval from the Commission Reviewers. Failure to meet the deadline for submission or providing an incomplete report may result in delay or cancellation of the visit. Upon receipt of the revised self-assessment, the Commission Reviewers will start the process from the beginning.

When the self-assessment is approved, the Accreditation Manager will notify the agency and visit team of the approval. At that time, the agency is responsible for sending a complete copy of the self-assessment to each member of the visit team.

If it is the recommendation of the Commission Reviewers to postpone the visit either because it is incomplete or lacking documentation or evidence, they will notify the Accreditation Manager with the decision and include the detailed list of issues. The Accreditation Manager will notify the agency and visit team that the visit has not been approved and will inform them when to expect to hear from the Commission Reviewers and the Commission Mentor regarding options and next steps.

CONFIDENTIALITY

Self-assessment reports are for the official use of the Commission and its representatives only. Individuals seeking access to such reports must make direct contact with the agency for permission and access.

REACCREDITATION VISIT OPTION

The Commission approved at their meeting held in October 2013 to open a second visitation option for agencies going through a reaccreditation visit. This option is available for reaccredited agencies who meet specific eligibility requirements of:

1. Must be currently accredited and not on an extension;
2. Met 100% of the fundamental standards at the last visit;
3. Met at least 98% of the non-fundamental standards at the last visit; and
4. Have not had any significant leadership changes since the last visit.

The Self-Assessment Report has the following requirements:

1. Must be submitted at least 12 weeks prior to the scheduled visit;
2. Meet the new writing requirements; and
3. Provide all evidence of compliance with the self-assessment in an electronic format.

The visitors will have the following requirements:

1. Visitors must have participated in five (5) or more visits and prior visit chair experience.
2. Two visitors will complete the electronic review and perform the on-site review.

The on-site visit will last for two (2) days and will allow the visitors to tour the facilities/parks, meet with staff, and clarify any remaining questions from their self-assessment review. The Commission Lead and Second Reviewers will still review the self-assessment report and provide their approval prior to the travel being arranged. If the Commission Lead and Second Reviewers are not okay with the self-assessment report, the agency will be required to host a standard three-visitor, three-day visit.

ACCREDITATION VISITORS

VISITOR QUALIFICATIONS

Individuals interested in serving as CAPRA visitors must meet the following criteria:

- Be currently employed full-time in, or retired from, the field of recreation, park resources, and leisure services;
- Have completed five (5) years of full-time professional experience in the field;
- Hold the Certified Park and Recreation Professional (CPRP) or Certified Park and Recreation Executive (CPRE) credential (not required for retired professionals);
- Membership in the National Recreation and Park Association (NRPA) or related professional organization; and
- Attended an official CAPRA training within the last five (5) years.

Individuals interested in becoming a visitor should complete the [Visitor Application](#) and [Visitor Resume](#) forms and submit them to via email to CAPRA@npra.org for consideration. Once reviewed, the individual will be notified of his/her visitor status via email.

VISIT CHAIR QUALIFICATIONS

In addition to the current visitor qualifications the visit chair must meet the following criteria:

- Have participated in at least three CAPRA visits;
- Received positive evaluations from fellow visitors and agency; and
- Attended the CAPRA Visit Chair Training.

VISITOR SELECTION

The Commission maintains a list of approved visitors who have met specified criteria and completed the training workshop conducted by the Commission. Only individuals who have been approved are eligible to serve on visitation teams.

To maintain the highest ethical standards, the following policies exist:

- Visitors to a particular agency must come from outside of the state in which the agency being reviewed is located;
- An individual may not serve as a visitor to an agency at which he/she has been employed;
- At least two visitation cycles (usually ten years) must have passed before a visitor may return to that agency as a visitor;
- Visitors must sign and submit a confidentiality and conflict of interest statement prior to each visit they undertake;
- An individual may not serve as a visitor to an agency at which he/she provided consulting services within the previous five year period and may not serve as a consultant to an agency within a five year period following a visit; and
- Once confirmed as a visitor, an individual must make the commitment to the rest of the visit team, the agency, and to CAPRA that he/she will fulfill his/her duty as a visitor. If the individual is unable to continue with the visit process due to a bona fide

hardship, he/she must notify the Accreditation Manager as soon as possible to ensure the necessary arrangements can be made to fill the vacancy on the visit team. If the cancellation is made after travel arrangements have been made on the visitor's behalf, a determination will be made by the Commission Executive Committee and the Accreditation Manager about who (CAPRA or the visitor) will cover the expenses caused by the cancellation. In addition, if the cancellation reason is deemed as not bona fide, the visitor will be required to reimburse the travel expenses and may no longer be assigned to future visits.

When an agency files its application for accreditation, the dates for the completion of the agency's self-assessment and range of visitation dates are identified. Along with the CAPRA Executive Committee, the Accreditation Manager identifies individuals from the approved list of visitors who are available to serve on selected visits. The CAPRA Executive Committee and the Accreditation Manager will ensure there is at least one visitor on each team that has worked for a comparable size agency to the one being visited. The Accreditation Manager then sends the list of individuals comprising the proposed visitation team, along with their resumes, to the agency for confirmation. The agency is asked to confirm no known conflicts of interest exist and may object to any name on the list, giving reasons for doing so. However, the Commission reserves the right to determine the visitation team. Following acceptance of the list of proposed visitors, the Accreditation Manager invites the selected individuals to serve and requests that the visitation team chair make specific arrangements for the visit directly with the agency and his/her visit team members.

EVALUATIONS

At the conclusion of each visit, all members of the visitation team will be evaluated.

- The agency will be asked to evaluate the professionalism and competence of all members of the visitation team.
- The visitation team chair will evaluate the Lead Commission Reviewer, who will in turn, evaluate the visitation team chair on these same dimensions.
- The visit team members will evaluate the each other.

Successful evaluations are necessary to maintain one's status as an accreditation visitor. If concerns are identified for any visitor, that individual may be asked to complete additional visitor training sessions prior to continuation as a CAPRA visitor. Evaluations are completed and submitted via online forms.

ONSITE VISIT

OVERVIEW

Part of the accreditation process is an onsite visit to the agency by a team of individuals qualified and trained as CAPRA visitors. Most visitation teams are comprised of three individuals, although this number may vary from two to four depending on the complexity of the agency being reviewed and other factors, such as agencies eligible for the reaccreditation visit option. The typical visit is usually scheduled for a three-day period during the spring (January – March) or summer (May – July); with accreditation hearing the following fall. Visits under the reaccreditation visit option are scheduled for a two-day period during the spring (January – March) or summer (May – July); with accreditation hearing the following fall. In the event Conference is scheduled in September, the latest a visit can be scheduled is the first week of July to ensure the agency has enough time to submit their response to the visitation report, if one is needed.

The purpose of the visit is fact finding on behalf of the Commission to ensure a clear and complete picture of the degree to which the agency meets specified standards. It is the responsibility of the visitation team to clarify and verify the self-assessment report, to seek additional information that may be pertinent to the Commission's evaluation, and to write a summary report of its findings.

PURPOSES

The specific purposes of the visit are to:

- Verify and clarify the self-assessment report;
- Evaluate the agency's status using the CAPRA accreditation standards;
- Report findings and recommendations to the Commission; and
- Suggest any appropriate revisions in the content or use of the accreditation documents to the Commission.

As previously mentioned, the principal role of the visitation team is fact finding on behalf of the Commission. Visitation team members may discuss strengths and weaknesses of the agency as related to specific standards for which evidence is provided; however visitation team members do not act as consultants.

PREPARING FOR THE VISIT

When the invited visitors accept the assignment, the Accreditation Manager sends the visitation team members and Commission reviewers the following information:

- Conflict of Interest and Confidentiality statement to be signed by each visitor and returned to the Accreditation Manager;
- Contact information for visitors, Commission Reviewers, and agency; and
- For continuing accreditation, the previous visitation report, agency response, Commission action, and follow-up on Commission action.

In addition to the materials provided by the Accreditation Manager, at least ten (10) weeks prior to the scheduled visit (for a typical visit) or at least twelve (12) weeks prior to the scheduled visit (for the reaccreditation visit option), the agency sends the self-assessment and evidence of compliance (digital copy only) to the Commission Reviewers and the Accreditation Manager. Failure to do so may result in cancellation of the scheduled visit. Any expenses incurred up to this point (e.g., prepaid visitor travel expenses) are the responsibility of the agency. Once the Commission Reviewers have approved the self-assessment report, the agency will be informed and can proceed with providing the visitation team with copies of the report.

The visit must take place at least 90 days prior to the Commission meeting at which the agency will be reviewed. The agency must make arrangements to prepare both for the visitation team's arrival and for the time the team is onsite. Some of these are related to needs such as lodging and meals; others are related to schedules and meetings with various persons and groups.

SHARED LOGISTICS

The visitation team chair and agency work together to set the specific dates for the visit and to develop the onsite visit agenda. The agency arranges for housing, meals, work space, materials, clerical assistance, and interview schedules. All arrangements should be made in close consultation between visitors and the host agency. As early as possible, the visitation team chair and agency should be apprised of the details of all visitation team member arrival and departure schedules.

IMPORTANT – Visitors **MUST NOT** make any travel arrangements until the Commission Reviewers have provided their official notification that the visit has been approved to be scheduled.

ARRANGING FOR TRANSPORTATION

Depending upon proximity to the agency, visitors may travel to the agency by personal vehicle or airplane. Most commonly, visitors will travel by air to the airport nearest the agency. Typically, the agency assumes responsibility to meet the visitors at the airport and provide transportation to the hotel. The agency should communicate with individual visitors to coordinate arrival times and locations. The agency also will need to make arrangements for returning visitors to the airport at the conclusion of the visit. There may be times when it is more efficient and cost effective to provide the visitation team with a rental car for transport to and from the airport.

Another transportation consideration is the matter of the visitation team traveling to and from the hotel and the agency, and from one site location to another. If distances are not far and conditions permit, people may prefer to walk. However, transportation must be made available in all cases.

If a visitor chooses to select an alternative method of travel (i.e. driving, train, bus, flying to a different location than their home destination, etc.) that is more expensive than traveling roundtrip to/from the agency via airplane, he/she will only be reimbursed up to the amount of the cost of a roundtrip airfare ticket to/from the agency's location.

ARRANGING FOR LODGING

Typically, the agency makes arrangements for lodging. The agency contact will know what is available and is in a better position to select the site and make reservations than individual visitors. An individual hotel room should be reserved for each visitor. In addition to privacy, this provides the opportunity for visitors to spend time working on individual assignments before and after each day's activities. In selecting a hotel, it also will be important to consider proximity to eating establishments.

ARRANGING FOR MEALS

On some occasions during the visit, the visitation team may have meals with staff. Other times, they will want to eat on their own, as a group. Visitors need time together to coordinate their activities and share their perceptions as the visit progresses. Too many planned meals or events can become a burden for both the visitation team and the agency. It is important for the agency and visitation team chair to work together to determine meal preferences and any special dietary needs.

HANDLING EXPENSES

No honoraria are given to members of the visitation team; however the agency under review covers all visitor travel expenses (e.g., transportation, parking, meals, and lodging). If possible, all costs shall be incurred by the agency and not by the visitor. If visitors make their own travel arrangements, the agency must be prepared to reimburse the individual(s) either in advance of the visit or during the visit. In no situation should a visitor incur credit card interest expenses waiting for reimbursement. In addition, for an initial review, the agency is responsible for travel expenses of the visitation team chair (or his/her designee) to attend the Commission hearing at which the agency is reviewed.

The agency should determine ahead of time how visitor expenses will be handled. Typically, this will depend on agency policies and oftentimes, reimbursement will be required. The agency should obtain whatever information is required by the agency from each team member (e.g., identification numbers, receipts, statements of related expenses) prior to the conclusion of the visit, if possible. In some cases, visitors may pay for their own meals, parking, etc. and the agency reimburses individuals for these. In other cases the agency may pay for these expenses directly. Lodging is often handled by the agency arranging with the hotel to pay directly. Again, the agency should inform visitation team members as to what documentation or receipts are needed to ensure timely reimbursement. Reimbursements should be made before the visitors leave the agency, if possible. If agency policies do not permit this arrangement, reimbursements should be mailed within two weeks after the visit, but must be received by the visitors within thirty days of incurring the expenses.

If a visitor is unable to continue with the visit process due to a bona fide hardship, he/she must notify the Accreditation Manager as soon as possible. If the cancellation is made after travel arrangements have been made on the visitor's behalf, a determination will be made by the Commission Executive Committee and the Accreditation Manager about who (CAPRA or the visitor) will cover the expenses caused by the cancellation. In addition, if the cancellation reason is deemed as not bona fide, the visitor will be required to reimburse the travel expenses and may

no longer be assigned to future visits. In the event of a visitor cancellation, the agency will not be required to pay for the travel expenses of that visit team member.

OTHER PHYSICAL AND SUPPORT ARRANGEMENTS

Visit team members will require access to and use of some agency facilities. The team will need a workspace (that can be secured) to meet together, review materials, and work on the report. Supplemental materials that may be helpful to the team should be available in the workspace (e.g., the agency's relevant policy statements not included in the self-assessment). Each visitor should be provided a computer with internet access. Shared use of a telephone and a printer is also necessary.

In some cases, teams may require occasional clerical assistance. This might include help with answering routine questions, providing directions to agency locations and accessing relevant materials filed in the office. Identifying an individual to assist the team with these types of needs is helpful. The visit chair should ascertain whether any special accommodations are required of the visit team.

LENGTH AND TIMING OF THE VISIT

Typical Visit - Visits can occur between the months of January – March or May – July. Visits can occur during the month of April at the discretion of the Commission. The visitors usually have the equivalent of three full days to complete their responsibilities on site. However, additional time may be required for larger or more complex agency visits. A typical visit would have the site visitors arriving on late afternoon, with a visitation team meeting and a staff greeting that evening. The next two days would be full days, starting with an initial meeting with the chief administrative officers, but be primarily comprised of review of the agency documentation. The exit interview would be held the third day, followed by the final visitation team meeting. The team may depart that evening or the following morning. The schedule might be extended an additional day or set up differently to accommodate schedules of individuals who are involved in the process.

Reaccreditation Visit Option - Visits can occur between the months of January – March or May – July. Visits can occur during the month of April at the discretion of the Commission. The visitors usually have the equivalent of two full days to complete their responsibilities on site. However, additional time may be required for larger or more complex agency visits. A typical visit would have the site visitors arriving on late afternoon, with a visitation team meeting and a staff greeting that evening. The remaining time will consist of an initial meeting with the chief administrative officers, touring facilities and parks, and meeting with staff. The exit interview would be held at the conclusion of the visit, followed by the final visitation team meeting. The schedule might be extended an additional day or set up differently to accommodate schedules of individuals who are involved in the process.

Note: In the event Conference is scheduled in September, the latest a visit can be scheduled is the first week of July to ensure the agency has enough time to submit their response to the visitation report, if one is needed.

INITIAL ONSITE TEAM MEETING

Visitation team members typically arrive at the agency the day before the onsite review of agency documentation begins. This time is utilized to talk through the process and anticipated timetable, finalize each member's responsibilities, and confirm procedures.

INTRODUCTORY MEETING

Typically, the agency will arrange an informal meeting opportunity with agency personnel and the visitation team, usually on the first evening. This provides an opportunity to get acquainted and sets the tone for the upcoming agency review.

FACILITY/SITE VISITS

These visits are pre-arranged and some time is allotted to speak with affiliated staff for information and clarification. Visitors do not need to see all agency operated facilities and sites, but should have the opportunity to see a representative sample of these areas. The visitation team chair and agency will work together to ensure facility and site visits are scheduled to permit the team sufficient time to complete the document review and development of the visitation report.

DATA COLLECTION

Remembering that the primary purpose of the onsite visit is to verify and confirm what is found in the written self-assessment, visitation team members will be actively engaged in data collection during their visit. During this process team members will be engaged in document review, interviews, site visits, and meetings.

It is appropriate that at least two members of the team interview primary personnel and constituency for greater objectivity. In larger systems, visitors might meet with small groups of personnel representing different programs, services and functions. The team also may meet with advisory and support groups.

REVIEW DOCUMENTS

A review of supporting documents aids the visitation team in verifying information reported in the self-assessment. Common types of documents provided in the work room are policies and procedures, master plans, research projects, program designs, and administrative manuals. In cases where much of this information is available online, the agency must provide each visitor access to previously bookmarked URLs directing them to relevant information on the web.

INTERVIEW STAFF

It is important for visitors to meet with staff at various levels and responsibilities in the agency. This serves to provide an opportunity for the visit team to learn more about the scope of the agency and for staff to be able to ask questions. Visitors may need to clarify/verify information in the self-assessment. All staff having responsibility for responses in the self-assessment should be made available to the visitors. If some staff are not members of the department (i.e., risk management or human resources), they should be alerted to the visit and be available as needed.

EXIT INTERVIEW

At the conclusion of the visit, team members will meet with agency staff to share information regarding agency strengths and weaknesses, outline major concerns, correct misinformation, and provide new information related to the standards. This information is on a courtesy basis-only. The visitation team should make no statements about the determination of accreditation status for the agency. The Commission determines accreditation status at the accreditation hearing, based on the approved visitation report and other relevant material. Thus, at the exit interview, the visitation team chair may remind the staff of the remaining steps in the process: the team makes a report to Commission; the Commission approves (revising if necessary) and submits the report to the agency, and the agency provides a written response if required; a hearing is held; and accreditation status is determined.

UNSOLICITED INFORMATION

The purpose of the accreditation visit is fact finding; to verify information provided in the self-assessment. Thus, information is gathered from a wide range of sources during the visit. Occasionally, unsolicited information is shared with visitors; some of this may relate directly to accreditation standards, whereas some information may relate to internal matters that are unrelated to standards.

Visitors are cautioned to accept and utilize this information wisely. If the information is submitted anonymously and/or unrelated to accreditation standards, it should be ignored. If the source of the information is identifiable and the information is related to accreditation standards, the individual may be invited to meet with the visitation team during the visit to provide additional information. If such information is received after a visit is made, it shall be ignored unless the CAPRA executive committee finds it so compelling that they initiate further action.

RESPONSIBILITIES OF COMMISSION REVIEWERS - LEAD AND SECOND

Two sitting Commission members will be appointed to each agency accreditation review. The Commission lead reviewer will work directly with the visitation team chair and be supported by the Commission second reviewer. These individuals do not participate in the visit, but do review all documentation and provide approval for the visit to commence and ultimately, for the final visit report to be sent to the agency.

1. **Review of the self-assessment:** The lead and second, in addition to each of the visitors, will review the agency's self-assessment report and provide feedback to the visitation chair prior to the visit commencing. This review serves to assure the agency is prepared to proceed with the accreditation visit and to identify any areas of concern, so that these particular areas receive particular attention during the visit. If review of the self-assessment raises concerns that are sufficiently serious (e.g., significant non-compliance with fundamental standards), the Commission Reviewers and the Commission Mentor work directly and immediately with the agency to assess the situation (see the above section titled "SUBMITTING THE SELF-ASSESSMENT REPORT" for additional details).

2. **Review and approval of the visit report:** The visitation team report is considered a draft report until approved by the Commission Reviewers. The Commission Reviewers may seek clarification and correction of the report from the visitation chair prior to approving the visit report be sent to the agency. It is important to note that the visit report, while developed by the visitation team, is approved by the Commission Reviewers and is not released to the agency until this approval is given. The Accreditation Manager sends the report to the agency once approved, typically within four (4) weeks of the conclusion of the visit.
3. **Review of agency response to the visit report:** If the approved visitation report indicates one or more fundamental standards are not met and/or less than ninety-seven 97 (85%) of the non-fundamental standards are met, the agency is required to submit a response within thirty (30) days of receipt of the report. The Commission Reviewers and visitation chair will review the agency's response to the unmet standards and assess whether the response satisfactorily addresses the issues. If significant concerns remain that may prohibit accreditation from being granted, the agency may be notified of such.
4. **Procedure at the hearing:** During accreditation hearings that include agency representation either in person or via tele-conference, the Commission Reviewers will lead discussion regarding the agency's compliance with standards. However, any Commission member may enter into the discussion with questions or comments. The Commission Reviewers often make the motion regarding an agency's accreditation status.
5. **Follow up:** If the agency is required to submit additional materials following its accreditation hearing in order to remain accredited (i.e., conditions or warning) or become accredited (i.e., deferral), the Commission Reviewers will be responsible for reviewing response materials.

RESPONSIBILITIES OF THE VISITATION TEAM CHAIR

The visitation team chair takes the lead with team members and is the primary contact for the agency and Accreditation Manager regarding the accreditation visit once scheduled. The effectiveness of a visitation team rests heavily upon the ability of the visitation team chair to plan the team's work and organize the members into a working unit. The following are some suggestions for doing this.

1. Send an introductory communication to the individuals involved in the review. Determine each visitor's preferences for primary review responsibility and make assignments per standard section.
2. Ensure the other visitors receive a copy of the self-assessment.
3. Remind each team member to evaluate the self-assessment against the evaluative criteria, standard by standard.

4. Upon approval from the Commission Reviewers, coordinate the arrival and departure plans of team members. Members may choose to deal directly with the agency for specific arrangements (e.g., purchasing the ticket), but the visitation team chair should ensure that team members work together to determine the most efficient travel schedules.
5. Develop an acceptable timetable and onsite agenda with the agency (see sample agenda). Once the agenda is established, the team should follow it as closely as possible unless unusual circumstances arise.
6. Verify the agency has arranged for onsite logistics (e.g., lodging, meals, work area, computers, printer, and anticipated secretarial assistance).
7. Serve as the spokesperson for the visit team.
8. Understand all aspects of the visit report and be able to speak to the judgments of the team within the report.
9. Submit the draft report and signature page in digital format to the Commission Reviewers and Accreditation Manager within two (2) weeks of the completion of the visit.
10. Review and modify the visit report as requested by the Commission Reviewers.
11. Review and communicate with the Commission Reviewers an agency response to the visit report, if applicable.
12. Following the Commission's determination of accreditation status, communicate such to the other visit team members.

DIVISION OF TASKS BY THE TEAM

The team members will work with the visit chair to make decisions regarding division of tasks. While the visitation team chair might take the lead in any particular meeting, the entire visitation team is involved in the information gathering with staff, the initial meeting and the exit interview. The team may choose to divide its tasks for related data gathering efforts among the members.

THE FINAL ONSITE TEAM MEETING

A major purpose of this team meeting is to review and agree upon a preliminary draft of the written report. The team should complete this draft before departing from the agency. This is done before the exit interview and ensures that the team is in agreement with regard to its findings. In addition to preparing the draft report, team members will need to finalize individual responsibilities before returning home, if necessary. For example, each member may be assigned to revise a section of the written report to be returned to the visitation team chair at a designated date.

VISITOR PRESENCE

As representatives of CAPRA, all visitors shall maintain a helpful and humble attitude. A positive and professional attitude enhances the tenor of the visit and creates an overall positive impression of the profession. Visitors should dress appropriately to the norm of the agency, determined in advance of the visit. Visitors are encouraged to emphasize their role as the “eyes and ears” of the Commission whose job it is to focus solely on fact finding as related to the standards. This helps to minimize the likelihood of getting caught up in internal politics or making inappropriate judgments, recommendations, or suggestions for improvement that are outside the scope of the standards. It is particularly important to avoid making comparisons with other agencies with which a visitor is familiar.

In recognition for the work of the visitation team, an agency may wish to offer a small token of appreciation (e.g., t-shirt, coffee mug) to team members. While this may be a kind gesture, it can put team members in an awkward position. Thus, the position of the Commission is that if the agency wishes to provide a small token of appreciation to the visitation team, that it be nominal with little to no monetary value and contain the agency’s or jurisdiction’s logo. Gift, awards, or other offerings that may present the perception of a conflict of interest will not be accepted. Commission members may not accept gifts of any kind from agencies under review.

ACTIVITIES AND EVENTS

The agency plays an important role in ensuring the visitation team is not put in situations that may be perceived as creating a conflict of interest. Accreditation visits can be an enjoyable experience for visitors and agencies alike, as they present opportunity for collegial relationships, learning, and an opportunity for agencies to demonstrate their successes. However, visitors should not be treated to unnecessary “luxuries” that put at risk the credibility of not only the agency’s hard work towards accreditation, but the reputation of the accreditation program itself. Many agencies operate beautiful and special sites and these may make appropriate opportunities to host a dinner for the visitation team, including elected individuals and advisory groups. Questions regarding what is and is not permissible should be directed to the Accreditation Manager.

CONFIDENTIALITY

Visitation team members participate as agents of CAPRA. Ordinarily all official contacts with the agency should be made through the Accreditation Manager or the visitation team chair. The self-assessment materials and the visitation report must be held in confidence. The results of the Commission deliberations should be reported to the agency only through the chairperson of the Commission or Accreditation Manager. Breach of confidentiality on the part of any team or Commission member undermines the accreditation process. Acceptance of membership on a visitation team constitutes a contractual agreement to safeguard the confidentiality of information acquired in this capacity. Visitation team members are required to sign a conflict of interest and confidentiality form prior to each visit. Team members sign a statement of confidentiality and conflict of interest when they agree to participate on a visitation team. Team members are obligated to avoid any situation where any perception of conflict of interest might arise. Such perceptions might arise if a visitor were to offer consulting (post-visit) services or otherwise appear to “return a favor.”

TIPS FOR A SUCCESSFUL VISIT

Pre-Visit

- The chair's communication and behavior sets the tone for the other visitors.
- Communicate with the agency, after initial self-assessment review, regarding any issues questions, uncertainties, so they can be better prepared.
- Let the agency know team member category review responsibilities so they can better organize and tab document files.
- Check in with the Commission Lead and Second to ensure there are no issues with the preliminary review of the self-assessment.
- Always review the current CAPRA Handbook to refresh on visitor responsibilities.
- Check the agency's website prior to the visit to gain an understanding of the agency demographics and culture.
- Keep in mind that when an agency gets to the point in the process where they are bringing in a team to evaluate their documentation, they think they have their documentation ready to be reviewed. However, the Chair should never make this assumption, especially on an initial visit.

During the Visit

- Stress communication – visit team members should ask questions if they are unsure.
- Keep the agency informed of what the visitation team is finding. Either daily and/or when there is a lack of documentation for a fundamental standard.
- Visit team members should be instructed to immediately let the visit chair and agency know if they have a strong concern that one or more of the fundamental standards may not be met.
- The visit chair should stress to the visit team—over and over and over—all comments, questions etc. are based on the CAPRA Standards, not their beliefs or perceptions on how things can or should be done.
- Keep CAPRA Lead, Second, and Accreditation Manager involved in all communications.
- Consider yourself as a part of or extension of the agency. As a part of their team, you are providing a different look or another pair of eyes to see what they have documented.
- Defer to the culture of the agency.
- Emphasize to the agency staff, elected officials, and interested community members that the visit team conducts the visit on behalf of the Commission for the purpose of fact finding to write the report for the Commission to determine the compliance for accreditation or re-accreditation.
- Think about the type of agency – city, county, special district, etc. prior to the visit to familiarize with differences in governing responsibilities and culture.

Post-Visit

- Communicate with the Commission Lead and Second on how the visit went and what the recommendation is in the visitation report. Be sure and highlight any potential problems.
- The Commission releases the report to the agency, not the visit chair.
- Complete the visitor evaluation form online.

SAMPLE ON-SITE ACCREDITATION VISIT AGENDA

(This is a sample only – adjustments can be made based on Agency and Accreditation Team needs)

The Accreditation Lead and Agency Lead should work collaboratively to establish the agenda.

Initial Meeting

Accreditation Team should meet with the Agency Directory, Agency Lead, and Leadership Team as early as possible on the first day of the visit.

1st Day of Visit (approximate times noted)

12:00 PM - 4:00 PM	Accreditation Team arrivals, transport to hotel
4:00 PM - 5:00 PM	Accreditation Team will meet to discuss schedule (usually at hotel site)
5:00 PM - 7:30 PM	Dinner with Key Staff of Agency
7:30 PM	Back to hotel

2nd Day of Visit (approximate times noted)

7:00 AM – 8:30 AM	Accreditation Team to discuss plans for the day at breakfast
9:00 AM – 12:30 AM	Begin review of material – initial office set up
12:30 PM – 1:30 PM	Lunch (can be with staff, Director or others, or can be a working lunch)
1:30 PM – 3:30 PM	Review of Material
3:30 PM – 5:30 PM	Site visits, drive tour, overview given by staff
5:30 PM	Back to hotel for dinner, Accreditation Team to continue review and begin development of report

Exit Meeting

Accreditation Team should have a Final Meeting with the Agency Director and/or Agency Lead to discuss Draft Final Report.

3rd Day of Visit (approximate times noted)

7:30 AM – 8:30 AM	Breakfast at hotel, Accreditation Team only
9:00 AM – 12:30 PM	Accreditation Team to finish review and finalize report
12:30 PM – 1:30 PM	Lunch with Accreditation Team, Agency Director and Agency Lead to discuss the draft report
2:00 PM	Accreditation Team prepares to leave

THE VISITATION REPORT

THE WRITTEN REPORT

The visitation report's purpose is to communicate to the Commission lead and second reviewer the team's perceptions of the degree to which the agency meets accreditation standards. A template of the [combined self-assessment and visitation report](#) is available online and includes the following sections:

- **Cover sheet:** The cover sheet identifies the agency, director's name, title and address. It lists the dates of the visit and the names of the visitation team.
- **Self-Assessment Report Introduction:** This is the brief introduction the agency provided with their Self-Assessment submission. This section remains unchanged as part of the final visitation report.
- **Visitation Report Introduction:** A brief introduction includes the overall context in which the team members approached their task. This might include the types of data gathering processes undertaken, the types of individuals interviewed, and materials reviewed.
- **Agency Overview:** This is the overview provided by the agency with their Self-Assessment Submission. This section remains unchanged as part of the final visitation report.
- **Evaluation of compliance with standards:** The visitation report must address each accreditation standard. The standards are the basis for all evaluations. Each standard should be addressed in such a manner that the Commission needs no further reference other than the agency's self-assessment. Any reference to members of the agency should be by title, rather than by name. The visitation report will indicate the agency's compliance with each standard on the basis of either "Met" or "Not Met" and be followed with a brief justification.

The agency's responses to the standards as part of their Self-Assessment submission will remain unchanged as part of the final visitation report.

- **Section Summary:** At the end of each chapter, the team will indicate which standards were unmet and provide a written explanation of any unmet fundamentals. Each section will also include at the end the team member name(s) responsible for that section.
- **Final Summary Section:** The summary section provides a succinct synopsis of the report. It includes the following elements, typically offered in bullet-format.

1. **Agency Strengths.** Areas that substantially exceed standards and which point to the quality of the agency and associated services as directly related to standards.
2. **Agency Preparedness.** The visitation team's assessment of the agency's preparedness in conducting the accreditation process (i.e., document accuracy and completeness, staff awareness, file system organization).
3. **Standards Overview.** List the specific standards that were found to be unmet (include the standard number and title). Provide clarification for all unmet fundamental standards. Indicate how many standards were met, how many fundamental standards were not met, and how many non-fundamental standards were not met.
4. **Other concerns related to maintain accreditation:** The visitation team will identify any item(s) as areas of general concern related to the agency's ability to maintain accreditation.
5. **Team Signatures:** At the end of the report, each visitation team member must sign (and date) his/her name. Whereas the rest of the visit report can be easily submitted to the Commission Reviewers and Accreditation Manager electronically, the summary section including signatures can be mailed or faxed to the Accreditation Manager separately if necessary.

VISITATION REPORT WRITING REQUIREMENTS

A well-developed and executed visitation report documents the ability of the agency to meet CAPRA standards and host a successful visit.

Writing Responsibilities of the Visitation Team Chair

- Use the most current combined self-assessment and visitation report template.
- Keep the page numbers in footer.
- Use Times New Roman 12-point font (the template setting).
- Use proper grammar, sentence structure (complete sentences), and punctuation.
- Eliminate all spelling errors.
- Use abbreviations only after the abbreviation or acronym has been fully described.
- Identify and correct shifts in verb tense.
- Use the active voice.
- Use succinct and factual sentences.
- Refrain from using overstatement and hyperbole.
- Never cut and paste or copy word-for-word from any agency report or website, unless properly cited.
- Do not delete/remove the information related to the self-assessment report. The intention of this combined report template is to streamline the reporting and review process.
- Complete entirely and thoroughly the Overall Visitation Team Summary with special attention to "Other Concerns Related to Maintaining Accreditation."

- Submit the final report as an unprotected Word document. A PDF version of the report is acceptable as long as the Word version is also provided.

The lead Commission reviewer reserves the right to request that the report be resubmitted within a specific time period.

SUBMITTING THE VISITATION REPORT

It is important to note that the visitation report is a report to the Commission and when approved, the Commission sends the report to the agency. Thus, within fourteen (14) days of the completion of the visit, the visitation team chair sends a digital copy of the visitation report to the Accreditation Manager at CAPRA@nrpa.org and to the Commission Reviewers.

Once the report has been received by the Commission Reviewers, they have fourteen (14) days from the date of receipt to review the report and provide any feedback to the visit chair. It is important to resolve any questions related to the visitation report before the report is forwarded to the agency. The Commission Reviewers may contact the visit chair to seek clarification and ask that revisions be made prior to the report being submitted to the agency. Any items the Commission Reviewers request the visit chair to change in the report must be noted on the Affirmation Sheet on the last page of the report. Once the appropriate changes have been made, the Commission Reviewers will review it again, and if the report is ready to be sent to the agency, each will sign the Affirmation Sheet and submit it to the Accreditation Manager at CAPRA@nrpa.org. If only one of the Commission Reviewers feels strongly that the report should not be released to the agency, the CAPRA Chair will review the report and make the final determination on the disputed item.

Once approved, the Accreditation Manager will send a cover letter and the approved visitation report to the agency via email to the agency contact and the agency director, with a copy to the visitation team, Commission Reviewers, and Commission Mentor. Printed copies are no longer provided in an effort to be environmentally friendly. If required, the agency may request a printed copy of the letter and report.

AGENCY RESPONSE

If the approved visitation report indicates the minimum level of compliance for accreditation has been achieved (all fundamental standards have been met and 97 or more of the non-fundamental standards have been met), the Commission will not accept a follow up response prior to its meeting

If the approved visitation report indicates one or more fundamental standards are not met and/or less than 97 (85%) of the non-fundamental standards are met, the agency is required to submit a response within thirty (30) days of receipt of the report. If required, the response should address major concerns as noted in the report and any actions taken to rectify the situation and should be sent in an electronic format to the Accreditation Manager at CAPRA@nrpa.org.

In the response, the agency should provide the following information:

- Executive summary of the information provided in the response;
- Narrative that addresses each standard of concern; and
- Additional documentation and evidence that may help the Commission to understand the response.

Once the response has been received by the Accreditation Manager, the agency will receive notification of receipt of the response and it will be electronically forwarded to the Commission Reviewers for their review. The Commission Reviewers will have 30 days from the date of receipt to complete their review. After review of the provided documentation, the Commission Lead will respond to the agency electronically, with a copy to the Accreditation Manager and the Commission Second, on the adequacy/inadequacy of the materials provided and if it is sufficient to present a recommendation to the full Commission. If significant concerns remain that may prohibit accreditation from being granted, the agency may be notified of such. The Self-Assessment, Visitation Report, and the Response documentation, along with a recommendation from the Commission Reviewers, will be provided to the full Commission at the hearing for determination of the agency's accreditation status.

COMMISSION BUSINESS MEETING AND HEARING

PURPOSE

The Commission meets five times per year, once in-person in the fall in conjunction with the NRPA Conference and Exposition and quarterly via teleconference. At its fall meetings, the Commission determines the accreditation status of agencies visited during the preceding spring/summer. Additionally, the Commission conducts regular business during these quarterly meetings. The Commission adheres to Robert's Rules of Order in all conduct of business.

In the event there are more non-consent agenda hearings scheduled to take place during the fall meeting than can be accommodated in the typical day and a half meeting, the Commission will split up to conduct two hearings simultaneously. At least six Commissioners shall be present at each hearing, with the Commission Chair presiding over one hearing and the Vice Chair, assisted by the Past Chair/Second Vice Chair, presiding over the other.

INITIAL ACCREDITATION HEARING PROCEDURE

The agency director and visitation team chair participate in a hearing before the Commission. The agency is responsible for expenses of the visitation team chair (or his/her designee) to attend the Commission meeting at which the agency is reviewed. Visit chair and agency participation is in-person, although in extenuating circumstances (e.g., an unexpected medical emergency) the Commission may permit participation via a conference call. The decision to permit such rests with the Commission Executive Committee. The other visitation team members are welcome to attend, at their own expense, however there will not be opportunity for open discussion of the agency's review. The Accreditation Manager informs the agency director and visitation team chair of the date, time, and location of the accreditation hearing at least two months in advance.

After welcome and introductory remarks by the Commission chair and the lead reviewer for the respective agency, the visitation team chair will briefly summarize the visit and comment on the major strengths and major concerns identified by the team. The agency director will be invited to share any relevant updates that have occurred since the visit, however, no new or additional documentation may be provided during the hearing. If the agency has new information or has made changes since the visit, the agency director may refer to the information in response to questions. The Commission will then open the meeting for discussion, beginning with the Commission lead and second. Following discussion, guests and observers in the room are asked to step out while the Commission takes action in executive session.

RE-ACCREDITATION HEARING PROCEDURE

For an agency going through a reaccreditation review, neither the agency director nor the visitation team chair participates in a hearing before the Commission. The visitation team members and agency representatives are welcome to attend at their own expense; however there will be no opportunity for open discussion of the agency's review.

The Commission will request the agency director to participate in the hearing via teleconference in the following circumstances:

1. The visitation report reported any unmet fundamentals; and/or
2. The visitation report reported less than 85% of the non-fundamental standards were unmet; and/or
3. The Visit Chair and/or Commission Lead and Second Reviewers recommend to the Commission that the agency should participate in the hearing.

If the agency is not asked to participate in the hearing, the Commission will take action on agencies with reaccreditation reviews through consent agenda while in executive session. While in executive session, guests and observers in the room are asked to step out while the Commission takes action.

If the agency is requested to participate in the hearing, the Accreditation Manager informs the agency director of the date and time of the accreditation hearing at least two months in advance.

After welcome and introductory remarks by the Commission Chair and the Lead Reviewer for the respective agency, the agency director will be invited to share any relevant updates that have occurred since the visit, however, no new or additional documentation may be provided during the hearing. If the agency has new information or has made changes since the visit, the agency director may refer to the information in response to questions. The Commission will then open the meeting for discussion, beginning with the Commission Reviewers. Following discussion, guests and observers in the room are asked to step out while the Commission takes action in executive session.

VOTES REQUIRED FOR COMMISSION ACTION

Any action taken by the Commission must be approved by a majority of eligible Commission members. A Commission member may not vote if he/she is or was employed by that agency.

EFFECTIVE DATES

Initial accreditation or continuing accreditation of an agency becomes effective on the date of approval by the Commission. If more than one date is involved in Commission action (i.e., later approval of agency actions to comply with conditions), the renewal date is based on the first Commission action.

ACCREDITATION STATUS

ACTIONS

At its annual meeting in the fall, the Commission may take the following action regarding an agency's accreditation status:

1. **Grant accreditation:** The agency is granted initial or continuing accreditation:
 - a. Without condition or warning;
 - b. With specified condition(s). Conditions must be met within a prescribed time period set forth in the motion; or
 - c. With specified warning(s): Warnings must be met with a prescribed time period set forth in the motion. Failure to document corrections of the deficiencies within the specified time period will result in withdrawal of accreditation.
2. **Defer action:** The determination of initial accreditation may be deferred for a specific time pending compliance with action specified by the Commission and set forth in the motion.
3. **Deny accreditation:** The determination of initial accreditation may be denied for specific reason(s) and set forth in the motion. The Commission may recommend remedial steps that can be taken.
4. **Withdraw accreditation:** The determination of continuing accreditation may be withdrawn, either voluntarily by the agency or by Commission action. If by Commission action, the specific reason(s) are set forth in the motion.

The agency is informed verbally of the decision at the meeting if present, and within thirty (30) days via official letter to the director. The written notice will include any remaining unmet standards. The agency may make a written request for further clarification within thirty days after receipt of the Commission decision. Only the Commission Chair or Accreditation Manager is authorized to disseminate information prior to official notification of action by the Commission to the agency.

Agencies that receive deferrals, conditions, or warnings will be given opportunity to make the required improvements. Evidence that an agency has responded satisfactorily to the circumstances leading to conditions, warning, or deferral will be based on one or more of the following:

- A written report indicating improvements made accompanied by relevant documentation, as appropriate;
- A supplementary visit (at agency expense). The number of visitors and number of days scheduled will be determined by the Commission;
- A meeting of agency representatives with Commission designated representatives. The agency is responsible for expenses incurred by Commission members; and/or
- Combinations of the above or other specified evidence.

The agency will send written documentation of compliance with specific actions taken in response to conditions, warnings or deferrals to the Commission Executive Committee and Accreditation Manager. Depending upon the nature of the documentation, the Commission may require verification from the agency's chief executive officer (or her or his delegate). In the case of compliance with conditions, documentation also will be forwarded to the Commission Lead and Second Reviewer designated for the agency in question.

If accreditation is deferred or denied, the agency may appeal the decision and request a meeting with the Commission at its next scheduled business meeting. An appeal, if any, must be made within thirty days (30) of notification of the Commission's decision and documentation supporting the appeal must be sent to the Accreditation Manager within sixty (60) days of this notification.

CONDITIONS

The Commission identifies conditions based on noncompliance with any of the thirty-six (36) fundamental standards or failure to provide sufficient evidence to document compliance with the minimum number of non-fundamental standards. A minimum of eighty-five (85%) percent, or ninety-two (92) of the non-fundamental standards must be met. Conditions may arise from "major concerns" noted by site visitors. In the case that an agency fails to address conditions by the designated deadline, fails to address the conditions to the satisfaction of the Commission, or submits no response to conditions by the established deadline, a warning is issued that withdrawal of accreditation is imminent. Upon receipt of a written petition from the agency and at its discretion, Commission may extend conditions for an additional specified period of time.

WARNINGS

Warnings are formal statements issued by the Commission that signal serious concerns about lack of compliance with standards and signal the imminent withdrawal of accreditation. Warnings are given when, on the basis of its annual report, official accreditation review, or other evidence, an accredited agency is shown to have fallen significantly and/or consistently below minimum compliance requirements, or has submitted materials that inadequately document compliance with conditions. It should be noted that the Commission may issue a warning to an agency at any time. The agency is warned that accreditation will be withdrawn if specific improvements are not made within a prescribed time.

DEFERRAL

Deferral refers to the act of delaying the decision on accreditation. Deferrals may occur only on initial accreditation reviews. A deferral may be issued when compelling evidence indicates that agency weaknesses can be minimized or eliminated in a short period of time.

ACCREDITATION DENIED

When an agency that has applied for initial accreditation does not present compelling evidence of compliance with standards, and the lack of compliance cannot be eliminated in a prescribed period of time, accreditation is not granted. In special circumstances the Commission may at its discretion (and the agency's expense), require an additional onsite visit or a meeting of an agency representative with a Commission member.

ACCREDITATION WITHDRAWN

When an accredited agency fails to satisfy conditions imposed by the Commission or to make improvements related to a warning, the Commission may withdraw accreditation. An accredited agency may also voluntarily withdraw from accredited status. If an agency chooses to voluntarily withdraw, the agency must submit this action in writing on official letterhead, with appropriate signatures.

PROGRESS REPORTS

With reference to a motion issued for conditions, warnings or deferrals, the Commission may request a progress report. A progress report forms the basis for a Commission decision on a subsequent review (including a revisit or a meeting, if needed). When a progress report is requested, the Commission will ask the agency to respond to specific questions. The date for submission of the report is related to the reason or reasons for the request. The self-assessment and visitation reports are used in conjunction with the progress report to form a basis for further Commission action, including possible modification of any previously scheduled dates.

In cases of deferrals, if the agency does not satisfactorily meet the Commission's request for additional evidence by the specified date, the agency's application shall be considered void and the agency must reapply for accreditation.

APPEALS POLICY

An agency whose accreditation has been deferred or denied may appeal the decision and request a conference with the Commission chair and/or a representative designated by the Commission. The agency must make the request in writing to the Accreditation Manager within thirty (30) days following notification of action by the Commission. Supporting documentation must be received by the Accreditation Manager within sixty (60) days of this notification. The purpose of such a conference, which is held by telephone, video, or at an agreed upon location, is to interpret the evaluation process and the Commission's decision. The same procedure will be followed if an agency wishes to question conditions set by the Commission.

An appeal may be filed if one or more of the following circumstance is alleged:

1. When evidence indicates that the Commission may have acted arbitrarily, capriciously, or unfairly;
2. When evidence indicates that the decision may have been based on inaccurate or incomplete evidence; and/or
3. When the items to be reconsidered are based on descriptions in the original reports previously evaluated by the Commission, without reference to subsequent developments or plans.

APPEALS COMMITTEE

1. The Commission appoints a standing Appeals Committee comprised of three (3) Commission members with one being the chair of the Commission. Appeals Committee members shall serve for a term of three (3) years. If an Appeals Committee member is not able to serve in this capacity or when their Commission term has ended, the Commission will appoint a replacement to begin a new three (3) year term.
2. When an agency has been denied accreditation the Commission chair assigns a member from the Appeals Committee to prepare a written report outlining the reasons an agency has been denied accreditation by the Commission.

APPEALS HEARING

1. Appeals Hearing Pool
 - a. The Commission appoints six (6) Appeals Hearing Pool Members, to be selected from in the case of an appeal to an accreditation decision. The hearing panel pool including two individuals that could serve as the Chief Hearing Officer (CHO) and four other qualified Appeals Hearing Pool Members. The CHOs must have served on a minimum of five (5) CAPRA visitations, three (3) as visitation team chair, and be recognized as fair and impartial. Past membership on the Commission desirable. The other Appeals Hearing Pool Members must have served on a minimum of five (5) CAPRA visitations and be recognized as fair and impartial and have demonstrated a thorough understanding of each of the CAPRA

standards. Appeals Hearing Pool Members shall serve a term of three (3) years. If an Appeals Hearing Pool Member is not able to serve in this capacity or when their term has ended, the Commission will appoint a replacement to begin a new three (3) year term.

2. Appeals Hearing Panel

- a. An Appeals Hearing Panel (AHP) is comprised of a Chief Hearing Officer (CHO) and two other members from the Hearing Panel Pool.

CONDITIONS OF APPEAL

All decisions of the Commission are final, but the action may be appealed, in writing, by the agency, if a notice of intent to appeal is sent within thirty (30) working days and documentation is forwarded within sixty (60) working days from the date the Commission took formal action, and if one or more of the following circumstance are alleged:

1. When evidence indicates that the Commission may have acted arbitrarily, capriciously, or unfairly;
2. When evidence indicates that the decision may have been based on inaccurate or incomplete evidence; and/or
3. When the items to be reconsidered are based on descriptions in the original reports previously evaluated by the Commission, without reference to subsequent developments or plans.

APPEALS PROCESS

1. The Commission Appeals Committee shall review the agency's documentation and the Commission's proceeding report relevant to the appeal to determine if there is sufficient merit in the case to warrant an appeal.
2. If the Commission Appeals Committee determines there is not sufficient merit to warrant an appeal the Commission will affirm the Commission's decision in writing to the agency within seven working days upon receipt of the agency's documentation.
3. The Commission will forward in writing to the agency within seven working days upon receipt of the agency's documentation if the Commission Appeals Committee determines there is sufficient merit to warrant an appeal.
4. When the Commission Appeals Committee determines there is sufficient merit to warrant an appeal, the Commission with concurrence of the appellant, shall appoint an AHP within fifteen working days. The AHP shall be comprised of three persons from the AHP, one being identified as the CHO, none of whom shall be members of the Commission. The appellant has a right to request an alternate from the Appeals Hearing Pool. The appellant must pay the \$1,000 Appeals Fee at this point and prior to the AHPs review of any documentation.

5. Upon receipt of the Appeals Fee and prior to the appeal hearing, AHP will review all documentation relevant to the appeal from both the appellant and the Commission proceedings report.
6. The appeal hearing will include the AHP, representative(s) from the appealing agency and the Commission lead or second assigned to the agencies review.
7. The appeal hearing shall be held at a mutually convenient time and place.
8. The meeting should take place no later than 45 days prior to the next Commission meeting.
9. The CHO will preside over the appeal hearing and assign one AHP member to prepare summary minutes of the hearing. During the appeals process both the appellant and Commission representatives will state their position and summarize their relevant documentation.
10. The AHP will review all written documentation and all evidence presented at the appeal hearing by both the appellant and Commission.
11. Based on all information presented, the AHP will make a finding and report to the Commission within seven working days of the date of the appeal hearing.
12. The agency shall retain their accreditation status during the appeal process. There shall be no public notice related to the matter until the appeal process is completed and the Commission has made its final decision.
13. The decision of the AHP shall be accepted by the Commission for ratification. The final decision of the Commission shall be forwarded in writing to the agency's chief administrative officer within twenty one working days after the date of the appeal hearing.

APPEALS FEE

1. The appealing agency shall be assessed, upon approval of an appeal by the Commission Appeals Committee, a flat fee of \$1,000 for the cost of the AHP and Commission expenses.
2. The Appeals Fee must be paid before the AHP will review any materials related to the appeal.
3. The Appeals Fee should be sent to the Accreditation Manager.

ADDITIONAL INFORMATION

COMPLAINT POLICY AND PROCEDURES

The Commission, in fulfillment of its public responsibility assuring the quality and integrity of agency accreditation of parks and recreation agencies, has established a process for reviewing complaints against the Commission, accredited agencies, and/or visitors. Any individual, (e.g. staff member, practitioner, and/or responsible public citizen) may submit a written complaint concerning the Commission, an accredited agency, and/or a visitation team member. The Commission will act only upon a signed allegation that an accredited agency, visitor representing the Commission, or the Commission and/or its members appears to be out of compliance or adherence with the accreditation standards or policies. The Commission will not intervene on behalf of individuals, nor will it act as a court of appeal for individuals in matters of hiring practices, appointments, promotions, or dismissal of staff. This policy addresses three distinct procedures: 1) complaints against an accredited agency; 2) complaints against the Commission/Commissioner(s), and; 3) complaints against an approved visitor representing the Commission.

PROCEDURES FOR COMPLAINTS AGAINST AN ACCREDITED AGENCY

The following procedures will be used in the investigation of a complaint against an accredited agency.

1. A written, signed complaint is received by the NRPA Accreditation Manager
2. NRPA Accreditation Manager forwards all written complaints to the CAPRA Chair within three (3) business days of receipt of the complaint.
3. If the CAPRA Chair, in consultation with the CAPRA Executive Committee, determines that the complaint does not relate to the accreditation standards or policies, within two (2) weeks of receiving the complaint the CAPRA Chair and Executive Committee will notify the complainant in writing that no further action will be taken.
4. If the CAPRA Chair, in consultation with the CAPRA Executive Committee, determines that the complaint relates to the accreditation standards or policies, the complaint will be acknowledged in writing within two (2) weeks of receipt by the CAPRA Chair and Executive Committee and the complainant will be provided a copy of the process for handling the complaint.
5. At the same time as the complainant is notified, the complaint will be forwarded by certified mail to the agency director. At the request of the complainant, the name of the complainant will be redacted within the body of the written complaint sent to agency director.
6. The CAPRA Chair will request that the agency conduct a preliminary investigation and submit an initial report addressing the complaint as related to accreditation standards or

policies. The initial report shall be postmarked no more than 30 calendar days following receipt of the notification, as documented by return receipt of certified mail.

7. The CAPRA Chair may request further information or materials relating to the complaint from the complainant, the agency, or other sources.
8. The CAPRA Chair will appoint a review committee comprised of three Commissioners to consider the complaint, along with all relevant information. The review committee will recommend appropriate action to the Commission at its next scheduled meeting. Complaints warranting immediate action will be adjudicated via a conference call comprised of a quorum of Commissioners.
9. Determination of an appropriate action will be based on the Commission's consideration of the complaint, materials relating to the complaint, and the review committee's findings and recommendations.
10. The CAPRA Executive Committee or the full Commission may determine that consultation with legal counsel is appropriate. As NRPA Staff Liaison to CAPRA, the NRPA Accreditation Manager will work with the Commission and legal counsel to develop a plan to address the complaint.
11. If the complaint is determined to be unsubstantiated or unrelated to the accreditation standards or policies, no action will be taken and the complainant will be so notified.
12. If the complaint is substantiated and the Commission determines that the agency appears to be out of compliance with the accreditation standards or policies, action will be taken. This action may include, but is not limited to, scheduling a prompt onsite visit of the agency, establishing time-delimited conditions, assigning warnings, or withdrawing accreditation.
13. The agency director will be notified of the Commission's decision and action in writing within two (2) weeks of the decision. The complainant will be notified of the final decision and actions following expiration of the reconsideration and appeals process.
14. The agency will have the right to request reconsideration of the Commission's actions when the agency provides evidence that the Commission did not adhere to its complaint policy and procedures. Any such request must be made in writing and submitted to the NRPA Accreditation Manager within thirty (30) days of receipt of final action by the Commission.
15. The complainant will have the right to request reconsideration of the Commission's actions when the complainant provides evidence that the Commission did not adhere to its complaint policy and procedures. Any such request must be made in writing and submitted to the NRPA Accreditation Manager within thirty (30) days of receipt of final action by the Commission.

PROCEDURES FOR COMPLAINTS AGAINST THE COMMISSION AND/OR COMMISSIONER(S)

The following procedures will be used in the investigation of a complaint against the Commission or Commissioner(s).

1. A written, signed complaint is received by the NRPA Accreditation Manager.
2. NRPA Accreditation Manager forwards all written complaints to the CAPRA Chair within three (3) business days of receipt of the complaint.
3. If the CAPRA Chair, in consultation with the CAPRA Executive Committee, determines that the complaint does not relate to the accreditation standards or policies, within two (2) weeks of receiving the complaint the CAPRA Chair and Executive Committee will notify the complainant in writing that no further action will be taken.
4. If the CAPRA Chair, in consultation with the CAPRA Executive Committee, determines that the complaint relates to the accreditation standards or policies, the complaint will be acknowledged in writing within two (2) weeks of receipt by the CAPRA Chair and Executive Committee and the complainant will be provided a copy of the process for handling the complaint.
5. At the same time as the complainant is notified, the complaint will be forwarded to the CAPRA Executive Committee who will receive all correspondence. At the request of the complainant, the name of the complainant will be redacted within the body of the written complaint sent to the Commission/Commissioner(s).
6. If the complaint involves a Commissioner(s), at the request of the CAPRA Executive Committee and with the acceptance of all parties, a past Commissioner (hereafter termed "CAPRA Designee") will conduct the investigation. If a complaint involves the CAPRA Chair, or a conflict of interest arises, the Vice-Chair will fulfill the Chair duties addressed previously.
7. The CAPRA Designee may request further information or materials relating to the complaint from the complainant, CAPRA, or other sources.
8. The CAPRA Designee will appoint a review committee comprised of three past Commissioners to consider all relevant information. The CAPRA Designee will request that the review committee submit a report addressing the complaint as related to accreditation standards or policies. The report shall be postmarked no more than thirty (30) calendar days following receipt of the notification, as documented by return receipt of certified mail. The review committee will recommend appropriate action to the CAPRA Designee. Complaints warranting immediate action will be adjudicated via a conference call comprised quorum of Commissioners.

9. Determination of an appropriate action will be based on the consideration of the complaint, materials relating to the complaint, and the review committee's findings and recommendations.
10. The CAPRA Designee, the full Commission, or the CAPRA Executive Committee may determine that consultation with legal counsel is appropriate. As Staff Liaison to CAPRA, the NRPA Accreditation Manager will work with the CAPRA Designee and legal counsel to develop a plan to address the complaint.
11. If the complaint is determined to be unsubstantiated or not related to the accreditation standards or policies, no action will be taken, and the complainant will be so notified.
12. If the complaint is substantiated and indicates that the Commissioner(s) appears to be out of compliance with the accreditation standards or policies, action will be taken. This action may include, but is not limited to, retraining or dismissal from the Commission and/or review of any resultant the Commission's actions or decisions influenced by noncompliance with standards or policies.
13. The Commissioner(s) will be notified of the CAPRA Designee's decision and action in writing within two (2) weeks of the decision. The complainant will be notified of the final decision and actions following expiration of the reconsideration and appeals process.
14. The Commissioner(s) will have the right to request reconsideration of the CAPRA Designee actions when the Commissioner(s) provides evidence that the Commission did not adhere to its complaint policy and procedures. Any such request must be made in writing and submitted to the NRPA Accreditation Manager within thirty (30) days of receipt of final action by the Commission.
15. The complainant will have the right to request reconsideration of the Commission's actions when the complainant provides evidence that the Commission did not adhere to its complaint policy and procedures. Any such request must be made in writing and submitted to the NRPA Accreditation Manager within thirty (30) days of receipt of final action by the Commission.

PROCEDURES FOR COMPLAINTS AGAINST A VISITOR REPRESENTING THE COMMISSION

The following procedures will be used in the investigation of a complaint against an approved visitor representing CAPRA.

1. A written, signed complaint is received by the NRPA Accreditation Manager
2. NRPA Accreditation Manager forwards all written complaints to the CAPRA Chair within three (3) business days of receipt of the complaint.
3. If the CAPRA Chair, in consultation with the CAPRA Executive Committee, determines that the complaint does not relate to the accreditation standards or policies, within two (2) weeks of receiving the complaint the CAPRA Chair and Executive Committee will notify the complainant in writing by that no further action will be taken.
4. If the CAPRA Chair, in consultation with the CAPRA Executive Committee, determines that the complaint relates to the accreditation standards or policies, the complaint will be acknowledged in writing within two (2) weeks of the receipt by the CAPRA Chair and Executive Committee and the complainant will be provided a copy of the process for handling the complaint.
5. At the same time as the complainant is notified, the complaint will be forwarded by certified mail to the named visitor. At the request of the complainant, the name of the complainant will be redacted within the body of the written complaint sent to the visitor.
6. The Commission will conduct a preliminary investigation and submit an initial report to the Visitor addressing the complaint as related to accreditation standards or policies. The initial report shall be postmarked no more than thirty (30) calendar days following receipt of the notification, as documented by return receipt of certified mail.
7. The CAPRA Chair may request further information or materials relating to the complaint from the complainant, the institution, the visitor, or other sources.
8. The CAPRA Chair will appoint a review committee comprised of three Commissioners to consider the complaint, along with all relevant information. The review committee will recommend appropriate action to the Commission at its next scheduled meeting. Complaints warranting immediate action will be adjudicated via a conference call comprised of a quorum of Commissioners.
9. Determination of an appropriate action will be based on the Commission's consideration of the complaint, materials relating to the complaint, the review committee's findings and recommendations.
10. The full Commission or the CAPRA Executive Committee may determine that consultation with legal counsel is appropriate. As Staff Liaison to CAPRA, the NRPA

Accreditation Manager will work with the Commission and legal counsel to develop a plan to address the complaint.

11. If the complaint is determined to be unsubstantiated or unrelated to the accreditation standards or policies, no action will be taken, and the complainant and visitor will be so notified.
12. If the complaint is substantiated and the Commission determines that the visitor appears to be out of compliance with the accreditation standards or policies, action will be taken. This action may include, but is not limited to, retraining, removal from the CAPRA list of approved visitors, and/or review of any resultant the Commission's actions or decisions influenced by the visitor's noncompliance with standards or policies.
13. The visitor will be notified of the Commission's decision and action in writing within two (2) weeks of the decision. The complainant will be notified of the final decision and actions following expiration of the reconsideration and appeals process.
14. The visitor will have the right to request reconsideration of the Commission's when the visitor provides evidence that the Commission did not adhere to its complaint policy and procedures. Any such request must be made in writing and submitted to the NRPA Accreditation Manager within thirty (30) days of receipt of final action by the Commission.
15. The complainant will have the right to request reconsideration of the Commission's actions when the complainant provides evidence that the Commission did not adhere to its complaint policy and procedures. Any such request must be made in writing and submitted to the NRPA Accreditation Manager within thirty (30) days of receipt of final action by the Commission.

LOGO USAGE GUIDELINES

PURPOSE

The logo for the Commission for Accreditation of Park and Recreation Agencies (CAPRA) copyrighted through the National Recreation and Park Association (NRPA) as CAPRA's graphic identity. The CAPRA identity is characterized by dedicated industry professionals who administer a national accreditation program setting the benchmark for agency achievement. All board members, staff, associated professionals and participating agencies are united graphically by the CAPRA logo. The CAPRA logo deserves the same care and protection that is provided any asset. These guidelines are to ensure that the CAPRA logo is accurately and consistently expressed wherever it appears. The logo shall only be used on official CAPRA projects or for official CAPRA business unless otherwise approved by the Commission.

Use of the CAPRA logo must comply with the herein specific usage guidelines.

Failure to strictly adhere to the guidelines within this document shall result in immediate revocation of authorization to use the logo.

CAPRA BRAND SIGNATURE

The CAPRA logo with full name application will be used as the primary signature. The logo mark can be used for promotion items and as a design element. Examples of uses may include but are not limited to; decals, embroidery on clothing, signage, signature tags, and stationary.

An alternative version of the logo, without the word "accredited," will also be used in communications regarding agency accreditation during the initial accreditation process, before accreditation is granted, by visitors, as well as by affiliate organizations. Examples of uses may include but are not limited to; the initial agency self-assessment, promoting an agency going through the accreditation process, initial visit reports, and promotional materials.



USAGE ELIGIBILITY

1. Authorization for use of the logo is automatic upon an agency's initial accreditation, and all subsequent re-accreditations, once it has been conferred by vote of the Commission. Accredited agencies are encouraged to use the logo to promote and market the achievement.
2. The Commission must give written authorization to other eligible parties prior to any use

of the logo. Individuals requesting permission to use the CAPRA logo must complete the “Logo Usage Agreement” form (see below).

3. Commissioners or visitors may use the logo in any official capacity but may not use it to represent any individual interests.
4. The logo shall not be used for the following:
 - in political campaign messages or other materials of a partisan nature;
 - in a manner that is misleading, defamatory, libelous, obscene, or sexually suggestive;
 - in a manner that would disparage or damage the image of CAPRA;
 - in a manner that suggests that editorial content has been authored by, or represents the views or opinions of CAPRA;
 - on food items, health-related items, or alcoholic beverages;
 - in connection with any material that infringes the trademark, copyright, or any other rights of any third party;
 - in advertisements, marketing, or endorsements of any product, service, or business that is not related to CAPRA; or
 - in a manner that infringes, derogates, dilutes, or impairs the rights of CAPRA in such logo.
5. Alteration of the logo in any way is strictly prohibited. Examples of alteration include changing any of the constituent colors or fonts, adding additional text or other graphic elements, removing, relocating, or modifying any element of the design, disproportionately scaling any element of the design, tilting at an angle, or adding borders around the logo or elements of the design, or applying other effects and filters.
6. The CAPRA logo shall remain the exclusive property of CAPRA and NRPA.
7. Any uses associated with the logo shall be in compliance with any applicable local, state, or federal law.
8. Users agree that all uses of the CAPRA logo will support to the benefit of the Commission.
9. Users shall not register any logo that is identical to or confusingly similar to the CAPRA logo in any jurisdiction, domestic, or foreign.
10. CAPRA may modify these guidelines from time to time and users will be bound to comply with the material contained in the updated guidelines immediately upon receipt of, or posting of, the new guidelines.

LOGO USAGE

The CAPRA logo is a valuable asset; as such, it is important to closely monitor the way in which the brand identity is displayed. The logo is the basis of the identity and a critical component of the overall branding and strategic message. Computer alterations to the logo, such as drop shadows and outlines, are unacceptable. The following illustrates approved and inappropriate logo usage.

Approved Logo Use



Inappropriate Logo Usage



**NATIONAL RECREATION AND PARK ASSOCIATION
COMMISSION FOR ACCREDITATION OF PARK AND RECREATION AGENCIES
LOGO USAGE AGREEMENT**

THIS AGREEMENT is made and entered into by and between the National Recreation and Park Association (NRPA), Commission for Accreditation of Park and Recreation Agencies (CAPRA), and _____, hereinafter referred to as User.

During the term of this agreement, NRPA authorizes the User to use the CAPRA logo (hereinafter referred to as “the logo”) only in the manner submitted for approval by NRPA. The User will not permit the use of the logo in any other form or manner on any other of its products, materials, either manufactured or electronic.

Use of the logo is for display only purposes. Use is restricted to a period of time of no more than _____ from the date of this contract during which time the User will maintain active CAPRA accreditation. This use in no way implies endorsement of User or User’s corporation or agency or any products or services offered by the User.

User hereby indemnifies NRPA and agrees to hold NRPA harmless against any and all claims or suits solely arising out of the User’s unauthorized use of the logo during the term of this agreement.

NRPA hereby indemnifies the User and agrees to hold User harmless against any and all claims or suits arising out of the use of the logo during the term of this agreement.

NRPA may terminate this agreement upon thirty (30) days written notice to the User under the following circumstances, provided that during the thirty (30) days period, the User fails to cure the breach:

- User employs the logo without having obtained prior written approval of NRPA.
- User employs the logo in manner other than that previously submitted to and approved by NRPA.
- User employs the logo beyond original term of contract.

This agreement is renewable upon written consent of both parties.

Review, print, and sign this document and return it either by fax, mail, or electronically using an electronic format demonstrating appropriate signature. Upon signature from NRPA, a copy of the fully executed agreement will be sent to the User and the original will remain in the possession of the National Recreation and Park Association.

National Recreation and Park Association

User

Signature and Date

Signature and Date

CONFIDENTIALITY OF ACCREDITATION INFORMATION

The minutes of Commission meetings (excluding minutes of executive sessions), including accreditation review decisions, are available to the public upon request. All other data, observations, conversations, reports, and working documents related to the Commission's dealings with agencies are confidential. Acceptance of membership on the Commission or on a visitation team constitutes a contractual agreement to safeguard the confidentiality of information acquired in these capacities.

As a matter of policy, accreditation decisions on individual agencies are made in executive sessions. Attendance at these sessions is limited to members of the Commission and those persons specifically invited to attend by the Commission.

No member of the Commission whose agency is being evaluated may participate in any discussions or decisions with respect to that agency. Further, sitting Commission members shall not provide private consultation services to any agency unless acting on behalf of the Commission. The Commission shall not recommend consultants.

Final action on all applications, affirmative and negative, shall be public information unless under appeal. The Commission retains the right to release a full report, or parts thereof, when necessary to correct or clarify inaccurate information released by the agency or other sources.

CODE OF PROFESSIONAL CONDUCT POLICY

This code sets forth the standards of professional conduct to be observed by CAPRA Commissioners, CAPRA Visitors, and CAPRA accredited agencies, as they act in the capacity of that role. Individuals shall, in their professional activities, sustain and advance the integrity, honor and veracity of their position by:

- adhering to the highest standards of integrity and honesty in all public and professional activities to inspire confidence and trust;
- supporting in a positive manner all actions taken by CAPRA even when I am in a minority position on such actions;
- abiding the Operating Code and all policies and procedures in the CAPRA Handbook;
- removing myself from cases of conflict of interests;
- never disclosing confidential information related to or verbally discussed about the CAPRA program;
- doing the best work possible, be objective, use due care and make full use of education and skills;
- always acting in the best interests of CAPRA by informing the Commission of needed changes or current best practices;
- never rewarding or punishing, or awarding or denying benefits based on personal considerations, including but not limited to, favoritism, nepotism or bribery; and
- serve in the interests of stakeholders in a lawful manner, while maintaining high standards of conduct and character, and not discrediting the profession or the Commission.

Individuals who fail to practice these professional standards shall be subject to review by the Commission.

CAPRA/ILLINOIS DISTINGUISHED AGENCY PROGRAM

NOTE: THIS SECTION IS IN THE PROCESS OF BEING UPDATED DUE TO THE RELEASE OF THE CAPRA 2014 STANDARDS.

OBJECTIVE

Demonstrate the value of a streamlined process that acknowledges comparability of certain Illinois Distinguished Accredited Agency standards with CAPRA standards, resulting in a saving of time and resources for those Illinois agencies accredited by DPRAC that also seek national accreditation by CAPRA.

OVERVIEW OF PROGRAMS

DPRAC

- 160 Standards
- Compliance measured by point scoring system utilizing mandatory, optional, and bonus standards
- 6-year accreditation cycle
- Self-assessment review followed by site visit
- 1 day visit by team of 5 visitors (from within state)
- No annual reporting requirement in interim years
- Fees:
 - \$500 application fee
 - No annual fee

CAPRA

- 144 Standards (36 Fundamental)
- Compliance measured by “met” status of all fundamental standards and at least 85% “met” status of remaining standards
- 5-year accreditation cycle
- Self-assessment review followed by site visit
- 3-4 day site visit by team of 3 visitors (from out of state)
- Annual reporting requirement in interim years
- Fees:
 - \$100 application fee
 - \$165 - \$3,300 review fee (based on size of agency budget)
 - \$60 - \$600 annual fee (based on size of agency budget)

STANDARDS COMPARISON

A review of CAPRA and DPRAC standards reveals that 37 (34%) of the 108 non-fundamental and 18 (50%) of the 36 fundamental CAPRA standards are comparable, i.e. 38% of all CAPRA standards.

An Illinois accredited agency will achieve CAPRA accreditation by demonstrating compliance with:

1. All fundamental CAPRA standards;
2. All non-fundamental CAPRA standards not certified as comparable to DPRAC standards; and
3. All non-fundamental CAPRA standards certified as comparable to DPRAC standards, but unmet by the Illinois accredited agency.

CAPRA accreditation must follow within two (2) years of DPRAC accreditation to maintain that the standards met for DPRAC are still in compliance.

Reaccreditation occurs every five (5) years for CAPRA and every six (6) for DPRAC. DPRAC will provide flexibility so that agencies with dual accreditation can remain synchronized for reaccreditation. DPRAC reaccreditation will precede the CAPRA reaccreditation date to provide the baseline of met and unmet standards for the CAPRA visitation team.

PILOT PROGRAM

CAPRA and DPRAC are entering into a five-year pilot program. Prior to the pilot, CAPRA and DPRAC will execute a memorandum of understanding that in part requires the programs to agree to maintain a current list of CAPRA-comparable DPRAC standards (see list of standards below). Any modification of standards by either agency will trigger a review of the comparable standards list.

The following process outlines how an agency in Illinois accredited by DPRAC can become CAPRA accredited through the pilot program:

Phase I. DPRAC Accreditation

1. Agency-X in Illinois achieves DPRAC accreditation.
2. As a DPRAC accredited agency, Agency-X is eligible to seek CAPRA accreditation review through a streamlined process, henceforth called “IL/CAPRA Process”.

Phase II. Application to CAPRA for IL/CAPRA Process

3. Agency-X will submit to CAPRA, within two (2) years of achievement of DPRAC accreditation:
 - a. Application for Accreditation and indicate pursuance of the IL/CAPRA Process;
 - b. Application fee; and
 - c. Letter of certification from DPRAC indicating the agency’s compliance and non-compliance with CAPRA-comparable DPRAC standards.

Phase III. CAPRA Accreditation via IL/CAPRA Process

4. Agency-X, pursuant to CAPRA procedures, submits a Self-Assessment Report to CAPRA within eight (8) weeks of the scheduled onsite visit that documents compliance with:
 - a. All fundamental CAPRA standards;
 - b. All non-fundamental CAPRA standards not certified as comparable to DPRAC standards; and

- c. All non-fundamental CAPRA-comparable DPRAC standards indicated as unmet by the DPRAC letter of certification.
5. Onsite CAPRA visit:
 - a. The visitation team for the IL/CAPRA Process visit consists of two (2) CAPRA visitors. This may vary depending on the size of the agency.
 - b. The normal duration of the IL/CAPRA Process visit will be two (2) days. This may vary depending on the size the agency.
6. The CAPRA Visitation Team will issue a visitation report to CAPRA for approval (see “The Visitation Report” section for process).
7. CAPRA will complete the accreditation process according to its regular policies and procedures.

LIST OF CAPRA/DPRAC COMPARABLE STANDARDS

CAPRA		DPRAC
1.4	Policies, Rules and Regulations, and Operational Procedures	1.5.2 Administrative and Policy Making Functions
1.2	Jurisdiction	3.5.2 Map
1.1.3	Responsibilities of Approving Authority, Chief Administrator, and Staff	1.5.2 Administrative and Policy Making Functions
1.3.2	Personnel Involvement	1.3.1 District Goals
1.5.1	Operational Coordination	1.9.1 Policy on Cooperative Use and Maintenance of Facilities
2.3	Planning with Regional, State, Federal and Non-government Agencies	1.8.1 Working Relationship
2.4.2	Community Assessment	5.5.2 Needs Assessment Study to assess and determine the recreation needs and interests of its population
2.9	Community Involvement	1.8.2 Citizen Input -- Requires a citizen input policy and evidence of implementation 3.2.2 Facility Development Planning 5.7.2 Community Input in Planning and Development

CAPRA		DPRAC	
3.4.1.1	Public Information and Community Relations Responsibility	1.10.3	Authority for Coordinating Public Relations (Note: CAPRA uses the term Community Relations, whereas IL uses the term Public Relations)
4.1.8	Compensation	4.8.1	Salary Ranges
4.1.6	Employee Benefits	4.5.1	Comprehensive Personnel Policies Manual (Note: The IL Personnel Policy Manual includes “fringe benefits”)
4.1.9	Performance Evaluation	4.8.3	Appraisals of Job Performance
4.1.11	Disciplinary System	4.5.1	Comprehensive Personnel Policies Manual
		4.5.2	Distribution of Personnel Policy
4.1.12	Grievance Procedures	4.5.1	Comprehensive Personnel Policies Manual
		4.5.2	Distribution of Personnel Policy
4.1.13	Termination and End of Employment	4.5.1	Comprehensive Personnel Policies Manual
		4.5.2	Distribution of Personnel Policy (Note: The IL Personnel Policy Manual includes “termination”)
4.6	Orientation Program	4.6.1	Employee Orientation Program
4.6.1	In-Service Training Function	4.3.1	In-House Training - Short Duration
		4.3.2	In-House Training - Long Duration (Note: CAPRA requires annual update, review and evaluation.)

CAPRA	DPRAC
4.6.2 Employee Development	4.2.2 Continuing Education Opportunities 4.3.1 In-House Training - Short Duration 4.3.2 In-House Training - Long Duration 4.3.3 Staff Attendance at Workshops
4.6.4 Professional Organization Membership	4.7.1 Professional Involvement
4.7 Volunteer Management	1.13.2 Volunteer Manual
4.7.1 Utilization of Volunteers	1.13.1 Policy or Procedure on Volunteers
4.7.4 Recognition of Volunteers	1.13.3 Volunteer Recognition Program
5.1.2 Acceptance of Gifts and Donations	2.16 Recreation Agency Acceptance of Donations, Gifts & Bequests
5.2.1 Authority and Responsibility for Financial Management	2.1.1 Responsibility for Fiscal Management Functions
5.3.1 Financial Status Reports	2.2.5 Financial Report – The Agency should have an accounting system that includes, at a minimum, provisions for monthly status reports showing: * initial appropriations for each account (or program) * balances at the commencement of the monthly period * expenditures and encumbrances made during the period and unencumbered balances
5.5.1 Supplemental/Emergency Appropriations	2.15 Supplemental/Emergency Appropriations
6.1.2 Participant Involvement	5.7.1 Professional Affiliation Guidelines 5.7.2 Community Input in Planning and Development
6.1.6 Fee Based Programs and Services	5.8.1 Recreation Program and Facilities Fees

CAPRA		DPRAC	
6.1.7	Cooperative Planning	5.6.1	Coordinating Recreation Programs and Cooperative Relationships
6.3	Program Evaluation	5.4.2	Evaluation of Services & Information Reporting
6.5	Scope of Program Opportunities	5.2.1	Special Needs with People with Disabilities
		5.2.2	Program Opportunities for People with Economic Hardship
		5.3.2	Comprehensive Year-Round Program Opportunities
6.8	Program and Service Statistics	5.4.1	Maintaining Statistics for Recreational Needs
		5.4.2	Evaluation of Services & Information Reporting
7.5.2	Preventative Maintenance Plan	3.2.3	Regularly Scheduled Preventive Maintenance
7.9	Environmental Sustainability	3.3.5	Environmental Policy
7.11	Capital Asset Depreciation and Replacement	3.2.4	Facilities and Equipment Replacement Schedule
8.4.3	Handling of Disruptive Behavior	5.9.1	Behavior Management Policy Procedure
9.1.1	Statement of Policy	4.9.4	Safety Policy Statement/Procedure
9.1.2	Risk Management Operations Manual	4.9.5	Safety Manual
		4.9.6	Employee Knowledge of Safety Policy/Procedure & Manual
9.1.2.1	Accident and Incident Reports	4.9.7	Written Accident Investigation and Follow Up
9.1.3	Personnel Involvement and Training	4.9.6	Employee Knowledge of Safety Policy/Procedure & Manual
9.2	Risk Manager	4.9.1	Risk Management Representative

AMENDMENTS TO STANDARDS

The standards may be amended by a two-thirds vote of the Commission. Proposed substantive changes to the standards by the Commission shall be submitted for public comment. The Commission shall invite comments related to these revisions, so as to permit sufficient time for interested individuals and organizations to respond prior to final action by the Commission.

AMENDMENTS TO THE HANDBOOK

The handbook may be amended by a two-thirds vote of the Commission.

CAPRA GLOSSARY OF TERMS

As-Built Drawings - Plans and drawings that graphically represent the existing building or facility, in its current state reflecting demolitions, additions or other major alterations that have occurred over time. A complete set of as-built drawings typically include a site plan, floor plan, and plans and details for structural, mechanical, electrical and plumbing systems.

Assessment - An estimation, opinion or approximation. An assessment is a formative type of evaluation that seeks information for learning or teaching as opposed to an evaluation that is a final or summative judgment.

Consultant - is an individual or group of individuals who provides professional or expert advice in a particular area such as human development, marketing, finances, landscape design, facility construction, and so on. (*Management of Park and Recreation Agencies, 3rd Edition, page 458*)

Comprehensive Plan - The Comprehensive plan or General Plan is the long term development plan for the area. This is usually a Planning or Community Development document. The plan usually identifies the development through a series of goals, policies and objectives. The Plan has several sections including a Land Use section which is the zoning of the area. In addition to land use, other sections usually include transportation, drainage, utilities, public facilities and of course parks, recreation and open space

Conceptual Foundations of Play, Recreation and Leisure – Recreation programs should reflect the basic conceptual foundations of play, recreation, and leisure. Recreation programs should encourage or promote a degree of freedom, choice, or voluntary engagement in their structure or design.

Recreation is an activity in which a person engages for a positive, purposeful end.

Play as a form of behavior is usually considered a creative, spontaneous expression. Often, park and recreation programs reflect the spirit of play in their design, promoting open, free, and expressive opportunities for individuals. (Edginton, C. & O'Neill, J. (2010). Program Services and Event Management. In *Management of Park and Recreation Agencies* (3rd Edition), p.156. Ashburn, VA: National Recreation and Park Association (NRPA); Edginton, C., Hudson, S., Dieser, R. & Edginton, S. (2004). *Leisure programming*. Boston: McGraw-Hill; Dattillo, J. (1999). *Leisure education program planning: A systematic approach* (2nd Ed.). State College, PA: Venture.)

Leisure can be defined as time (free from obligations), activity (that people engage in during their free time) and state of mind (includes perceived freedom, intrinsic motivation, perceived competence and positive affect). (Hurd, A. & Anderson, D. (2011). *Park and Recreation Professional's Handbook*. Champaign, IL: Human Kinetics.)

Cultural Resources -Resources that are all encompassing of a community's arts, cultural activities and institutions, including nonprofits, visual and performing arts, artists, art audiences, art education, public art, art facilities and systems of financial support. Some communities use cultural resources to advance multiculturalism, the creative expression of a community's diversity and initiatives involving literature, design, historic preservation and public events and festivals.

Cultural Plan - A Cultural Arts Plan is a used to summarize the Cultural Arts community and to describe the goals and strategies for enhancing cultural opportunities in the area. The Plans should include a vision statement and also discuss the broader trends and implications facing the arts and cultural development. It is a means of consulting with citizens to ascertain their cultural values and aspirations. The result can be identified as strengths, weaknesses, opportunities and threats to the arts and culture community as recommend short, immediate and long term strategies for the plan.

Education for Leisure -Leisure education develops the attitudes (affective), skills (psychomotor), and knowledge (cognitive) required for optimal leisure functioning and a full range of lifelong leisure activities. The components of a typical program include: developing the physical and cognitive skills necessary for participation in park and recreation activities, gaining knowledge of leisure opportunities, learning how to use required equipment and materials, and acquiring understanding and appreciation for leisure and its role in life satisfaction and quality of life.

Public park and recreation agencies should have a plan of education for leisure. The plan should provide a continuous, systemic and operational program to teach the general public (children, adolescents, adults, including persons with special needs) about the use of leisure time, emphasizing an understanding of the value of recreation (organized leisure) to the individual and the effects (benefits, values, impacts) of leisure on society. Providing multiple opportunities to explore and experience a variety of enjoyable leisure activities are important aspects of the plan.

Further in-depth resources, collaborative partnerships with schools and non-profit agencies, community presentations, demonstration projects, including website links for accessing successful plans can be seen in: *Management of Park and Recreation Agencies* (2010), 3rd Edition, pp.172-175 and accessed at: [Leisure Education In the Schools: Promoting Healthy Lifestyles for All Children and Youth](#)

Encroachment - taking of land without authorization; an illegal intrusion with or without obstruction

Evaluation - is an analytical review or appraisal that uses qualitative or quantitative data to assess status, effectiveness, relevance and appropriateness. Evaluations are documented in writing. Annual evaluations are conducted at least once each year. Periodic or regular evaluations are done at fixed intervals. Systematic evaluation relates findings to a system, method, or plan.

Goal - statements describing the conditions or attributes to be attained (*Management of Park and Recreation Agencies, 3rd Edition, page 116*); or a desired outcome that act on the mission of the organization. (*Management of Park and Recreation Agencies, 3rd Edition, page 72*)

Grievance - a complaint by an individual concerning the interpretation or application of rules and regulations governing personnel practices, working conditions, workplace rules, or alleged improper treatment. (*Management of Park and Recreation Agencies, 3rd Edition, page 429*)

Guideline - a detailed plan or explanation to guide you in setting standards or determining a course of action.

Historical Resources - Historic resource is a prehistoric or historic district, site, building, structure, or object. This term includes artifacts, records, and remains that are related to and located within these properties. The term also includes properties of traditional religious and cultural importance to an Indian tribe or Native Hawaiian organization.

Leisure (see Conceptual Foundations of Play, Recreation, and Leisure)

Manual - a repository of official guiding documents of an organization.

Natural Resources - (referred to as [land](#) or [raw materials](#)) occur naturally within [environments](#) that exist relatively undisturbed by mankind, in a [natural](#) form.

Objective - a specific and quantifiable statement of achievement. It is a statement of measurable outcome which can be used to determine progress towards a goal.

Organizational Component - A major subdivision of the organization, e.g. department or division.

Ordinance - is a city or county law. It is permanent, codified, and carries more authority than a resolution. (*Management of Park and Recreation Agencies, 3rd Edition, page 61*)

Outcomes - Outcomes are measurable changes in behaviors, attitudes, knowledge, conditions or skills. Outcomes show the relationship between resource inputs and the resulting impacts and benefits of the outputs. (*Management of Park and Recreation Agencies, 3rd Edition, pp. 167-168*)

Output - Actual programs and services delivered to the clientele. There are two types of outputs: those related to programs/services, and those concerned with participants. Outputs are generally quantitative. (*Management of Park and Recreation Agencies, 3rd Edition, p.151*)

Parks and Recreation Master Plan - This is usually an element of the Comprehensive Plan and it should provide specific direction regarding the decision making with regards to parks, recreation facilities and programs. The master plan usually summarizes the agency's recreation needs and desires and details course of action that will enable the agency to realize the goals and objectives.

Plan - Written or graphic account of a current course of action or intended future course of action aimed at achieving specific goal(s) or objective(s) within a specific timeframe. It may explain in detail what needs to be done, when, how, and by whom.

Play (see Conceptual Foundations of Play, Recreation, and Leisure)

Policy - is a formally approved written directive for handling situations that arise.

Procedure - are specific steps, set forth by the administrator and staff to facilitate the implementation of policies, how something is to be done, when, and by whom.

Recreation (see Conceptual Foundations of Play, Recreation, and Leisure)

Review - is a general written overview, less analytical than an evaluation that assesses or affirms status, effectiveness, relevance and appropriateness. Annual reviews are conducted at least once each year. Periodic or regular reviews are done at fixed intervals. Continuous reviews are conducted frequently on an ongoing basis.

Site Plan - A drawing at appropriate scale that shows completed or contemplated physical characteristics of the site, including facilities, vegetation, circulation, service and maintenance areas, and parking. (*Management of Park and Recreation Agencies, 3rd Edition, pp.230-231*)

Strategic Plan - The document that guides implementation of longer-range agency vision in a manner consistent with agency mission. The process for creating a strategic plan involves agreement on priorities and involves planning to overcome obstacles and constraints that can impede progress. Long-term comprehensive plans and master plans present agreed vision. A strategic plan is more action oriented; it presents action plans that affect the day-to-day implementation of longer-range agency vision. (*Management of Park and Recreation Agencies, 3rd Edition, pp.114-118*)