

# COMMISSION FOR ACCREDITATION OF PARK AND RECREATION AGENCIES



## ACCREDITATION HANDBOOK

- Eighteenth Edition –  
2019



Created by the  
Commission for Accreditation of Park and Recreation Agencies  
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## Overview and History of CAPRA

Achieving accreditation by NRPA's Commission for Accreditation of Park and Recreation Agencies (CAPRA) is the best way to demonstrate that your agency and your staff provide your community with the highest level of service. CAPRA Accreditation is a management system for best practices in parks and recreation operations. Being CAPRA accredited means your agency is meeting, or exceeding, standards maintained by park and recreation leaders, and will strengthen the value of the programs, facilities and experiences offered to your community.

The CAPRA standards for national accreditation provide an authoritative assessment tool for park and recreation agencies. Through a process of peer verification of compliance with these national standards, CAPRA accreditation assures policy makers, department staff, and the general public that an accredited park and recreation agency has the operational capacity to deliver programs, facilities, and services at a high level of quality. 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.

### Introduction

This Handbook is for use by individuals who are working with the Commission for Accreditation of Park and Recreation Agencies (CAPRA) accreditation process. 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 and the Management of Park and Recreation Agencies text (M. Moiseichik, Ed., 2016, 4th Edition, NRPA/CAPRA). The Accreditation Standards and Handbook are updated and published digitally annually following the CAPRA Commission meeting at the NRPA annual conference.

### Mission

The mission of the 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. Confer judgment about whether agencies have met the national accreditation standards;
3. Enhance the performance of park and recreation agencies and improve the quality of their programs, services, and facilities; and
4. Promote agencies that demonstrate overall excellence in programming, operations and management.

## 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 onsite visitation and peer review, park and recreation professional(s) gain knowledge and information about agency operations. 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 includes five (5) steps:

- Submission of application with fee (initial applicants only) or payment of annual fee or review fee if agency is reaccrediting
- Training of agency staff on the accreditation process
- Development of the agency self-assessment report
- Host group of CAPRA visitors for onsite visitation
- Commission review and decision at annual hearing

At least one (1) person from the agency must attend a CAPRA-approved training session or workshop on the current set of standards within the three (3) years of submitting their preliminary application. In submitting the application, the agency must provide the year in which they are requesting their site visit (the same year their hearing will take place) – must be within 2 years of their application date. The agency's self-assessment report must be received 10 weeks prior to their site visit.

If accreditation is granted by the Commission at its meeting following the onsite visit, the agency will be accredited for five (5) years. In each of the following four (4) years the agency will submit an annual report that addresses its continued compliance with the accreditation standards. Eighteen (18) months in advance of the expiration of the five (5)-year initial accreditation, a reminder will be sent to the agency that they are due for reaccreditation. The reaccreditation process follows the same steps as the initial accreditation.

## **Understanding Standards**

Standards are not a quantitative measure of the local availability of funds, lands, personnel, etc. and should be distinguished from other types of standards that address specific elements, such as park acreage and facilities standards, which may be population-based, and playground equipment standards that are product-based. CAPRA's qualitative standards for accreditation comprehensively deal with all aspects of agency operations.

The standards provide an effective and credible means of evaluating a park and recreation agency's overall operations. The standards apply to all park and recreation systems, inasmuch as they are considered to be generally accepted prerequisites for effective and efficient operations regardless of jurisdictional size or agency structure. Most agencies administer both park and recreation functions; however, many only administer one. 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 the CAPRA Standards**

A forerunner of the CAPRA standards was a document entitled *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 Region of the National Recreation Association. In 1972, a statewide study in Pennsylvania encompassing 30 municipal park and recreation departments resulted in the document being updated and revised. 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 (AAPRA) and the National Recreation and Park Association (NRPA). The standards and accreditation process were field tested at park and recreation agencies of varying characteristics. In 1993, the Commission for Accreditation of Park and Recreation Agencies (CAPRA) was established to implement and administer agency accreditation. Since then, the CAPRA standards have been reviewed and revised several times, notably in 1996, 2001, 2009, 2014 and 2019. The current CAPRA Standards are evaluated on a continuous basis to maintain relevance to the industry and published annually. This is accomplished through an inclusive and transparent process to be described later in this handbook.

In 1998, work was begun to adapt the accreditation process to military recreation. A United States 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 apply 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 from the CAPRA Accreditation Manager.

## **About the Commission**

The Commission for Accreditation of Park and Recreation Agencies consists of 15 members appointed to three-year (3) terms on a staggered basis. The composition of the Commission includes representatives from:

- National Recreation and Park Association - NRPA (5 representatives: including 1 citizen/public)
- American Academy for Park and Recreation Administration - AAPRA (5 representatives)
- International City/Council Management Association - ICCMA (1 representative)
- Council of State Executive Directors - CSED (1 representative)
- The Academy of Leisure Sciences - TALS (1 representative)
- National Association of County Park and Recreation Officials - NACPRO (1 representative)
- Armed Forces Recreation Network - AFRN (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. Candidates shall have:

- Familiarity with CAPRA and the accreditation process, including experience serving as an accreditation visitor; and
- Certified Park and Recreation Professional (CPRP) or Certified Park and Recreation Executive (CPRE) credentials (with exception of the advocate member).

Commissioners must agree and sign the Commissioner Conflict of Interest and Confidentiality Statement. Commissioners serve three-year (3) terms and may not serve more than two (2) consecutive full terms regardless of affiliation. Commissioners act as mentors to current and applicant CAPRA 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 a commitment of approximately 80 to 100 hours of time outside of regularly scheduled meetings each year. Additionally, the Commission meets five (5) times per year, once in-person in the fall in conjunction with the NRPA Annual 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.

Officers are: Chair, 1st Vice Chair and 2nd Vice Chair. Officers and the CAPRA Accreditation Manager make up the executive committee. Officers hold office for one (1) year. Elections are held annually at the NRPA Annual Conference.

The Commission is administratively sponsored by the NRPA but acts with independence and under its own authority in determining accreditation standards and conferring accreditation of applicant agencies. The national CAPRA Accreditation Manager for CAPRA is an employee of NRPA.

### **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.

Information on final actions by the Commission on applications for accreditation shall be public information. Information regarding actions that are not final, including appeals and deferrals, shall remain confidential until final decision is reached. Commission retains the right to release a full report, or parts thereof, when necessary to correct or clarify inaccurate information.

### **Code of Professional Conduct**

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:

1. adhering to the highest standards of integrity and honesty in all public and professional activities to inspire confidence and trust;
2. supporting in a positive manner all actions taken by CAPRA even when the member is in a minority position on such actions;
3. abiding the Operating Code and all policies and procedures in the CAPRA Handbook;
4. removing oneself from cases of conflicts of interest;
5. never disclosing confidential information related to or verbally discussed about the CAPRA program, e.g., including but not limited to drafts of the self-assessment, lead and second reviewers report, and/or visit report;
6. doing the best work possible, being objective, using due care and making full use of education and skills;
7. always acting in the best interests of CAPRA by informing the Commission of needed changes or current best practices;
8. never rewarding or punishing, or awarding or denying benefits based on personal considerations, including but not limited to, favoritism, nepotism or bribery; and
9. serving 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.

An individual who fails to practice these professional standards shall be subject to review and imposition of

appropriate sanctions by the Commission.

### **Amendments to the Handbook**

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

### **Amendments to Standards**

CAPRA Standards will be reviewed on an on-going basis to maintain relevance to the industry. The standards may be amended by a two-thirds vote by a quorum of the Commission. Proposed substantive changes to the standards the Commission shall be submitted for public comment permitting sufficient time for interested individuals and organizations to respond prior to final action by the Commission. To maintain transparency in this process, revision notes, rationale, and version history will be maintained.

### **Eligibility**

Accreditation is open to agencies that can meet the minimum required standards and pay the required fees. Upon receipt of application, CAPRA records the agency's intent to pursue accreditation, and sends a confirmation letter acknowledging receipt of the application and providing information on next steps. If an organization seeks CAPRA accreditation, but has a separate park department and recreation department, one application form may be completed including both departments.

This CAPRA Handbook (2019 Edition) is designed to detail the accreditation process and procedures. In addition, the Commission strongly recommends the agency purchase and read the *Management of Park and Recreation Agencies* (M. Moiseichik, Ed., 2016, 4th Edition, NRPA/CAPRA) which explains the management practices embodied in the CAPRA Standards.

### **Accreditation Standards**

Accreditation is based on an agency's compliance with 154 standards for national accreditation. To achieve accreditation, an agency must comply with all 36 Fundamental Standards and 106 (90%) of the 118 Non-Fundamental Standards upon initial accreditation and 112 (95%) of the 118 Non-Fundamental Standards upon reaccreditation.

A standard is a statement of minimum expectation 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 106 of the non-fundamental standards upon initial accreditation and 112 of the non-fundamental standards upon reaccreditation), then it is probable the agency is performing at a high level. Standards enable evaluation by comparing what is found within an agency operation to what are generally accepted by professionals as desirable practices.

### CAPRA Fee Schedule

Ongoing accreditation fees are based on agency population size and are due January 1 of each calendar year. All fees are invoiced in December and due within 30 days of receipt of the invoice. Fees are subject to change and are reviewed annually.

Agency Level	Agency Population Served	Annual Fee	Review Fee
1	<20,000	\$325	\$1500
2	20,000-49,999	\$400	\$2000
3	50,000-99,999	\$500	\$3000
4	100,000-249,999	\$650	\$3750
5	250,000+	\$800	\$4400

### Training

Onsite Training	\$1250
Online Training	\$0
Conference Training	\$80(m) \$135(nm)

### Other Fees

Preliminary Application Fee	\$130
Extension Request Fee	50% of 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 (1) person from the agency must attend a CAPRA-approved training on the current set of standards within the three (3) years prior to submitting the Application for Accreditation.
2. The preliminary applicant agency applies for Accreditation, the required \$130 fee, and requested visit dates, to occur within two (2) years of the date of application. Visits are scheduled from March to June based upon date and visitor availability. The visit calendar is maintained by the CAPRA Accreditation Manager.
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 CAPRA Accreditation Manager will contact the agency contact to confirm the agency's visit availability and updated contact information via an online form. 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.
6. Once the CAPRA Accreditation Manager has confirmed availability 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 visits the agency to confirm information in the agency's self-assessment report. Initial accreditation visit teams usually comprise three (3) individuals, one of whom is designated visit chair. Reaccreditation visit teams usually comprise three (3) individuals, but some agencies may have the option for the modified two-person (2), two-day (2) 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 its self-assessment report and electronic evidence of compliance at least **10 weeks** prior to the visit to two assigned Commission reviewers (lead and second reviewers) and the CAPRA Accreditation Manager who will review the report and determine if the visit team is approved to move forward with the visit. The CAPRA Accreditation Manager will send an email to the agency and visit team when the visit is approved. If an extension of time is required to complete the self-assessment, the agency must apply with extension request procedures – see **“EXTENSIONS – INITIAL ACCREDITATION APPLICANTS”** or **“EXTENSIONS – REACCREDITATION APPLICANTS,”** below.
10. The visitation team conducts its onsite review and submits a written report on its findings to the assigned Commissioners. The assigned Commissioners work with the visit chair to review, modify (if necessary), and transmit this report to the agency.
11. If the approved visitation report indicates unmet fundamental standard(s) and/or less than

required compliance with the non-fundamental standards, the agency is required to submit a comprehensive response within thirty (30) days of receipt of the report that includes all required evidence of compliance. For reaccreditation reviews in this situation, the agency will appear before the Commission for a hearing via teleconference or in person at the NRPA Conference.

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 in-person meeting of the Commission, typically in the fall at NRPA Conference. The Commission may grant accreditation, establish conditions for accreditation, defer action, or deny accreditation. 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).
13. All initial agency accreditation applicants must appear in person before the Commission at the NRPA Conference.
14. The agency must submit annual reports and fees after the first, second, third and fourth years after initial accreditation or reaccreditation and undergo a complete reevaluation (application, self-assessment, visitation, visitation report, and hearing) every five (5) years.

### **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 due to leadership changes, budget changes, or other defined hardships that should be described in depth when submitting this request. If the agency is unable to complete the self-assessment and/or schedule the visit within the two (2)- year timeframe, the agency may request an extension and pay the extension fee or withdraw from the process. They may apply again when they are ready. The extension fee is 50% of the agency's review fee, which is based on population size.

To request an extension, the agency contact must request the appropriate form from the CAPRA Accreditation Manager and provide a detailed description and appropriate documentation for their request and include the required fee. Once received, the CAPRA Accreditation Manager will provide the form and appropriate documentation to the Executive Committee of the CAPRA Commission to approve or deny the request. The agency director will receive official notification of the decision. Any costs incurred by the agency related to the deferral of its visit are the agency's responsibility (i.e., airline tickets or hotel reservations for visitors). Initial application extensions may be requested up to 12 months in advance but 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.

### **Extensions – Renewing Accreditation Applicants**

Accredited agencies may request their accreditation visit be deferred due to leadership changes, budget changes, or other defined hardships that should be described in depth when submitting this request. To request an extension, the agency contact must request the appropriate form from the CAPRA Accreditation Manager and provide a detailed description and appropriate documentation for their request and include the required fee.

The request must demonstrate and include:

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

Once received, the CAPRA Accreditation Manager will provide the form and documentation to the Executive Committee of the CAPRA Commission to approve or deny the request. The agency director will receive official notification of the decision.

If an agency requests an extension and it is approved, their original five (5) year accreditation cycle will be adjusted appropriately (i.e. if they request an extension until 2021, then their 5 year cycle will restart on that date) If an extension is granted to the agency for a complete year, the agency will be required to pay their annual maintenance fee and submit their annual report in January of that year.

Extensions may not be requested after the visitation team report has been issued or once the visitation team has arrived at the agency. Any costs incurred by the agency related to the deferral of its visit are the agency's responsibility (i.e., airline tickets or hotel reservations for visitors). Once a visitation team has arrived at the agency, a visit report must be issued.

### **Mentor**

Mentors are CAPRA Commissioners assigned to help guide the agency through the self- assessment process. Mentors are assigned automatically to agencies seeking initial accreditation, but they are available to all agencies upon request. The role of the mentor is to provide advice, guidance and help the agency by answering related questions. The mentor can provide examples and connect the agency with subject matter experts. Requests for mentors should be addressed to the CAPRA Accreditation Manager.

### **Maintenance of Accreditation**

The agency must be successfully reviewed and reaccredited on a continuing basis every five (5) years. 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 (5)- 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 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. Up to one (1) month of due date. The CAPRA Accreditation Manager will send an email to the agency director and agency contact no later than April 1st (within one month after the annual report due date) to follow up on the status of the submission of the report.



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 CAPRA 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.

### **CAPRA Refund Policy**

All fees for CAPRA Accreditation are nonrefundable. Agencies may request up to a one (1)-year extension by following the process found in Section 3.5 entitled Extensions.

### **Self-Assessment Report - Overview**

The self-assessment process serves as an opportunity for an agency to engage in rigorous self-review and improvement against nationally recognized quality indicators. The resulting self-assessment report is the primary document in the Commission's evaluation of the agency. Thus, it is extremely important that the self-assessment report be written carefully and accurately.

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 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 self-assessment report must include clear and compelling evidence of compliance with each of the standards. A well-written self-assessment is thus pivotal to the success and efficiency of the entire review process. 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 Ongoing Agency Change**

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. Unless requested to do so by the Commission, changes to the self-assessment should not be made after it is submitted to the CAPRA Reviewers.

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 onsite visit, to commission during the hearing, or within an agency's annual report.

### **Costs of Self-Assessment**

Self-Assessment costs are the responsibility of the agency seeking accreditation. They include direct and indirect costs involved in preparing the self-assessment document including staff time for the

research, preparation, and production of the document, and costs for supplies. All self-assessments and evidence of compliance must be submitted online via the CAPRA Application and Review Portal.

### **Preparing the Self-Assessment Report**

CAPRA provides access to a specific online application and review portal. Use of the portal is mandatory as it provides a single location and uniform format that assists visitors and CAPRA Reviewers in performing consistent reviews. Agencies use the portal to provide their narrative and related evidence of compliance for each of the CAPRA standards.

To ease self-assessment review:

- Use proper grammar, sentence structure (complete sentences), and punctuation.
- Eliminate ALL spelling errors.
- Use abbreviations only after the abbreviation or acronym has been fully written out once.
- Identify and correct shifts in verb tense, i.e., use current tense.
- Use the active voice.
- Use succinct and factual sentences
- Never cut and paste or copy word-for-word from any agency report or website, unless properly cited with title, publisher and date or website address and access date.
- Refrain from using overstatement and hyperbole.

A well-developed and executed self-assessment report is essential for CAPRA Reviewers to both determine agency readiness to proceed and enable the visitation team to do a thorough verification. CAPRA Reviewers, as well as the visitation team chair and team, will look for relevance, accuracy, specificity, and completeness. Self-assessments for each standard have two parts, 1) a narrative and 2) uploaded evidence of compliance (EOC) documentation for each standard.

### **Narrative**

Self-assessment narratives should be concise, yet thorough. Throughout, the wording 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 narrative both discusses how the agency complies with the standard and makes reference to each EOC document that is being offered in support of compliance.

### **List of Evidence of Compliance (EOC)**

Each EOC document must be correctly identified or referenced, 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:

- List each document in the same order 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 must be used to point the reader to specific information that is published elsewhere. If hyperlinks are used in the self-assessment, they must be valid and operational for 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, and/or links that allow the reader to quickly and easily access the item to be reviewed.
- Provide only required EOC; do not include extra materials that are not necessary, i.e. redundant, supplementary and complementary documents.

### **Submitting the Self-Assessment Report**

Once the self-assessment report is ready for review, at least ten (10) weeks prior to the scheduled visit dates, the agency will allow the CAPRA Reviewers to access it. The CAPRA Reviewers will review the applicant agency's self-assessment for content and agency readiness.

The CAPRA Accreditation Manager emails copies of the agency's previous self-assessment report(s) and annual reports (if available) to the CAPRA Reviewers and visitation chair.

### **Format and Content Review**

The CAPRA Reviewers first determine if the self-assessment document has been prepared in accordance with instructions, e.g. that the self-assessment for each standard has both a substantive narrative and uploaded supporting evidence. If the review shows that the self-assessment is not prepared properly, which may include excessive grammatical and spelling errors, the review will be immediately suspended until a document in the proper format is submitted for review.

### **Agency Readiness Review**

CAPRA Reviewers may create a list of issues the visitation team will need to address on-site, or the agency must address prior to visit approval

### **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 CAPRA 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 CAPRA Reviewers will start the process from the beginning.

Once the visit has been approved, agencies will receive an automatic notification that they can work on travel arrangements and the visit team will get access to the report review form. The lead CAPRA Reviewer will provide the visit chair with a copy of the list of issues to be addressed during the visit. The visit chair may share the list with the other members of the visitation team but should not share the list with the agency.

If the recommendation of the CAPRA Reviewers is to postpone the visit either because the self-assessment is inappropriately or carelessly written or incomplete the agency will receive a communication confirming this and outlining next steps and the visit team will be notified that the visit will not be taking place.

### **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.

### **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
- Membership in the National Recreation and Park Association (NRPA) or related professional organization; and
- Attended an official CAPRA visitor training on current standards within the last three (3) years.
- May not currently be a sitting member of the Commission, unless, at the discretion of the Executive Committee, there is an extenuating circumstance, e.g., quality control, visitation team vacancy or visitor shortage.

Individuals interested in becoming a visitor should complete the Visitor Application and Visitor Resume forms and submit them via email to [CAPRA@npra.org](mailto: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 (3) CAPRA visits;
- Received positive evaluations from fellow visitors and agencies; and
- Attended CAPRA Visit Chair Training within three (3) years.

### **Visitor Selection**

The CAPRA Accreditation Manager maintains a list of approved visitors who have met specified criteria and are up to date on their training requirements. 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 (2) visitation cycles (usually 10 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 (5) year period and may not serve as a consultant to an agency within a five (5) years 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 (documented, undeniable and not open to question) hardship, he/she must notify the CAPRA 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 CAPRA 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.

Using dates of availability provided by the agencies in the fall prior to their visit year current visitors are given the opportunity to confirm in which visits they can participate. In putting together visit teams, the CAPRA Executive Committee and the CAPRA 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 CAPRA Accreditation Manager provides resumes of the proposed team members to the agency for their approval to ensure there are no conflicts of interest, and confirmation. The agency 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 CAPRA Accreditation Manager invites the selected individuals to serve and requests that the visitation team chair make specific travel arrangements for the visit directly with the agency and his/her visit team members.

Once all visitors have been assigned and confirmed to upcoming visits a communication will be sent to notify those who were not chosen.

CAPRA Visitors must respond to the request for visits (sent out each fall after conference) once every 3 years to remain an active visitor.

## **Evaluations**

At the conclusion of the visit season, all members of the visitation team are evaluated for professionalism and competence.

- The visitation team chair evaluates the lead Commission reviewer.
- The lead Commission reviewer evaluates the visitation team chair.
- The visit team members evaluate each other.

Evaluations are completed and submitted via online forms. Positive evaluations are necessary to remain an accreditation visitor. If concerns are identified for any visitor, the status of that visitor will be reviewed by the executive committee.

## **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 (3) individuals. The typical visit is scheduled for a three (3)-day period between the months of March and June. Visits are scheduled based upon date and visitor availability. The visit calendar is maintained by the CAPRA Accreditation Manager.

The purpose of the visit is to verify and fact-find 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 prepare a summary report of its findings.

The specific objectives of the visit are to:

- Verify and clarify assertions in the self-assessment report
- Assess agency use of the accreditation standards through observations, interviews, and facility tours
- Report findings and recommendations to the Commission, and
- Identify processes, practices, policies, and documents of high quality that can serve as models for consideration by other agencies.

Visitation team members may discuss strengths and weaknesses of the agency as related to specific standards however, visitation team members do not act as consultants.

### **Preparing for the Visit**

When the invited visitors accept the assignment, they are provided with details about the agency, share contact information with each other, and upload signed versions of the conflict of interest forms for their assigned visit.

At least ten (10) weeks prior to the scheduled visit, the agency provides access to the self-assessment report form with uploaded documentation. Failure to do so may result in cancellation of the scheduled visit (see extension policies at pages 9-10). Any expenses incurred up to this point (e.g., prepaid visitor travel expenses) are the responsibility of the agency.

The visit must take place at least 90 days prior to the Commission meeting at which the agency will be reviewed. The agency makes all arrangements for visitation team arrival, time onsite, and departure.

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, workspace, materials, clerical assistance, and interview schedules. All arrangements should be made in close consultation between visitors and the host agency. As early as possible, details of all visitation team member arrival and departure schedules should be determined. Visitors **MUST NOT** make any travel arrangements until the agency has been notified that their visit is approved, and the visit team receives access to the review form.

### **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 will also need to make arrangements for transporting visitors to the airport at the conclusion of the visit. The agency is also responsible for transport of the

visitation team between the hotel and the agency and from one site location to another.

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 elected officials, community leaders, commissioners, and 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 representative and visitation team chair 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. 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. Typically, this will depend on agency policies. If reimbursement will be required, the agency should inform visitation team members as to what documentation or receipts are needed to ensure timely reimbursement. 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. 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.

If a visitor is unable to continue with the visit process due to a bona fide hardship, he/she must notify the CAPRA 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 CAPRA 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**

Visits can occur between the months of March and June.

Visitors usually have the equivalent of three (3) full days to complete their responsibilities onsite. However, additional time may be required for larger or more complex agency visits. A typical visit has visitors arriving in the afternoon of the first day, with a visitation team meeting and a staff greeting that evening. The next two (2) full days are devoted primarily to review of the agency documentation, meetings, site visits, and observations. A final visitation team meeting and exit interview are held the final day, followed by team departure. The schedule might be extended an additional day or set up differently to accommodate participant schedules.

The visit chair and agency contact work collaboratively to establish the agenda. The visitation team should meet with the agency director, agency lead, and leadership team as early as possible on the first day of the visit. A visitation typically follows this sample agenda.

#### **1<sup>st</sup> Day of Visit (approximate times noted)**

12:00 PM - 4:00 PM	Accreditation team arrives, transport to hotel
4:00 PM - 5:00 PM	Accreditation team meets 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

#### **2<sup>nd</sup> and 3<sup>rd</sup> Days of Visit (approximate times noted)**

7:00 AM – 8:30 AM	Accreditation team discusses plans for the day at breakfast
9:00 AM – 12:30 PM	Review of material, meetings, and observations
12:30 PM – 1:30 PM	Lunch (can be with staff, director or others, or can

1:30 PM – 3:30 PM  
3:30 PM – 5:30 PM  
5:30 PM

be a working lunch)  
Review of material, meetings and observations  
Site visits  
Dinner at hotel to review progress and  
develop report

#### **4<sup>th</sup> Day of Visit (approximate times noted)**

7:30 AM – 8:30 AM  
9:00 AM – 11:00 AM  
11:00 AM – 12:00 PM  
lead  
  
12:00 PM

Breakfast at hotel, to discuss exit interview  
Accreditation team to finalize report  
Exit interview with agency director and agency  
lead  
  
to discuss the draft report  
Accreditation team departs

#### **Initial Onsite Visitation 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 with Agency**

Typically, the agency will arrange an informal meeting opportunity with agency personnel key contact and the visitation team, usually on the first day of review, often the first evening. This provides an opportunity to get acquainted and sets the tone for the upcoming agency review. The agency may also provide an overview of organization including the policy making and managing functions of the organization.

#### **On-Site Visits**

Facility/Site visits are pre-arranged by the agency with time allotted at each site 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. 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 review and verification during their visit. During this process team members will be engaged in document review, interviews, site visits, observations, and meetings. 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.

#### **Document Review**

A review of supporting Evidence of Compliance (EOC) documentation aids the visitation team in verifying information reported in the self-assessment. Common types of reference 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.

### **Staff Interviews**

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, to clarify/verify information in the self-assessment, and for staff to be able to ask questions. Staff having responsibility for responses in the self-assessment should be made available to the visitors. Staff who are not members of the department (i.e., risk management or human resources) should be alerted to the visit and be available as needed. To facilitate interview planning the visit chair should provide notice to the agency at least two weeks in advance of the visit of specific staff that the team would like to interview.

### **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 regarding 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.

### **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. At the exit interview, the visitation team chair should review with agency staff the remaining steps in the process, i.e., the team makes a report to the CAPRA Reviewers; the Reviewers approve the report and submits to the agency, and the agency provides a written response if required; a hearing is held; and accreditation status is determined.

The Commission determines accreditation status at the accreditation hearing, based on the approved visitation report and other relevant material. Therefore, the visitation team should make no statements about the determination of accreditation status for the agency or suggestion of met or un-met standards during this interview. Under no circumstances should a Visitation Report be given to the agency.

### **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 source 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 compelling.

## Responsibilities of CAPRA Reviewers – Lead and Second

One (1) sitting Commission member and One (1) experienced CAPRA visitor are appointed to each agency accreditation review. The Commission lead reviewer works directly with the visitation team chair and is 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, inaccurate or non-existent EOC, poorly or unacceptably written the Commission reviewers and the Commission mentor work directly and immediately with the agency to assess the situation (see the 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 confidential 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 and sending it 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 approval is given. The CAPRA Accreditation Manager sends the approved report to the agency, 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 (1) or more fundamental standards are not met and/or less than 90 percent of the non-fundamental standards are met (95% for reaccreditation), 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 teleconference, 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 CAPRA Accreditation Manager regarding the scheduled accreditation. The effectiveness of a visitation team chair rests heavily upon ability to plan the team's work and organize the

members into a working unit. The visit chair's communication and behavior set the tone for the other visitors. The following is a checklist of items to cover:

### **Pre-Visit**

1. Send an introductory communication to the other members of the visitation team. Request each visitor's preferences for review responsibility and make assignments.
2. Ensure the other visitors have access to the review form.
3. Check in with the CAPRA lead and second reviewers and the appointed mentor agency to understand issues or concerns with the preliminary review of the self- assessment.
4. Check the agency's website to gain an understanding of the agency's demographics, culture and governing responsibilities.
5. Communicate with the agency, after initial self-assessment review, regarding any issues, questions, or uncertainties so they can be better prepared
6. Upon approval from the CAPRA reviewers, coordinate the arrival and departure plans of team members. The visitation team chair should ensure the agency and team members work together to determine the most efficient travel schedules.
7. 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.
8. Verify the agency has arranged for onsite logistics, e.g., lodging, meals, workarea, computers, printer, and anticipated administrative assistance.
9. Review the list of issues prepared by the lead and second reviewers. Use the list to determine areas for on-site investigation, including meetings and observations, however, DO NOT share with the agency.
10. To the extent possible, alert the agency to documents or records that need to be examined, persons that need to be interviewed, and facilities or activities that need to be observed during the visit.

### **During the Visit**

1. Serve as the spokesperson for the visit team.
2. Work with team members to make collective decisions regarding division of tasks. Make sure all team members participate in the introductory meeting, information gathering with staff, and the exit interview.
3. Remind each team member to evaluate the self-assessment for each standard (narrative and evidence of compliance) against the evaluative criteria for that standard.
4. Emphasize communication – visit team members should ask questions when they are unsure.
5. Remind the visit team that their comments and questions are to be based solely on the CAPRA Standards, not their beliefs or perceptions on how things can or should be done.
6. Keep CAPRA lead, second, and CAPRA Accreditation Manager involved in all communications.
7. Be proactive in accomplishing the work but be aware of and sensitive to the culture of the agency.
8. 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 factfinding

to determine compliance with each standard. All team members should be reminded that they serve as NRPA representatives and must follow the NRPA Code of Conduct while the visit is taking place.

9. Look for opportunities to observe how the agency applies the CAPRA standards.
10. Look for model documents, plans or procedures that could be placed in the online Agency Accreditation Community on NRPA Connect and obtain agency permission to post them before leaving the visit.
11. Understand all aspects of the visit report and be able to speak to the judgments of the team in developing the report.

#### **Post-Visit**

1. Submit the review form with digital signatures to the CAPRA reviewers and CAPRA Accreditation Manager within two (2) weeks of the completion of the visit.
2. Work with the CAPRA lead reviewer to finalize the visitation report, making changes as required.
3. Be available to communicate with the CAPRA reviewers if the agency is requested to respond to the visit report.
4. Following the Commission's determination of accreditation status, communicate such to the other visit team members.
5. Communicate with the CAPRA lead on how the visit went including any potential problems.
6. Complete the online evaluation forms

#### **Visitor Demeanor**

As representatives of CAPRA and NRPA, all visitors shall maintain a helpful and humble attitude. Additionally, positive and professional attitudes enhance the tenor of the visit and create an overall positive impression. 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 and CAPRA Reviewers whose job it is to focus solely on fact-finding as related to the standards. This helps to minimize the likelihood of getting distracted by 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.

#### **Potential Conflict of Interest – Gifts, 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. Commission members, CAPRA Reviewers, and visitors may not accept gifts beyond small tokens of appreciation with little to no monetary value (e.g., t-shirt, coffee mug) that feature the agency jurisdiction or logo. Questions regarding what is and is not permissible should be directed to the CAPRA Accreditation Manager.

Gift, awards, or other offerings that may present the perception of a conflict of interest should not be offered by an agency. Agencies should not treat visitors to unnecessary “luxuries.” Such behavior can put the credibility of the agency at risk and can damage the reputation of the accreditation program.

#### **Confidentiality**

Acceptance of an offer to participate on a visitation team constitutes a contractual agreement to

safeguard the confidentiality of information acquired in that capacity. 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. Breach of confidentiality on the part of any team or Commission member undermines the accreditation process.

Visitation team members participate as agents of CAPRA and NRPA; therefore, official contacts with the agency regarding the visitation are made only through the CAPRA Accreditation Manager or the visitation team chair. The results of Commission deliberations are reported to the agency only through the Commission chair or CAPRA Accreditation Manager. Self-assessment materials and the visitation reports are to be held in confidence by all parties.

### The Visitation Report - Overview

The purpose of the visitation report 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:

- **Introduction:** The introduction provides a brief overview of the itinerary and the 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.
- **Evaluation of compliance with standards:** The visitation report must address each accreditation standard in such a manner that the Commission needs no further reference other than the agency's self-assessment. The visitation report is the response to the agency's self-assessment submission. It indicates the agency's compliance with each standard based on either "Met" or "Not Met" followed with a brief justification.

It is not appropriate to simply indicate the standard has been "Met." Give one or two specific examples of how it was met, e.g., or if weak or partially met, indicate how it could be improved. Justifications must be fact-based using only the EOC submitted by the agency. The EOC can be confirmed with staff interviews and on-site observations. In some cases, supplementary evidence will be provided during the visit. Confirmatory and supplementary evidence should be described in the visitation report. The agency's self-assessment report should not be re-written or amended during the visitation.

Any reference to members of the agency should be by title, rather than by name. References to documents should provide a title, source, and date citation, unless it was provided by the agency in the self-assessment.

**Section Summaries:** At the end of each chapter the team lists unmet standards, provides a written explanation of unmet fundamental standards, and includes name(s) of visitor(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.

#### Agency Strengths

Areas that substantially exceed standards and indicate quality of services related to those standards.

### **Agency Preparedness**

The visitation team's assessment of agency preparedness for accreditation, e.g., document relevance and completeness, staff availability, file organization. List the EOC for each of the 10 chapters (1-10) that needed clarification or that the visit team requested upon arrival on site that were not in the agency's initial S-A submittal. This is to verify the EOC as well as clarify that proof existed which may not have been addressed in the standards' accompanying narratives. Place this list of requested EOC in this section. The list should assist the agency in better identifying and including the necessary EOC in future S-A Reports.

### **Standards Overview**

List specific standards by number and title found to be unmet. Provide clarification for all unmet fundamental standards. Indicate how many standards 30 were met overall, how many fundamental standards were not met, and how many non-fundamental standards were not met.

### **Other concerns related to maintain accreditation**

The visitation team will identify any item(s) of general concern related to agency ability to maintain accreditation.

**Signatures of Visitors:** At the end of the report, each visitation team member must date and sign his/her name electronically or physically. A page with physical signatures can be emailed, mailed or faxed to the CAPRA Accreditation Manager.

**Affirmation by Commission:** The Lead Reviewer may request changes to the report. Those edits or revisions are listed on the affirmation page. Once the report is complete, Lead and Second Commission Reviewers sign. The finished report is then forwarded by the Commission Lead to the CAPRA Accreditation Manager, who will send the final report to the agency.

## **The Visitation Report – Writing Requirements**

- Use the most current combined self-assessment and visitation report template (2015).
- Keep the page numbers in the footer.
- Use Times New Roman 12-point font (the template setting).
- Use proper grammar, sentence structure (complete sentences), and punctuation.
- Proofread the document thoroughly to eliminate all spelling and grammatical errors.
- Use abbreviations only after the abbreviation or acronym has been fully described.
- Identify and correct shifts in verb tense.
- Use the active voice, e.g., The director gives instructions (active voice). Instructions are given by the director (passive 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 any part of the self-assessment report. The combined self-assessment and visitation report document the entire process.
- Complete all sections of the template entirely.
- Submit the final report to the CAPRA Accreditation Manager as an unprotected Microsoft Word document.

### **Submitting the Visitation Report**

Within 2 weeks of the completion of the visit, the visitation team chair indicates that its report can now be submitted to reviewers for final review.

Once the report has been received by the CAPRA reviewers, they have two (2) weeks from the date of receipt to review the report and provide any feedback to the visit chair. The CAPRA 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 CAPRA 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 appropriate changes have been made, the CAPRA reviewers will review it again. Once the report is ready to be sent to the agency, each will sign the affirmation sheet and submit it to the CAPRA Accreditation Manager. If the Commission reviewers disagree on whether the report is ready to be released to the agency, the CAPRA Chair will review the report and make the final determination. Once approved, the CAPRA Accreditation Manager will send the final approved visitation report with a cover letter via email to the agency representative and the agency director, with a copy to the visitation team members, CAPRA reviewers, and the contact at the Mentor Agency.

### **Agency Response to the Visitation Report**

If the approved visitation report indicates the minimum level of compliance for accreditation has been achieved the Commission will not accept a follow up response from the agency. If the approved visitation report indicates one or more fundamental standards are not met and/or less than 90% of the non-fundamental standards are met (95% for reaccreditation), the agency is required to submit a comprehensive response within thirty (30) days of receipt of the visitation report that includes all required evidence of compliance. The response should address the findings and any actions taken to rectify them. The response should be sent in an electronic format to the CAPRA Accreditation Manager.

An agency response should provide the following information:

- Summary of the information provided in the response;
- Narrative that addresses each finding; and
- Evidence to help the Commission understand the response.

Once the response has been received by the CAPRA Accreditation Manager, the agency will receive notification of receipt of the response and it will be electronically forwarded to the Commission reviewers. 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 CAPRA Accreditation Manager and the Commission second, on the adequacy/inadequacy of the materials provided. If significant concerns remain that may affect accreditation status, the agency will 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.

### **CAPRA Commission Business Meeting and Hearing - Purpose**

The Commission meets four (4) times per year, once in-person in the fall in conjunction with the NRPA Annual Conference and three times 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.

When there are more non-consent agenda hearings scheduled to take place during the fall meeting than can be accommodated in the typical meeting, the Commission will split up to conduct two hearings simultaneously. At least six (6) members of the Commission must be present at each hearing, with the Commission chair presiding over one hearing and the vice- chair presiding over the other.

### **Initial Accreditation Hearing Procedure**

The agency director and Visitation Team Chair are required to attend in-person the Commission hearing when agency accreditation status is determined. In extenuating circumstances (e.g., an unexpected medical emergency) the Commission may permit participation via a conference call. That decision rests with the Commission Executive Committee. Other visitation team members are welcome to attend, at their own expense.

The CAPRA Accreditation Manager informs the agency director and Visitation Team Chair of the date, time, and location of the accreditation hearing at least two (2) months in advance. 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.

At the hearing, the Commission Chair and the Lead Reviewer for the respective agency will make introductory remarks and 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 Lead and Second Reviewer. Following discussion, guests and observers in the room are asked to step out while the Commission takes action in executive session.

### **Renewing Accreditation Hearing Procedure**

Unless the agency is asked to participate in a hearing via conference call, the Commission will take action through consent agenda. If guests and observers are in the room they will be asked to step out while the Commission takes action. If any Commissioners currently work for or have worked for the agency under review, they will recuse themselves from the discussion and vote for that agency. The Commission will request the agency director to participate in the hearing via teleconference in the following circumstances:

1. The Visitation Report indicates unmet fundamentals; and/or
2. The Visitation Report indicates fewer than 95% of the non-fundamental standards were met, or
3. The Visit Chair and/or Lead and Second Reviewers recommend to the Commission that the agency participate in the hearing.

The CAPRA Accreditation Manager informs the agency director of the date and time of the accreditation hearing at least two (2) months in advance. At the hearing, the Commission Chair and the Lead Reviewer for the respective agency make introductory remarks and 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 CAPRA Reviewers. The Commission will decide upon hearing all the evidence.

### **Votes Required for Commission Action**

Any action taken by the Commission must be approved by a majority of eligible Commission members. A Commissioner must abstain if he/she is or was employed by an agency under review.

### **Effective Dates**

Initial accreditation or continuing accreditation of an agency becomes effective on the date of approval by the Commission, including approval with conditions.

### **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 without condition**
- 2. Grant accreditation with condition:**
  - a. Conditions must be met within a prescribed time period set forth in the motion
  - b. Failure to document corrections of deficiencies within the specified time period will result in withdrawal of accreditation.
- 3. Defer action:**
  - a. 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.
  - b. Failure of the agency to document corrections of deficiencies within the specified time period shall be considered void and the agency must reapply for accreditation.
- 4. Deny accreditation:** The determination of initial accreditation may be denied for specific reason(s) set forth in a motion.
- 5. 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 a motion
- 6. Issue a warning:** The Commission may issue a warning to an agency at any time. Warnings are formal statements issued by the Commission that signal serious concerns about current future lack of compliance with standards. Warnings are given when, based on its annual report, official accreditation review, or other evidence, an accredited agency is believed to be falling significantly below minimum compliance requirements.

The agency is informed of the decision at the meeting, if present, and within 30 days via official letter to the director. The agency may make a written request for further clarification within 30 days after receipt of the Commission decision. Only the Commission Chair or CAPRA Accreditation Manager is authorized to disseminate information prior to official notification of action by the Commission to the agency.

Agencies that receive a deferral or conditions will be given opportunity to make the required improvements. Evidence that an agency has responded satisfactorily to the circumstances leading to conditions 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 designated Commission representatives.
- Combinations of the above or other specified evidence.

The agency will send written documentation of compliance with specific actions taken in response to conditions, a warning or a deferral to the Commission's executive committee and CAPRA Accreditation Manager. Depending upon the nature of the documentation, the Commission may require verification from the agency's chief executive officer or 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. The agency is responsible for expenses incurred by the Commission or Commissioners regarding conditional or deferred accreditations.

### **Accreditation Conditions**

Conditional accreditation means that the agency is accredited at time of decision until the specified date on which additional evidence of compliance is required to be submitted. If an agency fails to meet conditions to the satisfaction of the Commission by the designated deadline accreditation will be withdrawn automatically unless the Commission extends conditions for an additional specified period of time. After withdrawing or being denied, the agency must reapply for accreditation.

### **Accreditation Deferred**

Deferral refers to the act of delaying the decision on accreditation to a specific date. Deferrals may occur only on initial accreditation. A deferral may be issued when it appears the agency can supply the missing evidence of compliance within a short period of time. If an agency fails to provide compelling evidence to the satisfaction of the Commission by the designated deadline accreditation will be denied automatically unless the Commission extends the deferral period. The agency's application shall be considered void and the agency must reapply for accreditation.

### **Accreditation Denied**

A denial of accreditation will occur at initial accreditation when the agency does not present compelling evidence of compliance for any fundamental standard or for at least 90% of nonfundamental standards. The agency's application shall be considered void and the agency must reapply for accreditation.

### **Accreditation Withdrawn**

When an accredited agency fails to satisfy conditions imposed by the Commission or to make improvements related to a warning, the Commission will 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. After withdrawing the agency must reapply for accreditation.

## **Progress Reports**

With reference to a motion issued for conditions or deferrals, the Commission may request a progress report. When a progress report is requested, the Commission will ask the agency to respond to specific questions by a specific date.

## **Appeals - Overview**

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 CAPRA Accreditation Manager within 30 days following notification of action by the Commission. Supporting documentation must be received by the CAPRA Accreditation Manager within 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.

## **Conditions of Appeal**

An appeal may be filed if one (1) 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) Commissioners with one (1) 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. The member shall not be the lead or second Commission reviewer.

## **Appeals Hearing**

1. **Appeals Hearing Pool:** 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 includes two (2) individuals that could serve as the chief hearing officer (CHO) and four (4) other qualified appeals hearing pool members. Hearing pool members cannot be current Commissioners. 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 is 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:** An appeals hearing panel (AHP) is comprised of a chief hearing officer (CHO) and two (2) other members from the hearing pool.

### **Appeals Process**

1. The appeals committee shall review the agency's documentation and the Commission's proceedings report relevant to the appeal to determine if there is sufficient merit in the case to warrant an appeal.
2. The determination of the appeals committee regarding if there is or is not sufficient merit to warrant an appeal the Commission will forward the decision in writing to the agency within seven (7) working days of receipt of the agency's documentation.
3. 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 15 working days. None of the appointees shall have worked for the appellant as an employee or consultant. The appellant has a right to request an alternate from the appeals hearing pool. The appellant must pay the \$1,000 appeals fee prior to review of any documentation by the AHP.
4. Upon receipt of the appeals fee and prior to the appeal hearing, the AHP will review all documentation relevant to the appeal from both the appellant and the Commission proceedings report.
5. The appeal hearing will include the AHP, representative(s) from the appealing agency and the Commission lead or second assigned to the agency review.
6. The appeal hearing shall be held at a mutually convenient time and place.
7. The meeting should take place no later than 45 days prior to the next Commission meeting.
8. 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.
9. The AHP will review all written documentation and all evidence presented at the appeal hearing by both the appellant and Commission.
10. Based on all information presented, the AHP will make a finding and report to the Commission within seven (7) working days of the date of the appeal hearing.
11. The decision of the AHP is final and shall be accepted by the Commission and the agency. The decision shall be forwarded by the CAPRA Accreditation Manager in writing to the

agency's chief administrative officer within seven (7) working days after the decision. Any change in agency accreditation status resulting from the AHP decision shall be effective on the date of the AHP decision.

### **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 must be sent to the CAPRA Accreditation Manager.

### **Complaint Policy - Overview**

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 affected public citizen) may submit a written complaint concerning the Commission, an accredited agency, and/or a visitation team member representing the Commission. The Commission will act only upon a signed allegation that an accredited agency, visitor representing the Commission, or the Commission and/or its members violated Commission accreditation standards or policies. The Commission will not intervene on behalf of individuals regarding hiring, appointment, promotion, or dismissal practices.

### **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 CAPRA Accreditation Manager.
2. The CAPRA Accreditation Manager forwards all written complaints to the Commission chair within three (3) business days of receipt of the complaint.
3. If the Commission chair, in consultation with the executive committee, determines that the complaint does not relate to violation of accreditation standards or policies, the Commission chair and accreditation manger will notify the complainant in writing within two (2) weeks of receiving the complaint that no further action will be taken.
4. If the Commission chair, in consultation with the executive committee, determines that the complaint relates to violation of accreditation standards or policies, the complaint will be acknowledged in writing within two (2) weeks of receipt by the Commission chair and accreditation manger 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 an agency director.
6. The Commission chair will request that the agency conduct a preliminary investigation and submit an initial report addressing the complaint as related to violation of accreditation standards or policies. The preliminary report shall be delivered to the CAPRA Accreditation Manager no more than 30 calendar days following receipt of the request.
7. The Commission chair may request further information or materials relating to the complaint from the complainant, the agency, or other sources.
8. The Commission chair will appoint a review committee comprised of three (3)

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 executive committee or the full Commission may determine that consultation with legal counsel is appropriate. The CAPRA Accreditation Manager will work with the executive committee 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 and the complainant will be notified of the Commission's decision and action in writing within two (2) weeks of the decision. They will also be notified of the process to appeal the decision.
14. The agency or the complainant will have the right to request reconsideration of the decision when either 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 CAPRA Accreditation Manager within 30 days of receipt of final action by the Commission.

### **Complaints Against the Commission and Commissioners**

The following procedures will be used in the investigation of a complaint against the Commission or Commissioners.

1. A written, signed complaint is received by the CAPRA Accreditation Manager.
2. The CAPRA Accreditation Manager forwards all written complaints to the Commission Chair within three (3) business days of receipt of the complaint.
3. If the Commission chair, in consultation with the executive committee, determines that the complaint does not relate to violation of accreditation standards or policies, within two (2) weeks of receiving the complaint the Commission chair and accreditation manager will notify the complainant in writing that no further action will be taken.
4. If the Commission chair, in consultation with the executive committee, determines that the complaint relates to violation accreditation standards or policies, the complaint will be acknowledged in writing within two (2) weeks of receipt by the Commission chair and accreditation manager and the complainant will be provided a copy of the process for handling the complaint.
5. With the acceptance of all parties, a past Commissioner (hereafter termed "CAPRA designee") will conduct the investigation.
6. The CAPRA designee may request further information or materials relating to the complaint from the complainant, CAPRA Accreditation Manager, Commissioners, or other sources.

7. The CAPRA designee will appoint a review committee comprised of three (3) past Commissioners to consider all relevant information. The CAPRA designee will request that the review committee submit a report within 30 days addressing the complaint as related to accreditation standards or policies. The review committee will recommend appropriate action to the CAPRA designee. Recommendations warranting immediate action will be presented via a conference call to a quorum of Commissioners.
8. 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.
9. The CAPRA designee, the full Commission, or the executive committee may determine that consultation with legal counsel is appropriate. The executive committee and CAPRA Accreditation Manager will work with the CAPRA designee and legal counsel to develop a plan to address the complaint.
10. 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.
11. If the complaint is substantiated and indicates that a violation of accreditation standards or policies occurred, action will be taken. This action may include, but is not limited to, retraining or dismissal from the Commission and/or review of any Commission actions or decisions influenced by noncompliance with standards or policies.
12. The Commissioner(s) and the complainant will be notified of the CAPRA designee's decision and action in writing within two (2) weeks of the decision. They will also be notified of the process to appeal the decision.
13. The Commissioner(s) or the complainant will have the right to request an appeal of the decision when either 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 CAPRA Accreditation Manager within 30 days of receipt of notice of the decision.

### **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 CAPRA Accreditation Manager.
2. CAPRA Accreditation Manager forwards all written complaints to the Commission chair within three (3) business days of receipt of the complaint.
3. If the Commission chair, in consultation with the executive committee, determines that the complaint does not relate to violation of accreditation standards or policies, within two (2) weeks of receiving the complaint the Commission chair and CAPRA Accreditation Manager will notify the complainant in writing that no further action will be taken.
4. If the Commission chair, in consultation with the executive committee, determines that the complaint relates to violation of accreditation standards or policies, the complaint will be acknowledged in writing within two (2) weeks of the receipt by the Commission chair and CAPRA Accreditation Manager 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 delivered no more than 30 calendar days following the notification of complaint.
7. The Commission chair may request further information or materials relating to the complaint from the complainant, the visitor, or other sources.
8. The Commission chair will appoint a review committee comprised of three (3) 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 presented 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 executive committee may determine that consultation with legal counsel is appropriate. The CAPRA Accreditation Manager will work with the executive committee 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 there was a violation of 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 Commission action or decision influenced by the visitor's noncompliance with standards or policies.
13. The visitor and the complainant will be notified of the Commission's decision and action in writing within two (2) weeks of the decision. They will also be notified of the process to appeal the decision.
14. The visitor or complainant will have the right to appeal the decision when either 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 CAPRA Accreditation Manager within 30 days of receipt of the decision.

### **CAPRA Marketing Overview**

Marketing is a key component to the overarching goal of NRPA Education: Expand visibility and value of CAPRA accreditation. It is important to obtain marketing input in the development and production of CAPRA content and programs to assure that programming maintains consistency with the NRPA brand and mission while connecting with appropriately identified audiences.

Coordination of CAPRA production timelines with marketing timelines to allow for timely delivery of needed information is important. Continued collaboration to improve communication processes and visibility through marketing materials, the website, annual conference, publications, and other communications assuring consistent cross promotion across all media is a critical component to the success of CAPRA programming. Below are some areas to build relationships:

- **Magazine:** Regular CAPRA articles explaining the benefits of CAPRA, CAPRA case studies, in-person training dates and locations, and discussions regarding skill necessary to obtain and maintain CAPRA accreditation.
- **Blogs and Podcasts:** Like the magazine, occasional blog posts or podcasts may engage a broader audience.

**Other Communications:** CAPRA may also become more active with email communications and member onboarding.

## CAPRA Logo Usage Guidelines

### Purpose

Accredited agencies are encouraged to use the CAPRA logo in a variety of ways to promote their accreditation achievement to the public, elected officials and other agencies. The CAPRA logo is copyrighted by NRPA as the Commission's graphic identity.

All Commissioners, visitors, staff, associated professionals and participating agencies are united graphically by the CAPRA logo. These guidelines are to ensure the 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. Failure to strictly adhere to the guidelines within this document shall result in immediate revocation of authorization to use the logo.

### Usage Eligibility

To be eligible to use NRPA's CAPRA logo, a representative from your organization must complete the online Logo Usage Agreement form in the CAPRA Marketing Toolkit at [www.nrpa.org/CAPRA](http://www.nrpa.org/CAPRA). Once completed, you can download the multiple versions of the logo.

1. Commissioners or visitors may use the logo in official Commission capacity but may not use it to represent their personal interests.
2. 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.
3. 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 (i.e., using the logo as a caricatured figure), 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.



4. The CAPRA logo shall remain the exclusive property of CAPRA and NRPA.
5. Any uses associated with the logo shall be in compliance with any applicable local, state, or federal law.
6. Users agree that all uses of the CAPRA logo will support the benefit of the Commission.
7. Users shall not register any logo that is identical to or confusingly similar to the CAPRA logo in any jurisdiction, domestic, or foreign.
8. CAPRA may modify these guidelines from time and 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 Use

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.

### CAPRA Digital Badge

Digital badges provide professionals and agencies a way to be recognized for their achievements while offering others access to information on these accomplishments. Digital badges also create a link from the achievement to a method of verification. Badges can be added to email signatures, resumes, websites and social media.

To access the digital badges for CAPRA Accreditation and information on how to use them, please [log into your NRPA profile](#).

### NRPA / CAPRA Brand Colors

<b>CMYK</b>	C: 100 M: 78 Y: 36 K: 28	C: 64 M: 15 Y: 100 K: 2	C: 25 M: 92 Y: 99 K: 20	C: 75 M: 38 Y: 47 K: 11	C: 24 M: 15 Y: 37 K: 0
<b>RGB</b>	R: 0 G: 55 B: 100	R: 180 G: 164 B: 57	R: 160 G: 49 B: 35	R: 70 G: 121 B: 123	R: 197 G: 198 B: 167
<b>Pantone</b>	2955 C	7737 C	484 C	7475 C	5803 C
<b>HEX</b>	#003764	#6CA439	#A03123	#46797B	#C5C6A7

## Glossary of Terms

**NRPA CAPRA Accreditation Manager** - The CAPRA Accreditation Manager oversees the national accreditation program. The CAPRA Accreditation Manager is an employee of the National Recreation and Park Association, which is the administrative manager of CAPRA.

**As-Built Drawings** – A revised set of drawings submitted by a contractor upon completion of a construction project. As-built drawings show the dimensions, geometry, and location of all components of the project.

**Assessment** - A formative type of evaluation that seeks information for learning or achieving as opposed to an evaluation that is a final or summative judgment.

**Community Education for Leisure (Formerly 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.

Park and recreation agencies should have a plan of community education for leisure. The plan should provide a continuous, systematic and operational program to teach the general public (children, adolescents, adults, seniors, 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 and quality of life. Providing multiple opportunities to explore and experience a variety of enjoyable leisure activities are important aspects of the plan.

In-depth examples, resources, collaborative partnerships with schools and non-profit agencies, community presentations, demonstration projects, including website links for accessing successful plans are numerous and can be seen in: *Management of Park and Recreation Agencies, 2016, M.*

*Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 6-Program Services and Management, pp. 140-144.*

**Comprehensive Plan** - A Comprehensive Plan or General Plan or land-use plan is the long- term development plan for the agency. The plan usually identifies a series of goals, policies and objectives to guide development. The plan has several sections including land use, transportation, and public facilities that include discussion of parks, recreation and open space. (*Management of Park and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 3-Physical Resource Planning, p. 194-212*).

**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.

(*Management of Park and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 6- Program Services and Management, p. 128*).

**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. (*Management of Park and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 6- Program Services and Management, p. 128*).

**Recreation** - Is an activity in which a person engages for a positive, purposeful end.

*(Management of Park and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 6-Program Services and Management, p. 128).*

**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). *(Park and Recreation Professional's Handbook, Hurd, A. & Anderson, D., 2011, Champaign, IL: Human Kinetics; Management of Park and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 6-Program Services and Management, p. 128).*

**Consultant** - An individual or group of individuals who provides professional or expert advice in a particular area such as master planning, human development, marketing, finance, landscape design, facility construction, etc. *(Management of Park and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 8-Physical Resource Planning, pp. 199-200; 14-Human Resources Management, pp. 455-456).*

**Encroachment** – An illegal intrusion into land without authorization; an illegal intrusion with claim of right.

**Evaluation** - A final or summative judgment, as opposed to an assessment, which is a formative type of evaluation that seeks information for learning or achieving.

**Evidence of Compliance (EOC)** - The supporting documentation or materials that demonstrate that the standard is Met. This may include items such as agreements, documentation, manuals, narratives, plans, policies, etc.

**Executive Committee** - Chair, 1st Vice-Chair and 2nd Vice-Chair and the CAPRA Accreditation Manager make up the Executive Committee.

**Goal** – An aspirational statement describing desired attainment of conditions or attributes *(Management of Park and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 6-Program Services and Management, pp. 135-140).*

**Grievance** - A complaint by an individual or organization 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, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 14-Human Resources Management, pp. 468-472).*

**Guideline** - A suggested plan or course of action.

**Leisure** - (see Conceptual Foundations of Play, Recreation, and Leisure).

**Manual** – An approved operating document or repository of official guiding documents for the agency.

**Mentor** – CAPRA mentors are assigned by the Commission to initial and renewing accrediting agencies to help guide the agency through the all aspects of the accreditation process.

**NRPA Pillars** – The three (3)-part (Health and Wellness, Conservation, Social Equity) strategic framework of the National Recreation and Park Association.

**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. The SMART model is a widely recommended format, e.g., specific, measurable, achievable, realistic, timed. *(Management of Park*

and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 6-Program Services and Management, pp. 135-140).

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

**Ordinance** - A city or county law that is codified that carries more authority than a resolution. (*Management of Park and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 3-Politics and Advocacy, p. 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, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 20-Needs Assessment, Evaluation and Action Research, p. 722*).

**Output** - Actual programs and services delivered to the clientele.

**Parks and Recreation Master Plan** - An adopted plan that provides specific direction regarding decision making regarding parks, recreation facilities and programs. The master plan usually summarizes the agency's recreation needs and desires and details a course of action that will enable the agency to realize objectives.

**Plan** - Written or graphic account of an intended future course of action aimed at pursuing goals and achieving specific or objectives 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** - A formally adopted written directive to set a course of action. A policy is usually implemented by rules and procedures.

**Procedure** - Specific steps set forth by the administrator or staff to facilitate the implementation of policies. A procedure provides detail on how something is to be done, when, and by whom.

**Recreation** - (see Conceptual Foundations of Play, Recreation, and Leisure).

**Review** - A written affirmation of 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, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 3-Politics and Advocacy, pp. 184, 217-224*).

**Standard** - A statement of minimum expectation as set forth by experienced professionals.

**Strategic Plan** - The document that guides implementation of longer-range agency vision in a manner consistent with agency mission. (*Management of Park and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 5-Planning for Strategic Management, pp. 107- 108, 114-116, 587*).

**Statistics** - A branch of mathematics working with data collection, organization, analysis, interpretation, and presentation. (*Management of Park and Recreation Agencies, 2016, M.*

*Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 6-Program Services and Management, pp. 145-147; Chapter 20-Needs Assessment, Evaluation and Action Research, pp. 740-749).*

**Trends Analysis** – Trends analysis is a method of comparison that helps agencies forecast what the future might hold by studying changes in the past. (*Management of Park and Recreation Agencies, 2016, M. Moiseichik, Ed., 4<sup>th</sup> Edition, Chapter 20-Needs Assessment, Evaluation and Action Research, p. 736).*