MEMBERSHIP STANDARDS

ALABAMA NETWORK of FAMILY RESOURCE CENTERS

Revised: January 2024

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CHARTER

The Alabama Network of Family Resource Centers (ANFRC) is an organization of non-profit agencies or programs that provide a wide array of services designed to protect children and to strengthen and support families in Alabama. The purpose of ANFRC is to support the development, growth, and continuation of these services by providing technical assistance, training, advocacy, resources, and networking opportunities. Membership in ANFRC is approved by vote of ANFRC members after examination of the applicant agency's policies, procedures and practices, which must be in keeping with the following philosophy in our values statement. (Section 31-8-2, Code of Alabama 1975.)

MISSION

The mission of the Alabama Network of Family Resource Centers (ANFRC) is to promote positive outcomes for all children, families, and communities by leveraging the collective impact of family resource centers and championing quality family support and strengthening practices and policies.

VISION

We envision an Alabama in which every family is thriving and every community has access to a strong and effective family resource center.

VALUES STATEMENTS

- Stability for Children: We believe that all children need stability in their lives. Children belong with their own families when home environments are nurturing, healthy, and stable. Children need to maintain family and community connections when it is not possible for them to live at home.

- Individualized Services: We believe in an individualized approach to services. Family Resource Center staff members are accessible to help children and

families with their identified needs, which may vary in levels of intensity needed to keep children safe.

- Strengths-based Partnership: We believe in a strengths-based approach to family services, honoring the strengths of the family as a whole while respecting family members as individuals. We believe families are partners in parenting and protecting their children.

- Collaborative Approach: We believe a cohesive network of agencies and service providers is the best way to strengthen Alabama families. Family resource centers serve as a point of connection in their local communities. Likewise, ANFRC serves as a point of connection for state agencies and family resource centers, enabling both to deliver services and connect families with critical resources.

- Focus on Equity: Equity must be central to ANFRC's work to help every family thrive. We are committed to unraveling systemic inequality while respecting the dignity and identity of all network members and clients. We deliver services in culturally sensitive ways and offer equal access to services regardless of a person's identity, including but not limited to race, gender identity or expression, national origin, culture, religion, disability status, marital status, and medical history.

- Localized Approach: We believe in a community-based approach where services are tailored to meet local needs. We seek to develop and expand access to services that maximize child and family well-being across the state.

- Prevention First: We focus on prevention of child abuse and neglect. We are committed to the development and provision of services that equip families with the knowledge and resources they need to nurture and rear their children in a safe, stable home environment.

- Commitment to High Quality Operational Standards: All ANFRC member organizations are held to rigorous operational standards established by the Alabama legislature and based on best practices for nonprofit management.

HISTORY

The family resource center model has proven to be one of the most successful social service models available to communities and families. This model is a resource-friendly, effective manner in which families can access and utilize social services to address their complex issues.

Attributes of this model that champion the success of helping families include: comprehensiveness and flexibility, individualized support, strengths-based and prevention focused, collaboration across systems and disciplines, family focused, and relentless problem solving.

Alabama's experience with family resource centers in the early 1990's was positive but tenuous. In the Spring of 1999, four centers rallied together to support the important work of family resource centers across the state through 1) the establishment of measurable standards of operation, and 2) through the networking of sites that practice the ideas of highest quality, comprehensive family services. This grassroots effort gave rise to the Alabama Network of Family Resource Centers, Inc.

The ANFRC is an organization of non-profit centers that provides a wide array of services designed to strengthen and support families in Alabama. The purpose of the ANFRC is to support the development, growth, and continuation of family resource centers by providing technical assistance, training, advocacy, resources, and networking opportunities. In fiscal year 2000, over 15,000 families received intensive services at member sites, in addition to the tens of thousands of hours of services in areas such as parenting, health, employment readiness, and emergency services.

The ANFRC carefully delineated 25 standards that provide oversight of service delivery, fiscal management, and center administration and accountability. Each standard is specific and measurable, and ensures that the highest quality of service is available to those families seeking assistance from a member site. Membership in the ANFRC is based on proven implementation and maintenance of each of the 25 standards.

In May 2000, the Alabama Legislature passed into law the Alabama Network's 25

standards for family resource centers. This major milestone protects the integrity of Alabama's family resource center model and ensures the highest quality of service for Alabama families. (Section 31-8-2, Code of Alabama 1975.)

MEMBERSHIP STANDARDS

MEMBERSHIP LEVELS

Three levels of membership are recognized by ANFRC.

Full Membership

This level of membership indicates that the site submitted evidence of attainment of the standards outlined in the self-study and had no shortcomings in any of the critical areas of performance. Full members are authorized to participate in all meetings and training events of ANFRC and to participate in funding opportunities that may arise on behalf of ANFRC. Full members must periodically resubmit an ANCRC application to ensure continued attainment of membership standards.

Associate Membership

This level of membership indicates that the site submitted evidence of attainment of most of the standards outlined in the self-study and had limited shortcomings in any critical areas of performance. Sites accepted in this category may request assistance preparing for Full membership. Associate members are authorized to participate in all activities, meetings and training events of ANFRC. Associate members may reapply for membership status changes annually.

Provisional Membership

This level of membership indicates that the site submitted evidence of attainment of most of the standards outlined in the self-study and has moderate shortcomings. in

. Sites in this category may request assistance in preparing for Full membership. Provisional members are authorized to participate in all activities, meetings and training events of ANFRC. Provisional members may reapply for Full membership annually.

DETERMINING LEVELS OF MEMBERSHIP

Membership status is determined by the level of standards attainment as indicated by the self study, the evidence provided to substantiate ratings, and final ratings. The following scale will be utilized in accessing the level of standard attainment: *Fully Implemented, Partially Implemented, Not Implemented.* Each standard has specific evidence and indicators to show the level of implementation.

There are 25 standards that will be rated based on the scale above. Membership attainment levels will be based on the following:

Full Membership: Up to 3 partially implemented standards, no unimplemented standards

Associate Membership: 4-5 partially implemented standards, no unimplemented standards

Provisional Membership: 6-7 partially implemented standards, no unimplemented standards

Non-membership: More than 7 partially implemented standards or any standards not implemented

Standards 2, 7, 8, 12, 14, and 16 are referred to as the "absolutes". These standards are noted in RED. A site must have met these 5 standards to qualify to begin the application process. Even if a site is able to implement all other standards but does not meet these "absolutes" they will not be given consideration in the application process. No need to continue the application process if these "absolutes" are not met first. Partial Implementation will not be awarded on these standards.

Sites who score a "Not Implemented" on any of the twenty-five standards will not be

eligible for Membership regardless of their total score. ANFRC membership decisions will be deferred if an application reflects serious programmatic and/or fiscal deficiencies. Additional information will be required prior to further membership consideration.

Sites that are not eligible for membership in ANFRC are invited to request technical assistance from the ANFRC team to develop and implement an action plan to support the attainment of the standards at a level that would result in the awarding of membership status. Sites not awarded membership status during their recertification process must wait at least one year before reapplying for membership.

MENTORING PROCESS

Mentors will be assigned to a site applying for initial membership by the ANFRC team. Mentors are to contact their assigned site(s) no later than four weeks after assignment. Initial contact should be made by telephone to the site's executive or program director. This contact should introduce the mentor to the site, answer any preliminary questions, and schedule a meeting between the mentor and the site's director. The location and time of the meeting is up to the involved parties.

Mentors should provide the site director with copies of the following documents of the Alabama Network of Family Resource Centers. These can be sent via mail or provided at the first visit.

- Copy of the Standards for a Self-Study

- Scoring Grid sheet used by independent application reviewers

- Release Forms (These are signed and sent by the mentor or site to the President of ANFRC for inclusion in their "site file". All sites should sign the release allowing ANFRC to review their program. For example, if the center receives funding through the Children's Trust Fund of Alabama the signed release form would allow CTF to release information to ANFRC).

After discussion of materials and self-study process the applicant is advised to compile the self study to the best of their ability and the mentor will serve as an advisor during

the process. This process will take a substantial amount of time and the applicant should prepare for an extensive commitment. After completion of the application, the applicant will submit the total self-study for review by the outside review team during the cycle for reviews which is held twice yearly.

> *Please note: The sites are responsible for determining and implementing all changes that will allow them to come into full compliance with all membership standards. It is not the responsibility of the mentor to ensure this happens. Mentors are there as a point of contact and information/education but do not hold responsibility in ensuring full membership for the site.*

The process for full membership consideration starts when the site has completed the self-study and has submitted the application for review to the independent review team consisting of two or three members. This team reviews, scores, and submits questions to clarify the information contained within the application as needed. This score determines full, associate, or provisional membership status recommendation for the applicant. Once the independent review team recommends membership into ANFRC the general membership has final voting of acceptance or rejection of the applicant. Sites not achieving full membership may reapply, through the same independent review team process, after one year. If the applicant is not awarded full membership then they can request the mentor to serve in a capacity of help until the standards are satisfactorily met.

If a site reviews the provided materials and determines that ANFRC membership is not one of their goals, they can withdraw from the mentoring and membership process. This can happen at any time as determined by the site. A letter from the site to this effect should be forwarded to the ANFRC Board.

All members are invited to attend ANFRC meetings. Only Full members have voting rights in conducting ANFRC business.

APPLICATION PROCESS

During the application process Family Resource Centers gather data and information

pertaining to each standard and evidence to explain and verify services provided in each center. Some of the evidences are required within several standards. In order to eliminate redundancy and duplicated submissions an online submission process will be used to collect evidence. ANFRC applicants and the review team will be given access to the portal to submit and review evidence for each standard. Feedback from reviewers will also be accessible if necessary.

DUPLICATE EVIDENCES

The following are evidences that will be required in multiple standards:

1. Program Offerings Chart indicates Parenting Education and additional programs for multiple generations. (Appendix B)

   a. Standard 1 and 2

2. A written mission statement consistent with the Charter and Values Statement of the ANFRC.

   a. Standard 2 and 11

3. Personnel Policy and Program Procedure Manuals (Operations Manuals) are written and addresses caseload size, the process to address under/over utilization, process for exceptions to the caseload policy, transportation policy

   a. Standard 2, 5, 8 and 23

4. Collaboration Chart is complete (Appendix C)

   a. Standard 2 and 25

5. FRC staff, management, Board/Advisory Council and consumers describe their interaction with the FRC in positive terms consistent with the Charter and Values of the ANFRC. Consumer Satisfaction Surveys conducted semi-annually provide supporting evidence.

   a. Standard 2 and 21

6. Board/Advisory Council minutes for previous 12 months that show: Evidence of fiscal oversight by the Board and indicate that the Board/Advisory Council is apprised of FRC work.

    a. Standard 14 and 24

7. 2 redacted case files examples who have been active with case management for a minimum of 3 months

    a. Standard 2 and 3

8. Signed statement verifying items in all personnel files

    a. Standard 6, 8, and 23

SERVICE CAPACITY

STANDARD 1

Services of the site must be consistent with the Charter and Values Statement of the ANFRC and consist of a variety of services that are community-based, non-sectarian and non-discriminatory. The site has been in operation, delivering services to families, for at least the past 15 consecutive months.

Date of initiation of services:_____

Interpretation

Sites need a period of time to establish themselves within a community. ANFRC is most able to help those sites that have initiated services and have at least a 15 month track record of service delivery.

"Delivering services" means that a site's staff has been hired, trained, and is directly serving consumer families. Fifteen calendar months starts at the time the staff begins delivering services directly to consumers. There should not be gaps in the 15 months; the service must have been continuous for 15 consecutive months.

Evidence

1. Number of families served per month during previous 15 months (Appendix A)

2. Program Offerings Chart indicates Parenting Education and additional programs for multiple generations. (Appendix B)

Indicators

Fully Implemented: Center has been in operation and delivering services for at least 15 months and shows diverse program offerings.

Partially Implemented: Center has been in operation for at least 15 months, but has limited program offerings.

Not Implemented: Center has been in operation less than 15 months.

STANDARD 2

Services of the site must be consistent with the Charter and Values Statement of the ANFRC and consist of a variety of services that are community-based, non-sectarian and non-discriminatory. Services will be available to all sectors of the community, with very limited eligibility requirements for participation. Services will target prevention-based, comprehensive services to help strengthen families and to allow them to gain greater self-sufficiency. Services shall include, but are not limited to: case management, intake and assessment, parenting education, emergency services and early intervention services.

(This standard is considered as an "absolute" along with standards 7, 8, 12, 14, and 16. If you can not meet this standard your site is not ready to be a family resource center and should not continue the application process until all of these standards can be met.)

Interpretation

A wide variety of programs and services are needed at a FRC site to ensure comprehensive assessment of multiple family members' needs. FRC sites are not single-service sites nor do they limit services to a specific population. ANFRC sites have open eligibility and multiple services that include, at a minimum: case management, intake and assessment, parenting education, emergency services and early intervention services.

"Community-based" indicates broad support and networking among community resources with input by members of the community, including consumers, regarding decision-making and planning. This is reflected in the Board of Director/Advisory Council membership, number of networked agencies, and the process of identifying community needs. This also indicates an on-going dialogue between the site staff and consumers so that services are actually consumer driven.

"Non-Sectarian" indicates that the site is not affiliated with a specific belief system or faith that excludes others who do not embrace the specific dogma. Sites should not have faith attendance or belief requirements for service provision. Religious orientation

should not be represented on forms, in documentation (unless freely provided by the consumer), or marketing materials. Faith beliefs that limit services in any manner should not be evident or practiced.

"Non-discriminatory" indicates that services are available without regard to race, religion, creed, sexual orientation, age, economic status, gender or any other trait or quality that can be used to exclude. Sites should demonstrate open eligibility to a targeted geographical area. This should be evident in marketing materials, procedures and policies. Some projects within the site may target a specific population, such as home-visitation for families with young children, or teen-parent services, but the overall site's orientation should demonstrate open eligibility.

"Services should be prevention-based, comprehensive and target greater self-sufficiency" indicates that proactive service delivery highlights empowering families with the skills they need to access and utilize needed services and resources. Services should focus on the prevention of problems. A broad array of services should be offered on-site. These services should address multiple members of families.

Services must include:

- Case Management: This will involve a case file for each family, documentation of on-going contact, goal identification, documented goal ratings by families, assignment of a staff persons to oversee services with the family and adherence to written procedures for case openings, case assignment, service delivery and case closure.

- Intake and Assessment: There should be a system in place that allows a family to express their strengths and needs and for the site to share ways in which the family can receive services through the site. Though accomplished in different ways at different sites, this process should be family centered, confidential and documented. Documentation of this can include intake forms, case file documentation, procedures manuals and staff training manuals.

- Parenting Education: This indicates training, either in group and individual format that provides parents with the information they need to provide the nurturing

care needed by their children. Evidence may include parenting sessions, in-home visitation, life skills classes, individual consultation by a parenting expert, a family hot line or warm line, written resource materials that supplement in-person education, and program brochures/flyers that advertise programming offerings. Written resources without a training curriculum do not satisfy this service requirement.

- Emergency Services: Services should include access to emergency resources related to food, clothing and shelter. Other emergency services such as counseling may be offered. In most cases there should be on-site emergency service, but a well defined referral system to community agencies providing these services is acceptable.

- Early Intervention Services: These services are intended for children age 0 to 5 years old and may include in-home visitation, developmental screenings, on-site child care, collaboration with screening and testing agencies and programs and written education materials. A well defined referral system to community agencies providing these services is acceptable.

Evidence

1. A written mission statement consistent with the Charter and Values Statement of the ANFRC.

2. 2 redacted case files examples who have been active with case management for a minimum of 3 months and are accurate and complete (e.g. release forms, demographics, case notes, evidence of file supervision, etc.)

3. Personnel Policy and Program Procedure Manuals (Operations Manuals) are written

4. Collaboration Chart is complete (Appendix C)

5. FRC staff, management, Board/Advisory Council and consumers describe their interaction with the FRC in positive terms consistent with the Charter and Values of the ANFRC. Consumer Satisfaction Surveys conducted semi-annually provide

supporting evidence. Provide a narrative on how CSS was given and final survey results.

6. Description of initial intake process and copy of intake packet.

7. Case management narrative. (Who received case management at your center? How long does case management typically last? What program areas provide case management? How are family strengths identified? How are they evaluated with the family?)

8. Services Chart indicates capacity for Emergency Services and Early Intervention Services. (Appendix D)

9. Program Offerings Chart indicates Parenting Education and additional programs for multiple generations. (Appendix B)

10. Center has served 300 families OR provided 900 service sessions in the prior fiscal year. (ANFRC will provide this information. For recertification, sites are not required to submit anything for this evidence. Initial membership applicants will need to submit their own data.)

Indicators

Fully Implemented: Center has all evidences in place including diverse program and service offerings.

Not Implemented: Center does not have all evidence in place.

STANDARD 3

Case management is an integral part of the family resource center model. The site must have as evidence formal written family files that contain written releases of information, comprehensive, signed case notes, identified family strengths, family goals and evaluation of those goals by families.

Interpretation

Formal written case files are needed to provide consistently high quality of service to families and for the documentation of demographic information and data gathering for project impact. Files must follow acceptable confidentiality and documentation practices. Goal setting and ratings by families are an important component of the services of ANFRC sites.

Evidence

1. 2 redacted case files examples who have been active with case management for a minimum of 3 months

2. Completed file checklist (Appendix E)

3. Established procedures for maintaining case files for all families involved with case management services.

Indicators

Fully Implemented: All evidence is present.

Partially Implemented: All evidence is present, but case files need improvements.

Not Implemented: Not all evidence is present.

STANDARD 4

The site shall demonstrate service capacity through location of the site in an accessible, safe place for families. Additionally, the site shall be welcoming and family-friendly and adequate to meet the mission of the ANFRC.

Interpretation

"Accessible" indicates adherence to ADA standards including ramps or other means of access to the interior of the building, bathrooms, doorways, and hallways that accommodate wheelchairs. ADA compliant parking spaces, signing and telephone services for the deaf are encouraged as are services to accommodate non-English speaking consumers.

"Accessible" also indicates the area of the community in which the site is located. Is the site served by mass transit, in walking distance to a significant population, close to other services that are used frequently by consumers. The ability of the consumer to easily access a person at the site is important. Overuse of answering machines or other devices and procedures that depersonalize a family's contact with staff people is discouraged.

"Safe and welcoming" indicates that the site is perceived as a safe location by consumers, has well-lighted, adequate parking, has a sign, is decorated in a family-friendly fashion, has materials available to families that are reflective of the mission and are culturally sensitive, has restroom facilities open to families, has a diaper changing area and toys for children.

Evidence

1. ADA Accessibility Assessment Tool (Appendix F)

2. Facilities checklist (Appendix G)

3. Narrative addressing the considerations for center location within the community.

Indicators

Fully Implemented: All evidence is present, and site is generally accessible and welcoming to consumers.

Partially Implemented: All evidence is present, but site needs to be more accessible and welcoming.

Not Implemented: Not all evidence is present.

STANDARD 5

The site shall have in place adequate staff and other resources to carry out the ANFRC mission.

Interpretation

"Adequate staff" indicates that the site has the number of staff needed to fulfill its mission in a family-responsive, accountable manner. The number of staff is determined by the services offered at the site. Staffing must include the services listed in standard #2, though other services may be offered through on-site collaboration with other agencies.

In order to ensure continuity of services, a center should have a succession plan in place.

Evidence

1. Organizational Chart

2. Policy and Procedures Manual (Operations Manual) addresses caseload size, the process to address under/over utilization, and process for exceptions to the caseload policy.

3. Caseload report for each case worker on staff at this time. If caseload numbers vary from center policies, please explain.

4. Succession Plan

Indicators

Fully Implemented: All evidence is present.

Partially Implemented: All evidence is present, but improvements are needed to Center's case management system.

Not Implemented: Not all evidence is present.

STANDARD 6

Staff at the site shall have the minimum necessary credentials for their position. Job descriptions for each staff person shall be in writing, stating the minimum requirements for the position, and personnel files shall contain documentation regarding the person's ability to perform the job. Each staff member shall have written confirmation of no indicated CA/N reports as evidenced by a CA/N clearance from Alabama DHR. Annual performance reviews shall be documented for each staff member.

Interpretation

The selection and on-going evaluation of personnel is an important function of each ANFRC site. Personnel should possess the skills to perform their assigned functions and possess the characteristics of a healthy service provider including no indications of child abuse/neglect of any manner.

Evidence

1. 2 completed staff personnel files showing the following:

   a. Job Description

   b. Resume

   c. CA/N Report indicating no previous reports

   d. Personal Auto Insurance (required regardless of whether staff transports consumers)

   e. ABI/FBI Clearances

   f. Other background checks (as needed and required by center)

   g. Annual Staff Evaluations signed and dated by the employee and the reviewing individual(s)

   h. Documentation showing employee meets minimum qualifications for the position (i.e. Diploma, Professional License, etc)

2. A signed statement indicating ALL personnel files have the following:

   a. Job Description

   b. Resume

   c. CA/N Report indicating no previous reports

   d. Personal Auto Insurance (required regardless of whether staff transports consumers)

   e. ABI/FBI Clearances

   f. Other background checks (as needed and required by center)

   g. Annual Staff Evaluations signed and dated by the employee and the reviewing individual(s)

   h. Documentation showing employee meets minimum qualifications for the position (i.e. Diploma, Professional License, etc)

Indicators

Fully Implemented: All evidence is present.

Partially Implemented: Job descriptions, resumes, personnel files, minimum qualifications, and annual evaluations are met and on file for at least 80% of staff members.

Not Implemented: Not all evidence is present or less than 80% of job descriptions, resumes, personnel files, minimum qualifications, and annual evaluations are met and on file.

STANDARD 7

Staff shall be covered under professional liability insurance coverage.

(This standard is considered as an "absolute" along with standards 2, 8, 12, 14, and 16. If you can not meet this standard your site is not ready to be a family resource center and should not continue the application process until all of these standards can be met.)

Interpretation

Consistent with quality service agencies, all ANFRC sites will have a professional insurance policy to cover staff.

Evidence

1. Copy of professional liability insurance coverage for all staff members.

Indicators

Fully Implemented: Evidence of adequate coverage for all staff present

Not Implemented: No evidence of coverage is present or coverage is inadequate

STANDARD 8

Sites offering transportation to consumers shall have written evidence of appropriate automobile insurance.

(This standard is considered as an "absolute" along with standards 7, 12, 14, and 16. If you can not meet this standard your site is not ready to be a family resource center and should not continue the application process until all of these standards can be met.)

Interpretation

Transportation continues to be a major challenge for many consumers seeking services through a FRC. In some cases, sites offer transportation services to address this need.

The ANFRC encourages sites to strictly limit the use of private vehicles in the transportation of consumers due to the liability issues this arrangement creates. The use of public transportation and/or formal transportation arrangements such as those through use of a site van or bus, and contracts with transportation providers is considered safer options for sites. If a site uses private vehicles, concentrated attention to the adherence to standardized site procedures for this practice are strongly encouraged.

If the site offers any form of transportation to consumers (private vehicles, bus, or other), then the site should maintain transportation insurance coverage. The best form of protection is agency-provided insurance. Documentation of personal automobile insurance coverage by all transporting drivers utilizing private vehicles may be considered adequate coverage, though agency coverage is encouraged.

Evidence

1. A transportation policy in the Procedures Manual (Operations Manual) that is consistently executed

2. A copy of the Center's insurance policy, if applicable

3. A copy of each employee's auto insurance policy (adequate insurance coverage required) regardless of whether employee transports consumers. (Exception only for employees without Driver's Licenses. Please make note if applicable.)

4. A Current copy of driver's license for any staff that transport consumers

Indicators

Fully Implemented: All evidence is present

Not Implemented: Less than 4 pieces of evidence are present

STANDARD 9

Sites shall provide evidence of opportunity for staff professional development.

Interpretation

"Professional development" includes conferences, seminars, and in-service training related to the specific tasks that are performed by the individual staff members. Attendances at meetings that are more informal in nature are not deemed as valid as specific curriculum based training events unless training is a part of the planned meeting.

Training is an important component of the delivery of quality services. The site should be able to provide evidence that staff members are offered and have taken part in professional skill development opportunities. Sites are encouraged to provide training for clerical and support personnel as needed.

Evidences

1. Documentation of process for tracking required professional development hours each year.

2. Signed statement showing percentage of full time employees who met 15 hours of professional development (or proportional number of hours for part-time employees) in last fiscal year.

Indicators

Fully Implemented: 90% of employees have 15 hours of professional development and clear process for tracking hours has been established.

Partially Implemented: 70% of employees have 15 hours of professional development and clear process for tracking hours has been established.

Not Implemented: Less than 70% of employees have 15 hours of professional development or no process for tracking hours has been developed.

STANDARD 10

Sites shall have demonstrated evidence of the opportunity for staff input regarding practices, services, and procedures regarding the site.

Interpretation

An important part of an ANFRC site's operation is on-going dialogue between field staff and site management positions. Through this dialogue, important changes and amendments can be made to the site's operation that may increase the site's ability to meet the needs of consumers. An understanding that gathering all staff at one time may impede the operation of a center, but it is the center's responsibility to find times to rotate through all staff for regular communication.

"Staff input" indicates the opportunities staff members have to share ideas regarding the day-to-day functioning of the site and the future direction that is being identified.

Evidence

1. Staff meeting agendas for the previous fiscal year.

2. Briefly describe your center's process for Continuous Quality Improvement that includes specifics for staff involvement.

3. Agency Strategic Plan. Include how CQI informs the agency's strategic plan.

Indicators

Fully Implemented: All evidence is present and staff have met at least once per quarter.

Partially Implemented: 2 of 3 pieces of evidence are present and staff have met at least once per quarter.

Not Implemented: Less than 2 pieces of evidence are present and/or staff have met less than once per quarter.

STANDARD 11

The site shall have a clearly defined mission statement consistent with the mission of ANFRC.

Interpretation

The mission of the Alabama Network of Family Resource Centers (ANFRC) is to promote positive outcomes for all children, families, and communities in Alabama by leveraging the collective impact of family resource centers and championing quality family support and strengthening practices and policies.

The site's mission statement should indicate a broad range of services to strengthen and support families. Mission statements should not limit populations or eligibility. Those that in any way contradict the mission of ANFRC are not acceptable.

Evidence

1. A written mission statement

Indicators

Fully Implemented: Mission statement is written and consistent with the mission of ANFRC

Partially Implemented: Mission statement is written, but does not reflect consistency with the mission of ANFRC.

Not Implemented: No mission statement is evident.

FISCAL CAPACITY

STANDARD 12

The site must follow acceptable accounting practices and shall have a completed, written, independent accounting audit for all years of operation, including the most recent past fiscal year. When required, the site will have a "single audit" performed. The audit must not indicate any significant discrepancies or questions regarding fiscal capacity.

(This standard is considered as an "absolute" along with standards 2, 7, 8, 14, and 16. If you can not meet this standard your site is not ready to be a family resource center and should not continue the application process until all of these standards can be met.)

Interpretation

Fiscal management that provides accountability for all monies is an important responsibility of all ANFRC sites. Generally accepted accounting principles (GAAP) should be used.

"Written independent audit" indicates that a firm is hired to oversee the accounting books of the site to determine any discrepancies in expenses and revenue statements and to determine that funds are expended consistent with funding mandates. The audit must not indicate any discrepancies or inconsistencies that cannot be adequately and appropriately addressed by the site to the satisfaction of the auditor and/or Board of the ANFRC.

Any inconsistencies must be addressed in writing to the ANFRC Board for review prior to consideration for membership. Additional evidence including contact with the auditing firm may be requested by the ANFRC.

Evidence

1. A copy of the most recently completed audit including Letter of Opinion or Disclaimer of Opinion. Most recent audit should have been completed within the previous 10 months of the most recent fiscal year.

2. Copy of the most recent IRS Form 990.

3. Copy of Financial policies and procedures, including procurement policy and purchase order process.

Indicators

Fully Implemented: All evidence is present

Not Implemented: Less than 3 pieces of evidence are present

STANDARD 13

The site will be able to show evidence of fiscal capacity through the attainment, during the previous 12 months, of at least $20,000.00 cash dollars dedicated to the operation of the center's services (over and above any Family Preservation/Support Services ("FP/SS") grant dollars).

Interpretation

The ability of a site to secure cash dollars for operation of the site demonstrates fiscal and service capacity. Cash dollars at or beyond $20,000.00 must have been secured annually. Diversity of funding streams adds to a center's sustainability. Centers should demonstrate fiscal capacity through a minimum of 4 funding sources and a single funding source should not exceed 60% of a center's total budget.

When the ANFRC Standards were written, many centers received FP/SS funding. We recognize that most centers do not receive this funding.

Evidence

1. Funding Sources Chart (Appendix H)

Indicators

Fully implemented: $20,000 cash dollars and no excess percentages in total budget percentages.

Partially implemented: $20,000 cash dollars, but total budget percentages exceed 60% in one funding source.

Not implemented: Less than $20,000 cash dollars

STANDARD 14

The site must have demonstrated fiscal capacity by having prepared timely and accurate accounting reports/billing during the previous 12 months. Reports should have received fiscal oversight by the site's Board of Directors and funders.

(This standard is considered as an "absolute" along with standards 7, 8, 12, and 16. If you can not meet this standard your site is not ready to be a family resource center and should not continue the application process until all of these standards can be met.)

Interpretation

"Timely" indicates that on-going regular, written, accounting reports are prepared. In some cases the site will require monthly accounting reports, in others it may be quarterly. Quarterly financial reports are deemed to be the least frequent reporting that is consistent with ANFRC standards unless there are extenuating circumstances that the ANFRC Board approves. Reports should validate expenditures and revenue.

"Accurate accounting statements" indicate a balance between revenue and expenses complete with invoices, receipts, and a purchase procurement system that is part of the site's procedure manual. This system may involve purchase requests that are signed by the program director, purchase vouchers, or other method that provides oversight on the site's purchases and accurate posting of expenses to the correct budget category.

Evidence

1. Copies of the profit/loss statement and balance sheets for the previous 4 quarters.

2. Evidence of fiscal oversight by the Board as documented by Board minutes for previous fiscal year.

3. Report showing that accounting software displays the capability to allocate expenses to each applicable funding source.

Indicators

Fully Implemented: All evidence is present

Not Implemented: Less than 3 pieces of evidence are present

STANDARD 15

The site must have a written annual budget for the current and all past fiscal years of operation.

Interpretation

A written annual budget outlines the planned revenues and expenditures for the site and provides the basis upon which financial capacity is determined. A written annual budget for the current and most recent past years should be reviewed. Past years should include up to the most recent three past fiscal years, or up to three if the site is less than 3 years old. No gaps in the years should be evident.

Evidence

1. Copy of annual budget for current year.

2. Copy of annual budget up to 3 past fiscal years showing no gaps, or if open less than three years, for each year of operation.

3. Copy of actual versus projected budget for previous 3 years, or if open less than three years, for each year of operation.

Indicators

Fully Implemented: All evidence is present

Partially Implemented: 2 of 3 pieces of evidence are present

Not Implemented: Less than 2 pieces of evidence are present

STANDARD 16

The site shall have written evidence of being a 501(c)3 organization or being a legitimate program division of such an agency.

Interpretation

Each site of the ANFRC must be a 501(c)3 agency or a program division of such an agency. No exceptions are made without ANFRC Board approval. Attaining the 501(c)3 final determination can be a lengthy process. The site must have, at minimum, the letter from the IRS indicating that no foreseen problems with their application have been determined. The 501(c)3 letter of final determination is the best documentation for this standard and a copy should be made available to the ANFRC when secured.

(This standard is considered as an "absolute" along with standards 2, 7, 8, 12, and 14. If you can not meet this standard your site is not ready to be a family resource center and should not continue the application process until all of these standards can be met.)

Evidence

1. Copy of final IRS determination letter

Indicators

Fully Implemented: All evidence is present

Not Implemented: 501(c)3 status has not been obtained or application still pending final determination

MANAGEMENT AND ACCOUNTABILITY CAPACITY

STANDARD 17

For current members of ANFRC, an on-site peer review must have been conducted at the site within the past 24 months. The peer review results must not indicate any significant concerns in regards to confidentiality, record keeping, or service delivery that would cause the site to fail to meet the standards or the mission statement of the ANFRC.

NOTE: For sites applying that are not current members, a site visit will take place as a part of the initial membership process.

Interpretation

The membership and the recertification process are driven by peers with the support of ANFRC staff.

Site visits provide an important measure of a site's capacity to meet and maintain the standards of the ANFRC, as well as idea sharing, relationship building, and celebrating the center's successes. These site visits will take place every 24 months. Site visit summary reports will be completed by ANFRC staff.

Evidence

1. The site visit summary report that includes strengths, opportunities, and specific feedback for standards not fully implemented. Specific feedback regarding the Facilities Checklist (Appendix G) will also be provided. (For initial membership: membership summary provided by mentors that includes strengths, opportunities, and specific feedback for standards not fully implemented.)

Indicators

Fully Implemented: Site visit has been completed with no major concerns from review

committee.

Partially Implemented: Site visit has been completed, but with concerns that need to be addressed.

Not Implemented: Site visit has not been completed, or significant concerns have been found by review committee.

STANDARD 18

The site must collect and assess data for evaluation purposes. This data should include, at minimum, the number of families served by service category, number of services by service category, demographics of families served in case management, and goal-ratings completed by families.

Evidence

Written evidence of collection and assessment of service data for the last fiscal year that includes:

1. Community needs assessment:

    a. Copy of completed community needs assessment within last 3 years

    b. Minimum requirements met for community needs assessments (Appendix L)

2. Evaluation:

    a. Evaluation plan

    b. Assessment of established goals at least annually for each service category

3. Data Collection:

    a. Number of families served in each service category (e.g. case management, parent education, adult education, etc.)

    b. Number of hours of service in each category

    c. Demographics of families served

    d. Complete and accurate data submitted on time for the previous 12 months. (ANFRC will provide this information. Sites are not required to submit anything for this evidence.)

Indicators

Fully Implemented: All evidence is present in all three categories.

Partially Implemented: Evidence is present within all three categories, but some gaps exist.

Not Implemented: One or more categories has no evidence submitted.

STANDARD 19

Sites must have prepared a written end-of-the-year program evaluation report for all years of operation that summarizes services in relation to the site's mission statement and objectives.

Interpretation

Centers should create an annual report each year. The report should have broad applicability and be relevant to funders, partners, community members, etc. It should provide a snapshot of your center's work.

Evidence

1. End of the year written report as defined above

Indicators

Fully implemented: EOY reports are on file as described above.

Partially implemented: EOY report available with no analysis or limited scope of analysis.

Not implemented: EOY report does not exist.

STANDARD 20

Sites shall make a consistent effort to participate in all ANFRC meetings and trainings.

Interpretation

ANFRC will be clear about which trainings and meetings are required to participate in. If a center cannot come to a required event, they should communicate with ANFRC prior to the event. ANFRC will maintain attendance logs, but centers are also expected to keep up with their participation.

Evidence

1. List of ANFRC meetings attended by any agency representative (Appendix I)

2. Record of participation and future plans for participating in membership/recertification review committees.

Indicators

Fully Implemented: Center consistently attends required meetings and trainings and many optional meetings and trainings. Center participates annually as a reviewer or mentor in membership/recertification process.

Partially Implemented: Center consistently attends all required meetings and trainings and some optional meetings and trainings. Center participates as a reviewer or mentor in membership/recertification process.

Not Implemented: Center is inconsistent in attendance of required and optional meetings and trainings and membership/recertification process.

STANDARD 21

The site shall have conducted Consumer Satisfaction Surveys twice per year and maintain written evidence of consumer responses to those surveys.

Interpretation

Site administers Consumer Satisfaction Survey twice per year, in April and October. Compiled results and copies of survey forms are available upon request. Completed survey forms, with summary, meeting deadline dates are evidence.

The majority of dissatisfied consumers will mean more that 50% of respondents. If a majority express dissatisfaction or if a single serious complaint such as violation of confidentiality or any abuse are stated on the form, the site is required to address the complaint in writing and submit the written explanation with the summary form to the ANFRC and a plan for addressing the issue(s). The plan must be in place for at least one subsequent survey of consumers prior to receiving a satisfactory rating for this standard. The follow-up survey must indicate significant improvement (the majority of respondents-50% or more respond positively) prior to receiving a satisfactory rating for this standard.

If trends of less than quality service are indicated (such as significantly few, <50%, of consumers indicate they have identified goals or needs or that staff meet with them at times that are convenient) the site will address this issue in writing along with a plan that will be implemented to address those concerns. The plan must be in place for at least one subsequent survey of consumers prior to full membership status being conferred. The follow up survey must indicate significant improvement (the majority-50% or more-respond positively) prior to receiving a satisfactory rating for this standard.

Evidence

1. Consumer Satisfaction Surveys

2. Consumer Satisfaction Survey Report

3. Plan for collection, compilation, analysis, and follow-up if needed.

Indicators

Fully Implemented: Two surveys completed and submitted in a timely manner. A majority of consumers are satisfied with services of the Center. No serious complaints about service provision or treatment by Center Staff.

Partially Implemented: One survey completed. Majority of consumers are satisfied. If a complaint has been assessed and action taken to correct the problem.

Not Implemented: No surveys completed or if completed not submitted or if completed, less than 50% of consumers are satisfied with services or staff. Serious issues not addressed or corrected.

STANDARD 22

The site shall be able to provide evidence that consumers have access to decision-making and project planning regarding services offered at the site. This may include evaluation forms, a consumer advisory council, planning committees, suggestion boxes, attendance at training sessions and membership on Boards.

Interpretation

Consumer input often takes the form of Parent Leadership within a center.

Evidence

1. Description of how parent leaders and other consumers are involved with ongoing decision making and project planning at the center.

Indicators

Fully Implemented: Robust mechanism(s) in place for consumer input and Parent Leadership is central to the center.

Partially Implemented: Site has evidence of some mechanisms for consumer input, but no ongoing Parent Leadership is shown.

Not Implemented: Site has few or no ways that consumers have input and no Parent Leadership is shown.

STANDARD 23

The site must have a Policy and Procedures Manual (Operations Manual) and Personnel Manual.

Interpretation

Policy and Procedures Manual (Operations Manual): This manual outlines the processes by which families are served through the Center. It should be detailed enough to serve as a training guide for new staff. The manual should include for applicable programs the referral process, case assignment, crisis management, case documentation, file maintenance, case closure, and procedures for protecting confidentiality.

Personnel Manual: Describes the policies under which the site manages employees. It must include a confidentiality statement, mandatory reporting policy, whistleblower policy, leave policies, drug-free statements, site policies, criminal history policies, transportation, and other issues that are tied to staffing and management, not delivery of services to consumers. There must be documentation in personnel files that staff have received, read, and understood the Personnel Manual.

Evidence

1. Personnel Manual that includes all elements listed in interpretation. (Appendix J)

2. Signed and dated statements from staff are on file indicating they have read and understood the policies in the Personnel Manual.

3. Policy and Procedure Manual (Operations Manual)

Indicators

Fully Implemented: Personnel Manual is completed with required policies and with signed statements in personnel files to indicate staff have read and understood all policies within. Policy and Procedure Manual (Operations Manual) is comprehensive and current, and the center operates by the policies in the manual.

Partially Implemented: Both manuals exist, but need some continued development. Statements of understanding are signed by staff and stored in personnel files.

Not Implemented: Witten manuals are in developmental stages or do not exist. Site needs help in incorporating procedures and policies into manuals. Staff statements are missing.

STANDARD 24

The site must have an official Board of Directors and/or Advisory Council and have evidence that this group has convened at least quarterly in the preceding fiscal year.

Interpretation

Each site must have an oversight body that provides input regarding the functions, missions, and directions of the site. This oversight adds accountability to the management functions of the site. If a site is independent of a parent or sponsoring agency, then they would have a Board of Directors. If a site is a division of a parent or sponsoring agency, they may come under the auspices of the sponsor's board and usually will have an Advisory Council for the site.

A "meeting" indicates that a sign-in sheet was completed, a meeting was conducted with acceptable rules of order and minutes were produced.

Evidence

1. Board/Advisory Council minutes for preceding fiscal year that indicate that the Board/Advisory Council is apprised of FRC work.

2. Board/Advisory Council represents the community and its consumers.

Indicators

Fully Implemented: Board/Advisory Council is in place and has had at least quarterly meetings over the previous fiscal year. Board represents the community and is regularly apprised of Family Resource Center work per meeting minutes.

Partially Implemented: Board/Advisory Council has met at least quarterly and is regularly apprised of Family Resource Center work per meeting minutes, but lacks community representation.

Not Implemented: Board has had fewer than quarterly meetings or has no knowledge of Family Resource Center work.

STANDARD 25

The site will have demonstrated networking capacity by involving at least five community agencies in the on-going operations of its services during the previous 12 months.

Interpretation

One of the cornerstones of FRC's is the ability of such sites to connect agencies together to help strengthen families through comprehensive service delivery. A broad base of collaboration in the community is essential. This collaboration should involve a range of others and usually will include other social service agencies, churches, public agencies, schools, funders, natural leaders, political leaders, and other representatives of the people and services of the community.

Websites and social media are utilized to communicate with the community and spread awareness of a center's programs and services.

Evidence

1. Collaboration Chart (Appendix C)

2. State/Local Network Chart (Appendix K)

3. Website link and social media page(s)

Indicators

Fully Implemented: Center demonstrates evidence of effective membership/collaboration with a minimum of 6 entities and has active and up to date online presence.

Partially Implemented: Center demonstrates evidence of membership/collaboration with 4 entities and/or does not have an active or up to date online presence.

Not Implemented: Center demonstrates evidence of membership/collaboration with less than 4 entities and/or does not have an active or up to date online presence.

APPENDICES

APPENDIX A: Service Data

Please complete the below form for the last 15 consecutive months of operation.
Per Standard 1, there should not be any gaps in service.

Month & Year:															
Number of Families Served:															
Any additional notes:															

I hereby attest to the accuracy of the above report to the best of my knowledge.

Executive Director Name: _____ Executive Director Signature: _____

Date: _____

APPENDIX B: Program Offerings Chart

Please complete the chart below for each specific program your center offers. You MUST include at least one program for parenting education. Other program areas can be used as appropriate. Use additional pages as needed.

Name of Program	Program Area (I&A, Case Management, Parenting Ed, etc.)	Who is this program available to?	What are the participation requirements?	How many individuals did you serve in this program?	Is this program prevention based?	Is this program community based, non-sectarian, and non-discriminatory?
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No

APPENDIX C: Community Collaboration Chart

Please complete the list below to describe **five** community collaborations you've had in the last 12 months.

Collaborator 1:
1. Name of collaborator: _____
2. Dates and description of collaboration: _____
_____
_____
_____
_____

3. *Related accomplishments:* _____
_____
_____
_____

4. *List any evidence you will include with your recertification documents regarding this collaboration (MOUs, media links, sign in sheets, meeting minutes, etc):*_____
_____
_____

Collaborator 2:
1. Name of collaborator: _____
2. Dates and description of collaboration: _____
_____
_____
_____
_____

3. *Related accomplishments:* _____
_____
_____
_____

4. *List any evidence you will include with your recertification documents regarding this collaboration (MOUs, media links, sign in sheets, meeting minutes, etc):*_____
_____
_____

Collaborator 3:
1. Name of collaborator: _____
2. Dates and description of collaboration: _____
_____
_____

_____

_____

_3._ _Related accomplishments:_ _____

_____

_____

_____

_4._ _List any evidence you will include with your recertification documents regarding this collaboration (MOUs, media links, sign in sheets, meeting minutes, etc):_____

_____

_____

_____

Collaborator 4:

1. Name of collaborator: _____
2. Dates and description of collaboration: _____

_____

_____

_____

_____

_3._ _Related accomplishments:_ _____

_____

_____

_____

_4._ _List any evidence you will include with your recertification documents regarding this collaboration (MOUs, media links, sign in sheets, meeting minutes, etc):_____

_____

_____

_____

Collaborator 5:

1. Name of collaborator: _____
2. Dates and description of collaboration: _____

_____

_____

_____

_____

_3._ _Related accomplishments:_ _____

_____

_____

_____

_4._ _List any evidence you will include with your recertification documents regarding this collaboration (MOUs, media links, sign in sheets, meeting minutes, etc):_____

_____

_____

_____

APPENDIX D: Services Chart

Please complete the chart below to show how your agency provides services in the following areas: Emergency Services and Early Intervention.

Service Description	Internal Services	Referral Sources
Emergency Services		
Early Intervention		

APPENDIX E: Case Files Checklist

Please complete the following for the 2 case files you are submitting for recertification. Participant files must have a minimum of 3 months active case management.

Are the following present?	Case File 1	Case File 2
Name of program:		
At least 3 months of active case management:	☐ Yes ☐ No	☐ Yes ☐ No
Up to date:	☐ Yes ☐ No	☐ Yes ☐ No
Signed:	☐ Yes ☐ No	☐ Yes ☐ No
Releases Present: (Releases should not be generic, but specifically name the agency or individual being released to.)	☐ Yes ☐ No	☐ Yes ☐ No
End date for Releases:	☐ Yes ☐ No	☐ Yes ☐ No
Strengths Identified:	☐ Yes ☐ No	☐ Yes ☐ No
Goals Established:	☐ Yes ☐ No	☐ Yes ☐ No

I hereby attest to the accuracy of the above report to the best of my knowledge.

Executive Director Name: _____

Executive Director Signature: _____

Date: _____

APPENDIX F: ADA Accessibility Assessment

This checklist has been developed using the Institute for Human Centered Design's tool for accessibility. Because ADA is a civil rights law and not a building code, all facilities, including existing ones, are required to be accessible so that people with disabilities have an equal opportunity to participate in center activities. Please complete the checklist below for your main location. If other locations are available for client services, please explain in the comments your accommodations for these locations.

Name of Surveyor: _____

Address of Location Surveyed: _____

Date Survey Completed: _____

Access to Facility

1. Is there at least one route from site arrival (parking, loading zone, public transportation

   stops, etc) that does not require the use of stairs or going over a curb?

   ☐ Yes   ☐ No

2. Is accessible parking provided and marked?

   ☐ Yes   ☐ No   ☐ N/A, no parking lot provided

3. Is at least one space a van accessible space?

   ☐ Yes   ☐ No   ☐ N/A, no parking lot provided

4. Is the main entrance accessible? If not, is there an alternative accessible entrance?

   ☐ Yes   ☐ No

5. Is the clear opening width of the accessible entrance door at least 32 inches?

   ☐ Yes   ☐ No

6. Is the accessible door threshold no more than ¼ inch high or beveled?

   ☐ Yes   ☐ No

7. Is the door equipped with hardware that is operable with one hand and does not require

   tight grasping, pinching, or twisting of the wrist?

   ☐ Yes   ☐ No

8. Are edges of any carpets or rugs in the building securely attached to minimize tripping hazards?

   ☐ Yes   ☐ No   ☐ N/A, no carpeted areas

9. Is there at least one space at least 36 inches wide in any reception areas for a person in a wheelchair?

   ☐ Yes   ☐ No   ☐ N/A, no reception areas

10. If there are fire alarm systems in the center, do they have both flashing lights and audible signals?

    ☐ Yes   ☐ No   ☐ N/A, no fire alarm system

Access to Services

1. Are there elevators or platform lifts to all public stories? If not, are alternative meeting spaces available on main level?

   ☐ Yes   ☐ No   ☐ N/A, single level build

2. If there are signs designating permanent rooms and spaces not likely to change over time (e.g. room numbers and letters, room names, exit signs), do text characters contrast with their backgrounds and/or is there Braille?

   ☐ Yes   ☐ No   ☐ N/A, no permanent signs hung

3. Are doors to meeting spaces at least 32 inches wide?

   ☐ Yes   ☐ No

4. Are any public space door thresholds no more than ¼ inch high or beveled?

   ☐ Yes   ☐ No   ☐ N/A, no public spaces with doors

5. Are any doors to public spaces equipped with hardware that is operable with one hand and does not require tight grasping, pinching, or twisting of the wrist?

   ☐ Yes   ☐ No   ☐ N/A, no public spaces with doors

Access to Restrooms

1. If restrooms are available to the public, is at least one toilet room accessible?

   ☐ Yes   ☐ No

2. Is there an accessible route to the accessible toilet room?

   ☐ Yes   ☐ No   ☐ N/A, no restrooms available

3. Are any doors to restrooms at least 32 inches wide?

   ☐ Yes   ☐ No   ☐ N/A, no restrooms available

4. Are any main doors to restrooms equipped with hardware that is operable with one hand and does not require tight grasping, pinching, or twisting of the wrist?

   ☐ Yes   ☐ No   ☐ N/A, no restrooms available

5. Can any restroom faucets be operated without tight grasping, pinching, or twisting of the wrist?

   ☐ Yes   ☐ No   ☐ N/A, no restrooms available

6. Do stall doors have door pulls on both sides of the door that are operable with one hand and do not require tight grasping, pinching, or twisting of the wrist?

   ☐ Yes   ☐ No   ☐ N/A, no restrooms available

7. Is the stall lock operable with one hand and without tight grasping, pinching, or twisting of the wrist?

   ☐ Yes   ☐ No   ☐ N/A, no restrooms available

Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

I hereby attest to the accuracy of the above report to the best of my knowledge.

Executive Director Name: _____

Executive Director Signature: _____

Date: _____

APPENDIX G: Facilities Checklist

Does the center:	Have adequate lighting?	Have a sign visible to the public?	Have family friendly decorations?	Have materials available to families that reflect the center's mission?	Have culturally sensitive materials?	Have restrooms open to families?	Have a diaper changing area?	Have toys available for children?	Have hours of operation posted to the public?	Have non-smoking signs posted?	Have access to services for English and non-English speaking consumers?	Provide a welcoming experience to the public through an "open" door during posted designated hours?
YES												
NO												
Additional Notes												

I hereby attest to the accuracy of the above report to the best of my knowledge.

Executive Director Name: _____ Executive Director Signature: _____

Date: _____

APPENDIX H: Funding Sources Chart

Please complete the chart below to show 100% of the agency's funding sources in the most recent fiscal year. Include grants, fundraisers, donations, etc. Use additional pages as needed.

Name of Funding Source	Amount per Fiscal Year	Percentage of Total Budget
	TOTAL:	**TOTAL: 100%**

I hereby attest to the accuracy of the above report to the best of my knowledge.

Executive Director Name: _____

Executive Director Signature: _____

Date: _____

APPENDIX I: ANFRC Attendance List

Please list all ANFRC hosted meetings or trainings a center representative has attended over the last 15 months below. Use additional pages as necessary.

Name of Event:	Date of Event:	Center Representative(s):

I hereby attest to the accuracy of the above report to the best of my knowledge.

Executive Director Name: _____

Executive Director Signature: _____

Date: _____

APPENDIX J: Personnel Manual Checklist

Please complete the following as you review your Personnel Manual to ensure you have each required policy. You will need to submit the entire manual along with this checklist as evidence for Standard 23.

Policy	YES	NO
Confidentiality Statement		
Mandatory Reporting Policy		
Whistleblower Policy		
Leave Policy		
Drug-Free Statements		
Criminal History Policy		
Transportation Policy		

I hereby attest to the accuracy of the above report to the best of my knowledge.

Executive Director Name: _____

Executive Director Signature: _____

Date: _____

APPENDIX K: State/Local Network Memberships

Please complete the list below to describe any State or Local organizations you've been members of in the last 12 months. Use additional pages as necessary to list *up to 8 memberships* of your Center.

Name of Network	Dates of Meetings/Events	Description of Partnership
EXAMPLE: Children's Policy Council	Every other Tuesday at 8:30 am	Child service providers from our county gather for updates and shared initiatives.

APPENDIX M: Community Needs Assessment Requirements

Define your purpose and scope: Before you start collecting data, you need to have a clear idea of why you are doing a community needs assessment and what you want to achieve. What is the main question or problem you are trying to address? Who are the stakeholders/beneficiaries of the assessment? How will you use the results to inform your decisions and strategies? You also need to define the scope of your assessment, such as the geographic area, the population group, the time frame, and the resources available.

    a. At minimum for ANFRC Standards, list three stakeholder groups that were involved in your community needs assessment.

    b. At minimum for ANFRC Standards, describe the scope of your assessment answering all seven questions listed in the attached worksheet.

2. **Choose your methods and sources**: Depending on your purpose and scope, you can use different methods and sources to gather data for your community needs assessment. Some common methods to collect <u>primary</u> source data include surveys, interviews, focus groups, observations, and community forums. You can also use <u>secondary</u> sources, such as census data, reports, studies, and statistics, to complement your primary data. You should choose the methods and sources that are appropriate, reliable, and ethical for your context and audience.

    a. At minimum for ANFRC Standards, list at least two <u>primary</u> source methods and one <u>secondary</u> source method you used to gather data for your assessment.

3. **Collect and analyze your data**: After you have determined your tools, you can start collecting data from your methods and sources. You should follow a systematic and ethical procedure to ensure the quality and accuracy of your data. You should also document and organize your data for easy access and analysis. You should look for patterns, trends, gaps, and themes in your data that answer your main question or problem.

    a. At minimum for ANFRC Standards, provide your data compilation.

4. **Report and share your findings**: The final step of conducting a community needs assessment is to report and share your findings with your stakeholders and beneficiaries. You should present your findings in a clear, concise, and engaging way that highlights the main points and implications. You should also include recommendations and action steps based on your findings, and solicit feedback and suggestions from your audience.

    a. At minimum for ANFRC Standards, share your final community needs assessment report and explain how you utilized your findings.

5. **Frequency**: Best practice is to have a community needs assessment each year.

    a. At minimum for ANFRC Standards, a center should be updating their assessments every 4 years for standards.

Working Questions

1. What is the main problem you are addressing?

> *For example, what are the resource gaps related to family wellbeing in our community?*
>
> *For example, what supports do families need to secure and sustain employment in our community?*
>
> *For example, what is the prevalence of grandparents raising grandchildren in our community? What supports do they need?*
>
> _____
> _____
> _____
> _____
> _____
> _____

2. Who are the stakeholders and beneficiaries of the assessment?

> *Who will I talk to in order to identify these gaps?*
>
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____

3. How will you use the results to inform your decisions and strategies?

> *What is next in terms of staff, board, and community partners once you have identified gaps in resources? How is this process integrated into decision making?*
>
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____

4. What is the scope of your assessment?

> *What stakeholders were involved in your community needs assessment? What geographic area will define your community needs assessment? Is there a population group your community needs assessment will focus on? What is your time frame for completing your assessment? What resources do you have available for your assessment? What resources do you need for your assessment?*
>
> _____
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> _____
> _____

5. How will you gather data regarding your assessment?

> *Is there current data already available around this topic? What methods will you use to gather primary data? Are your sources reliable and appropriate?*
>
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____

6. How will you collect, compile, and analyze your data?

> *For each primary source method, what tools will you use to collect responses? For each secondary source method, what sources will you use? What process will you use to compile each source into a report?*
>
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____
> _____

7. How will you report and share your findings?

> *How will you ensure your report is accessible to a broad audience? Who will you share your report with? How will you leverage your findings? How will your findings influence your strategic planning?*
>
> _____
> _____
> _____
> _____
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> _____
> _____
> _____
> _____
> _____
> _____
> _____

Scoring Grid

Please place an X for each standard to indicate what level of implementation a center has met based on the indicators provided for the standard. Absolute Standards 2, 7, 8, 12, 14, and 16 cannot be partially implemented.

Membership levels are as follows:
Full Membership: Up to 3 partially implemented standards, no unimplemented standards
Associate Membership: 4-5 partially implemented standards, no unimplemented standards
Provisional Membership: 6-7 partially implemented standards, no unimplemented standards
Non-membership: More than 7 partially implemented standards or any standards not implemented

Name of Center: _____

	Fully Implemented	**Partially Implemented**	**Not Implemented**
Standard 1			
Standard 2		■	
Standard 3			
Standard 4			
Standard 5			
Standard 6			
Standard 7		■	
Standard 8		■	
Standard 9			
Standard 10			
Standard 11			
Standard 12		■	
Standard 13			
Standard 14		■	
Standard 15			

Standard 16		███████	
Standard 17			
Standard 18			
Standard 19			
Standard 20			
Standard 21			
Standard 22			
Standard 23			
Standard 24			
Standard 25			
TOTAL:			

Names of Reviewers: _____

_____

Membership Level Determination (Circle One):

FULL   **ASSOCIATE**   **PROVISIONAL**   **NONE**

Date Completed: _____