Instructions for Completing the SCOPE
and the Documentation

Effective November 1, 2013

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Introduction

Please use this document for examples and further explanations of the items on the SCOPE tool. It is organized by question, and at the end of each description, there are suggestions and examples for preparing your documentation.

As you work on the SCOPE, your focus should be on how you have worked and are working to improve the services and opportunities available for older adults. In undergoing this certification process, please dedicate your energies to providing clear, specific, relevant answers on the SCOPE tool. At the end of each section of the SCOPE, you will see the scoring guide that the site team will use in reviewing the tool and at the site visit. Please check your answers against the criteria mentioned there, and use the examples and explanations provided here to help you answer the questions and prepare your documentation.

As you write your answers, *remember that the site team members are strangers to your community*. If necessary, put notes to explain things that would not be obvious to people who don't live there—for example, "Winston Acres, a development for seniors with low income," rather than just "Winston Acres." Spell out acronyms for local organizations and describe what they do.

Documentation

With each question there are guidelines on what documentation to prepare. You will assemble most of the documentation for the site team to review when it gets there, but there are several things that should be submitted with the SCOPE tool, and they are noted on the tool and here.

It is much better to have a little specific, carefully organized documentation that directly supports the criteria than a mass of vaguely related material that the site team has to search through. It is extremely helpful if documentation is organized by question (with cross references as needed) with a brief note about how it documents the question.

It is expected that everything *relevant* will be assembled for the site visit team to examine—that is, things about which you have responded positively on the tool. For example, Question 4 requires centers to use at least 2 of 6 standard marketing methods—newspaper announcements or ads, calendars of events, articles or interviews in the local news media, newsletters, web sites, and brochures. If you indicate, for example, that you do not have a newsletter, of course you will not provide copies, but you should provide the requested samples for each of the marketing methods that you checked.

In many cases, it is very clear what documentation is either required or would be easiest to use. We have also included ideas for how to document questions where there are several possibilities of what to use. The primary point of the documentation is to show that what you have written on the SCOPE really happened the way you described it. If you absolutely cannot find any paper documentation for some items, you may want to arrange for the site visit team to talk to some volunteers and/or clients who were involved and can tell about it. Whatever method you use, it should be crystal clear to the site visit team how the material documents what you have written on the SCOPE. If the reason is not completely self-evident, write a note about why you have included it (For example, your note might say, "The pictures on pages 5-10 of the blue scrapbook show the chocolate cake bake-off and sale, which is both an annual event [Question 8] and a fund-raising activity [Questions 37 a-b])". In this example, since these same pictures document two questions in two different sections of the SCOPE tool, this note should be included in the

documentation for Question 8 and again in the documentation for Questions 37 a-b, because different members of the site visit team will probably be reviewing these two questions.

To be sure that your documentation is complete and easy to follow, please have it ready for the AAA representative to review with your completed SCOPE. For any questions about interpretation of the SCOPE tool or scoring that your AAA representative cannot resolve, please consult with the Division of Aging and Adult Services or CARES. A contact list appears at the end of this document.

The SCOPE Questions

Scoring. Please remember that to be certified, the center must pass **every** item at the level of merit. To be certified as a center of excellence, the center must pass not only at the level of merit, but at the level of excellence as well, including those questions labeled "for excellence only."

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Date Tool Submitted is the date the SCOPE tool is due at DAAS. DAAS will verify this date in a letter to the center director when the site visit is scheduled.

Timeframe Covered in the SCOPE determines what constitutes the "SCOPE year" (or five years) for questions where the number of activities within a certain timeframe are counted (staff training is a clear example; the site review team will use this timeframe to determine whether the appropriate number of hours of training have been completed since the same date in the previous year). For an initial certification the time frame will end with the date the completed SCOPE tool is due at the Division and begin one year earlier. If this is a recertification, the beginning date of your timeframe will be the first day of the month following the certification site review visit and the ending date will be five years after that beginning date. This timeframe should match the dates on your certificate. There may be some exceptions to this rule due to circumstances the senior center is probably already aware of, such as a change in an earlier site visit date, etc. In any case, the timeframes covered by your SCOPE will be included in the letter from DAAS to the senior center director verifying the site visit date. If you have questions about your recertification period at any time, please contact DAAS.

Please note that when "year" is referenced this means a SCOPE year, not a calendar or fiscal year.

Certification Training. It is now a new requirement that certified senior centers must send a staff person (preferably the senior center manager/director) to the certification training at least once every three years.

Attachments. Many times the required attachments are not included with the SCOPE submission. This can potentially slow down the review process and/or cause a change in the site visit date. Therefore, a checklist has been added as a reminder and for your use.

AAA Representative's Signature. The center must submit the completed SCOPE tool to the AAA and have all documentation ready for AAA review 4 weeks before it is due to DAAS. The SCOPE cannot be submitted without an AAA representative's signature, verifying that in the judgment of the AAA, the center meets all the criteria for certification at least at the level of merit. The deadline and site visit dates may be delayed and must be renegotiated with DAAS if the AAA representative does not sign the document. Please see the "Certification Policies and Procedures" document for more details about the AAA's role and the center's responsibility to involve the AAA.

Satellites. Please list your satellites on the face sheet. A center does not need satellites to be certified. If one of the functions of a satellite is marketing to a particular group, remember to describe it in Q5. A center may count services and activities as well as square footage (see Q34 and 35 in this document) at a satellite toward their qualifications for certification, but if it does,

that satellite may not apply for independent certification during the five years for which the parent center is certified. (See "Certification Policies and Procedures" for more details on satellites.) In some cases a waiver may be granted to the 5 year minimum if the satellite and the main, certified center can show that they have both been operating at a level that would earn certification independent of one another for one year. If this is a consideration, please contact DAAS to discuss.

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For Centers Applying for Recertification. Please list any recommendations that were included in the letter accompanying your last certificate, and indicate what the center has done to address each one. *Remember that to be recertified you must have resolved the issues noted in the recommendations or provide a compelling reason why you have not.* If you have questions about this, contact DAAS.

Site team members will receive a copy of the letter you received at your previous certification visit.

Section 1, Services, Publicity and Marketing

1A. Information & Referral/Case Assistance Questions 1 and 2

Information and referral (I&R) marked in Column C, question 3, is the process of providing an individual with information to contact a provider about a service on their own.

Information and assistance (I&A), also known as case assistance (marked in Column B, question 3) is more in-depth assistance to connect an individual to a service when needed. Assistance consists of three parts: 1) some sort of screening or assessment process to determine the consumer's needs and capacities; 2) linking the consumer to the service, and 3) following up to make sure the consumer is receiving the service or has chosen another option based on reliable information. If you provide case assistance, you should be able to show the site team records that document these three things. The screening or assessment process would be recorded on paper or in a database. At a minimum, these records would contain 1) identifying information about the participant; 2) details of what the participant was seeking and why; 3) what the center staff member did to help the participant get help; and 4) some sort of follow-up to determine if the client actually go help and whether it was effective. Please describe a) your procedure for providing case assistance and b) the tools you use (e.g., client tracking software, on-line tools, log sheets). Your tool should include the clients' name, contact information, problem, action and follow-up.

Documentation, Questions 1-2

- A copy of the screening tool used for case assistance and an example of how work with the consumer is tracked with the client's name and identifying information obscured to protect confidentiality.

- Someone from the site visit team may ask to be shown I&R on one or two specific services for which you have indicated that you provide I&R.

- *For Regional or National Services.* The mechanisms you describe in the SCOPE (e.g., brochures, your notebook, your computer bookmarks). If you're bookmarking sites on the computer, you could print out a list of bookmarks. If it is inconvenient to have your notebook

available to the site team, you can include a note instructing the site team where to find the information.

Section 1B. Services
Question 3

Definition. Services are a type of assistance usually provided to individuals to support, maintain, or improve their condition or circumstance and help them remain independent within their community for as long as possible. These are in-home and community-based services that are essential to meeting basic needs of older adults, for example, transportation, personal care, and nutrition. Services are defined and are usually governed by a set of standards on which the service provider is monitored. Senior centers may provide services themselves or connect older adults to available services in the community.

For both merit and excellence, centers must provide assistance or better (columns A or B) for 85% of the services available to people in your area.

Here are definitions of the degree to which the center provides a service.

*Column A. "*Center, parent organization, or other organization provides this service or registers people for it on site*."* This column should be checked if any organization—the center, the umbrella organization under which the center functions (e.g., council on aging, parks and recreation), or any agency with which the center collaborates—provides the service, at some regularly scheduled intervals, in the senior center itself, in a separate office in the same building, or on the same multi-building campus (e.g., a county government complex). It may also be checked under two additional circumstances in which services are not actually delivered at the physical senior center site:

1. If a service can be enrolled for at the center and the participant does not have to go anywhere else before receiving the service. Examples include social security payments, Medicare Part D, home-delivered meals, home modification, in-home aide services or any other service that will come directly to the consumer once he or she is signed up.

2. If a service that is delivered to participants in groups is provided away from the center, but is sponsored entirely or in part (co-sponsored) by the senior center as a part of "senior centers without walls," this may be listed in Column A as long as it is also publicized through the center. Examples include support groups, disaster preparation training, and caregiver classes. If participants are required to enroll for these programs, when possible, they should be able to do so at the center.

   Note: If the usual procedure for any group service, such as congregate meals or support groups, is to sign up at the place where the service is offered at the time when the service is first delivered, please do not add extra work for the seniors and yourself by having them "sign up" at the center. Of course, when appointments or prior reservations/sign-up are required prior to the day of receiving services, the center should provide the opportunity for sign-up.

*Column B. "*Center provides information and assistance (also known as case assistance) when needed.*" See the description above under 1A. Information & Referral/Case Assistance, Questions 1 and 2.*

Here are some definitions and comments about the services themselves.

Services a, b, and c. The first 3 services listed under question 3 must, under usual circumstances, be provided on site (Column A, at the center or at an office co-located with the center. Also see exceptions for enrollment or off-site services under the description of Column A.)

Services d and e. There is now the option for these services to go either in Column A or Column B.

f. General transportation refers only to transportation services provided for essential needs such as grocery shopping, general errands, or trips to a nutrition site. Do not include transportation for recreational trips here. Those trips go in Section 2, under Activities (Question 7 or 8).

h. Support groups or classes for caregivers or others facing challenges. Included in this might be support groups for widows/widowers, people with disabilities (e.g., deafness or blindness), chronic conditions (e.g., arthritis, diabetes) or life-threatening diseases (e.g., cancer, COPD), as well as for informal caregivers of people with disabilities.

Caregivers' classes may be counted both here and in Question 6 about training for non-senior populations if (1) the sessions include an educational component in addition to time for mutual support and (2) you market them to people who are younger than your center's age criterion. However, classes for paid caregivers about aging issues—CNAs, for example—should be counted only in Question 6 concerning training for non-senior audiences and only if the audience includes a substantial proportion of CNAs from agencies other than your center or parent organization.

Similarly, other types of support groups may be counted as both services and activities (Q. 7 or 8) **if** they include a social component in addition to instruction or therapy/group discussion. For example, if your center's widow's support group meets with a facilitator for an hour and then goes to lunch together, the facilitated group would count as a service and the lunch would count as an activity.

i. Housing assistance., This service must include, at a minimum, I&R about available housing for older adults, Column C. To count as a service in Column B, the center might offer other types of housing assistance or information, for example, NC county property tax exemption for older adults, safety in the home, or other housing-related services that enhance older adults' ability to remain in their homes or locate housing of their choice.

j. Reverse mortgage counseling. Senior centers are strongly encouraged to use the state's certified reverse mortgage counselors for presentations and one-on-one assistance instead of commercial reverse mortgage lenders. As a consumer protection measure, NC consumers are required by state and federal law to receive counseling from an unbiased, state-certified counselor before they can complete a reverse mortgage. The NC Housing Finance Agency's website, http://www.nchfa.com/Homebuyers/HOreversemortgage.aspx, provides information about the program and maintains a statewide list of certified reverse mortgage counselors.

n. Medicaid benefits, o. Medicare parts A&B, and q. Social Security benefits. These questions are about the actual application for benefits rather than receiving counseling about them. If a staff person or senior center volunteer can help someone with an on-line application for Medicaid or Social Security at the center, it goes in Column A. If a representative from another agency comes to the center and can help people enroll for Medicaid or Social Security benefits on site, it also goes in Column A. If a staff person can help participants make an appointment to apply for benefits with another agency off site, it goes in Column B. SHIIP counseling does not

count for this question unless the counselor can help a person apply for benefits on site or assist with a problem in obtaining benefits.

p. Medicare Part D. You may count this if your center provides or hosts assistance during the annual Part D enrollment period. If your center's staff member is involved, beyond providing space, you can also count 1 instance per year of advocacy for this effort (Question 14).

r. Job training means providing the necessary skills and education to find or retain employment. Training is available through organizations such as community colleges, JobLink Career Centers, the Internet, federally subsidized employment such as the Senior Community Service Employment Programs (Title V/Senior Aide), etc. On-the-job training also enables individuals to upgrade their skills while on the job, and many senior centers are host sites for Senior Community Service Employment Program workers. As such, they are required to provide on-the-job training opportunities for these employees, and this would be listed in Column A, "center, parent organization or other organization provides on site."

s. Job placement. Job placement means assisting older adults in obtaining employment. Assistance with placement may be provided by the center or through programs such as the Title V Program; JobLink Career Centers; Employment Security Commission offices; or directly through local employers. Having Title V workers counts as job training, **not job placement**. However, if Title V is run by your center or parent agency, it would count as job placement.

x. *Disaster preparedness training, planning, and response*. At a minimum, senior centers should offer at least one educational session per year to seniors about 1) how to prepare for and seek help before and after a disaster; and 2) any local services that may exist to assist older adults before, during or after a disaster such as special needs registries, special needs shelters, or disaster relief services targeting older adults. Local emergency management officials or an American Cross chapter are good resources as presenters for such a session.

Although it is not a requirement for the SCOPE, senior centers are highly encouraged to have a plan for their role in preparing for and responding to disasters. Centers or their parent agencies should make every effort to coordinate with local officials to assure that the special needs of older adults are considered before, during, and after a disaster occurs. Following a disaster, senior centers should seek ways to assist seniors in the community with disaster information and connections to services. Senior centers may be able to work with emergency officials to set up special assistance on site to help seniors with disaster benefits or provide other assistance such as outreach about benefits and special programs.

aa. *Long-term care facilities/AAA Ombudsman.* At a minimum, the senior center should have available a list of assisted living facilities and nursing homes in the area and be able to refer those needing assistance to the AAA's regional long-term-care ombudsman program and the county Department of Social Services for questions and other information about eligibility requirements, costs, etc.

bb. *Rehabilitation services.* This refers to professional services such as physical, occupational, or speech therapy. However, if the center employs a fitness instructor who is certified to assist a participant with an exercise program following a doctor's or licensed physical therapists' written orders, this may be counted in Column A, "center, parent organization or other organization provides on site." If that is the case, please describe in Column E.

cc. Report suspected abuse, neglect, or exploitation. This should be in Column A since reporting is required by law.

Documentation

- Promotional materials such as brochures, advertisements in the newsletter or local newspaper, listing on a bulletin board, or mention on a calendar of events may be used to document the availability of required services. Although the expectation is that services have been on-going throughout the certification or recertification period, it is not necessary to document every month or year the service was offered. The site team will only look at the documentation from your most current SCOPE year.

- Brochures, listing in local newspaper, bulletin board.

- It is really helpful to the site team if you put the documentation of the services in the order they appear on the SCOPE. You may wish to document these services specifically by highlighting or tagging them in copies of brochures, newsletters, or calendars in which they are announced. If they are provided by linkages and are not offered on site, include blank sign-up forms or other evidence of how a person may enroll for them at the senior center.

- Site teams have been encouraging centers to post somewhere in the center a listing of *all* services with contact information. You could include a note to the team telling where such a listing is posted.

Section 1C. Publicity for the Center and Its Services and Activities
Question 4

Documentation

In documenting this section, <u>a representative sample of articles in local media is sufficient</u>. It is not necessary to include all media published about the center during the certification period. Documentation should include:

- Copies of all the on-going publicity materials you use such as a center brochure. Site visitors probably will not have time to listen to or watch tapes of radio or TV announcements or programs. You can document this type of publicity with correspondence between you and the station regarding when the announcement/program was aired.

- At least one story, ad, or notice from each of the newspapers listed.

- Copies of the two most recent center calendars.

Section 1D. Marketing to Special Populations and the Community
Question 5

Marketing targeted towards special populations. **The intent of Question 5 is to learn what efforts centers make to inform older adults in these targeted populations about the senior center in general and to bring them to participate at the center.** Ongoing efforts are preferable, but single efforts must occur at least once a year.

Although centers publicize their activities and services to the general public through the media, newsletters, and brochures, Centers of Merit and Centers of Excellence are required to make special efforts to publicize their activities and services to older adult members of targeted

populations—specifically, those identified by the Older Americans Act— and welcome them to participate in the programs of their choice.

Many centers have mistakenly listed equipment or special programs they have available for targeted populations in this section. For example, they might report that they have books on tape or a support group for people with visual impairments. However, the intent of this question is to learn how the center staff/volunteers make sure that people with visual impairments know that they can come to the center, not only for books on tape or a support group, but for other services and activities. One way that a center might do that is to ask the local Services for the Blind social worker with DSS or other organizations that help people with visual impairments to recommend the center to their older clients. Another might be to leave large print newsletters and calendars with the eye doctors in town or large-print books section of the local library.

The scoring section for Question 5 on the SCOPE tool lists these targeted populations, and *Special Efforts* are marketing activities designed specifically to reach them. For example, placing ads or notices in a general newspaper is not a special effort to reach rural, low-income, or minority elders, even though people in all of those categories might read the paper. Placing an ad in a Spanish language paper or a paper that only serves only a remote rural part of your county *would* count for the relevant groups, Latinos and rural residents, respectively.

A special effort may be part of a larger effort undertaken to reach other groups at the same time. For example, if the center serves primarily those living in middle-income areas, sending speakers to churches in low-income areas to describe the center and invite people to come would count as outreach to populations with low income, even if there were similar efforts to send speakers to churches in middle-income areas.

Some centers have documented their efforts by keeping a running log of outreach efforts that explain what was done, when, and who was the target of the effort.

Documentation
The documentation will vary with the kind of marketing you did. If it was a door-to-door campaign to distribute senior center brochures and newsletters, you might show the paperwork you used to organize it such as route assignments, materials you gave out, volunteer sign-ups, or orientation materials you used to train those going house-to-house. If it was through a mail campaign, you might use your mailing list and a copy of the items you mailed. If you sent out a mailing and included community organizations, churches, or other places having a significant number of a target population you wanted to reach, you might include your address list with an indication of the addresses that correspond to target populations. (Remember that site visitors are usually strangers to your community and will not recognize the names of housing complexes for seniors with low income or religious congregations with many members in a target population, for example.) The team will recognize that some efforts are harder to document than others and will not be excessive in their demands. For example, if you placed signs or fliers in country stores in the rural areas, you might have nothing to show for it but one of the signs or fliers unless someone took a picture (pictures are good documentation for many things, though). In this case, a list of the stores and their locations would be useful.

Question 6 (For Excellence Only)

Training for non-senior audiences. Training carries with it the notion of improving people's knowledge or skills in a given area. It goes beyond marketing efforts that might raise public

awareness of the center and its programs. While older adults are the primary consumers of senior center programs, members of the larger community are secondary consumers. This question is about serving *those secondary consumers* (i.e., people in the community who are younger than the center's minimum age)—by teaching them skills or information they need (1) to understand issues relevant to older adults, such as teaching adults with aging parents the consequences of not having dental coverage in Medicare; (2) to improve skills in working with older adults, such as training family caregivers how to give bed baths or training emergency workers on special needs of older adults (e.g., mobility, hearing, vision, health issues) that could be helpful during a disaster; and (3) to prepare for their own aging, such as financial planning for retirement, healthy aging, developing sports and hobbies in which individuals can participate from middle age through later life.

The tool provides one example of appropriate training, and there are four more listed here. In each case, the audience is *not* primarily made up of seniors, but the center is using its expertise, the expertise of participants, or its facility and organizational skills to help educate another group about seniors' issues. Please note that as of July 1, 2008, AARP Driver Safety courses will not count here because since the majority of people who take it would be old enough to go to the senior center. No activity held as an event/activity for seniors at your center can be counted for this question. These should be held at times when the appropriate audience can attend. (For example, "lunch and learns" held at noon for professionals from other agencies and evening events for family caregivers or people thinking about future retirement, etc.). Seniors can be invited to participate in the event, but it should be clear to the site team that the event is not something that would have been offered to seniors anyway, but was planned specifically for a non-senior group.

Examples

- Having seniors, volunteers, or staff members from the center participate in a workshop to train social workers, nurses, emergency workers, or other professionals on how to communicate more effectively with older people. Providing placements for interns from local colleges or making presentations about aging to elementary, high school, or college classes also count.

- Arranging for a panel of caregivers to make a presentation to the county commissioners about their needs (This can also count as advocacy.)

- Holding an event for other senior centers, day care centers, or assisted living facilities on developing activities and programs for older people

- Hosting an update on Medicare and Medicaid regulations for community service providers who need to understand them.

Documentation
- Documentation should include at least 1 of the following for each event (but it is by no means necessary to include them all): publicity for the event, trainers' presentation notes or outline, handouts, overheads, programs, agendas, attendance lists. The documentation should make it clear why the audience was "non-senior".

Section 2A. Activities

Definitions and special notes for Questions 7, 8, and 9. Activities can be physical, intellectual, social, and creative. They may require different amounts of physical stamina or intellectual efforts for varying levels of involvement. As opposed to the services listed in Question 3, they are not usually governed by any set of standards, do not have to be monitored, and are usually based on the interests of the participants.

Please note that the site team will determine if all of the four activity types (social, educational, HP/DP and arts) have been covered. You do not need to report this on the SCOPE tool.

Religiously oriented activities. Older Americans Act rules formerly made it necessary not to count activities associated with religious practices (e.g., prayer meetings, Bible study). Although these rules have changed and we can count such activities, please be careful that your programming accommodates participants with different religious or spiritual choices and backgrounds.

Question 7

Please be sure to indicate which consecutive three months you are using to document regularly scheduled group activities.

Regularly scheduled group activities. These are planned activities for groups of two or more people that are put on the calendar or otherwise known to be part of the center's activities available at a specific time. This is different from having equipment or materials available as a drop-in activity (Question 9). For example, if people who come to the center know and can see on the center's calendar that there is a Rook game going on at 3:00 p.m. every Thursday, this is a regularly scheduled event and should be recorded in Question 7. However, puzzles and cards that people use when they feel like it count as a "drop-in activity" and should be listed in Question 9.

Here is how activities are counted.

- *Not counted at all.* Activities associated with the services you listed in Section 1B **should not be listed** here. Some examples of things that you would list on your calendar but that *do not* count as activities for this section might include insurance counseling with SHIIP, blood pressure checks, and the mammogram van. These items support your claims in *Question 3* that you provide insurance counseling and health screenings (blood pressure and mammogram). Specific events and activities that are related to health promotion/disease prevention can be counted here. For example, you may have fitness classes and these would be counted.

- *Activities that happen once a week or more count as 1 activity.* If you schedule knitting/crocheting for Mondays at 10 a.m., the Friday night dance every week at 7:00 p.m., each would count as one activity. Activities that meet at the same time of day more than once a week also count as one activity: for example, aerobics on Monday, Wednesday, and Friday at 8:00 a.m., tai chi on Tuesday and Thursday at 10:00 a.m., flexibility and balance on Monday and Wednesday at 9:00 a.m.

- *Activities that happen less than once a week, but at least once a month* are counted as a fraction of an activity. For example, if you schedule a movie with popcorn one afternoon each month, that would be 1/4 or .25 activity. If the Golden Agers Club meets every other week (twice a month) at a regular time, that would be 1/2 or .5 activity.

- *Evidence-based programs.* If a senior center offers any evidence-based program recognized by the state during the 3 months you have chosen for this question, you may count each one as one regular activity, even though they run for fewer than 12 weeks. Please see Question 8, *Short courses*, below for recognized programs.

Documentation
- Calendars for each month in the 3-month period you selected for Question 7 make the best and easiest documentation when the activities listed in the SCOPE are highlighted and easy to find on the calendars. Other acceptable documentation methods include sign-up sheets or other records of attendance; fliers announcing the events that include date and year; or group pictures for a selection of events and activities during those months, particularly those you cite as examples of programming for diverse groups in Question 10. *It is not necessary or recommended that you include a calendar, sign-up sheets, photos and fliers as documentation for each activity. You only need enough documentation to demonstrate that the activity took place as described in the SCOPE tool.*

Question 8

Activities scheduled less than monthly. This question asks for scheduled events that happen less frequently than monthly or are one-time events. Record here such things as special trips (must be less than monthly); annual events such as holiday parties, short courses, festivals, or fairs; or one-time events like a special speaker or the dedication ceremony for a new facility or addition.

Short courses. A short course for this question is defined as no more than 6 weeks unless it is any evidence based program recognized by the state. These include: Living Healthy (CDSMP) & Living Healthy with Diabetes (DSMP), A Matter of Balance, Fit and Strong, Arthritis Foundation Exercise Programs (Tai Chi, Water Aerobics), Walk with Ease, Healthy IDEAS, Tomando Control de Su Salud, and Positive Self-Management for HIV/AIDS.

An evidence-based program from the list above that does not fall within the 3 month period chosen for Question 7, Regularly Scheduled Activities, may be considered a short course and listed in Question 8 as a special event.

Documentation

For recertification, please list your activities in chronological order by year, even if the event repeats each year.

We realize that many of you have substantially more events than you need for certification or recertification, but you need only document enough to meet the standard. Please list up to 15 activities of your choosing per SCOPE year.

- Fliers, invitations, or calendars. *For recertification, be sure to indicate the year.*

- It's helpful to the team if you organize your documentation in the order you have listed the events on the SCOPE.

Question 9

Drop-in activities. This question asks about the use of informal activities and equipment that consumers can "drop in" and use. By definition, these are not "on the calendar," although it may be a good marketing strategy to mention the availability of special equipment or supplies in your calendar or brochure.

What counts and what doesn't. A fitness center counts as one drop-in activity; individual types of equipments (treadmills, stationery bicycles, etc.) may not be counted individually. However, you may count cards, jigsaw puzzles, and games as three individual activities. Examples of items that don't count are card tables, TV area, coffee pot, and weight scales (unless these are an integral part of a self-directed fitness program of some sort, in which case it is the self-directed program that is really being counted as the drop-in activity.)

- *Estimating Daily Use of Drop-In Activities.* It is often difficult to estimate the daily use of these drop-in activities, because it may be sporadic over the course of a month. An easy way to gather data is to keep a sign-in sheet for these activities for a month. At the end of the month total the number of users in each activity and divide by the number of days you kept the sign-in sheets.

Documentation
These will be observed on the tour to document how many participants are using the facilities and equipment regularly. However, sign-up sheets or other ways of tracking their use would also be appropriate. If you used a one-month sign up sheet to estimate daily use, use it here as documentation. Be sure to choose a typical or slightly heavy month. If your center has some seasonal variations, choosing a slow month will hurt you unnecessarily.

Question 10

Programming for diversity. In Question 5, you explained what you do to make participants from the various groups targeted by the Administration on Aging aware of the center and its services and programs. In this question, explain how the center's activities keep people with different backgrounds, interests, and abilities, including the populations you listed in Question 5, returning to participate. For example, there are often fewer men at senior centers, and not just because there are fewer men in the age group that centers serve. Some centers have surveyed potential male participants to find out what would bring them in and developed programs accordingly. Similarly, centers have also considered how programs can be adapted to accommodate people with sensory, mobility, or cognitive disabilities or different educational levels. Centers may also have specific programs developed for those target audiences. Explain here how your center's programming has been designed to attract and keep a variety of seniors.

Documentation
- If the SCOPE clearly describes how the center promotes diversity, the site team will observe participants at the center or in photographs in scrap books or included with other documentation. There is no need for documentation for this question.

Section 2B. Opportunities for Volunteers

Question 11

If the community has a central clearinghouse for volunteers outside the center, the center does not need to duplicate those services, but there should be clear evidence that participants are aware of and can be linked to those opportunities.

Documentation
Number of volunteers and activities they do. Your database or mailing list/phone list of center volunteers would be a good way to document the number of volunteers. Volunteer job descriptions, a list of volunteer opportunities in the volunteer plan (see Q 13a below for an

example) or volunteer agreements that include job duties are all acceptable documentation of jobs performed by volunteers.

Question 12

Volunteer recognition. Remember that there should be some way to celebrate *all* the center's volunteers annually. You may acknowledge different groups of volunteers in different ways as long as all volunteers are recognized. Examples of acknowledgment may include events (such as a luncheon, party, or ice cream social), sending thank you cards or some other token, or acknowledgment in the local newspaper.

Documentation
You might use pictures, invitations, newspaper articles, or a program from your last event as your documentation. If you have some sort of display recognizing the "volunteer of the month" or the week, that can be pointed out on the tour. If you acknowledged them in the newspaper, you could include the clipping.

Question 13 (For Excellence Only)

Volunteer plan. Volunteer plan. For excellence, a center must have *a document* that addresses all four sections (a-d) of this question. They must be included in one single document. This written plan does not need to be lengthy, but should be detailed enough that a new director or volunteer coordinator can use it to understand the history of the volunteer program and procedures currently in place, in order to maintain continuity. Here are details about how to create each section of the volunteer plan.

Section a. Volunteer opportunities at the center and how many people are needed. This section should include job descriptions for each type of opportunity. The grid below is one example of how you might show how many volunteers are needed, although other ways of writing it are perfectly acceptable:

Need	Personnel requirement
To cover 5 routes for home-delivered meals (10 clients per route)	11 drivers, 5 for MWF, 5 to cover T-Th and 1 to provide back-up
To staff the reception desk over the lunch hour	1 or 2 volunteers willing to spend an hour and a half on alternate days (or 1 volunteer and a back-up)
To offer blood pressure checks to participants using the fitness equipment and to others who request it	1 or 2 volunteers (former health professionals) to alternate days and provide back-up
To call 30 people registered for telephone reassurance each day	5 volunteers to call 6 people each daily
To compile materials for the SCOPE	1 volunteer familiar with word-processing who can devote 20 hours a week for the next month

Section b. A procedure for recruiting, orienting, and training volunteers. This should explain methods the center regularly uses to recruit volunteers. Include volunteer manuals or other

written materials you use to training volunteers, along with any specifics about orientation or training policies, frequency of training, etc.

NOTE:

- Orientation should include confidentiality issues, how volunteers will receive ongoing training, the job description and when and how their performance will be evaluated.

- Training may cover a range of subjects similar to those areas in which staff members are trained-safety issues, job-specific tasks, and sensitivity to the group(s) the volunteers will serve.

Section c. Ways in which the center informs the community about volunteer opportunities at the center. This part of the Volunteer Plan might consist of a list of the ways you publicize volunteer positions to the community such as regular newspaper announcements or fliers posted (include a list of specific locations outside of the center).

Section d. Ways in which the center informs volunteers about opportunities in the community. This could be a written statement about relationships with outside organizations that send regular notices to the center about volunteer opportunities and how you publicize them, as well as how you publicize volunteer opportunities that take place at the center but benefit people outside the center (e.g., making lap robes for people in nursing homes, making dolls for children's hospitals, mentoring children after school or delivering home-delivered meals).

Section 2C. Advocacy
Question 14

Advocacy can include empowerment activities such as helping members get access to their legislative representative or Senior Tar Heel Legislator. It can include working to change policy affecting older adults or a group of older adults—for example, lobbying for local government to provide a service or protection to older adults. It can also mean fighting the system to remedy an injustice to an individual, but this must **not** be an activity that might reasonably be considered case assistance.

Advocacy activities should focus on (1) *activities that encourage older adults to advocate for themselves* or (2) *the senior center advocating for older adults.* Advocacy activities should either be sponsored by the senior center, or if not, the senior center should have direct involvement in them, such as organizing a group of participants to attend, providing transportation, assisting with coordination, making a presentation, or other significant activity. Although activities such as informational programs are important, to be considered advocacy, the *activity should go beyond a mere transfer of information and in some way empower older adults to take action.* For example, asking elected officials to speak at the center becomes advocacy if center participants have the opportunity to question and express their views to those officials. (Please remember, though, that publicly funded senior centers should not—and in many cases may not—engage in partisan politics.)

A letter, visit, phone call, or e-mail from the senior center manager or another employee to advocate for older adults counts as advocacy. However, we strongly encourage senior centers to involve older adults in advocating on their own behalf. If all, or the majority, of the advocacy efforts have been made by the senior center without the involvement of older adults, the site

team would be likely to make a strong suggestion about developing ways for center participants to advocate for themselves.

A bulletin board posting of information does not count unless you can document some action as a result of imparting the information.

As a reminder you can count 1 instance per year of advocacy if your center's staff assists seniors in signing up during the annual Medicare Part D enrollment, but the center's contribution must go beyond just providing space.

In most cases, a class does not constitute advocacy. There is, however, one exception. If a class is designed specifically to teach advocacy skills—especially if it includes the older adult members of the class practicing advocacy techniques—this may be counted. However, the site review team may want to see materials from the class to verify that the self-advocacy content is extensive.

Documentation
- Documentation of advocacy might include letters, announcements, interviews with individual participants (or written statements by them), or calendars listing advocacy events.

- It is very important to explain clearly on the SCOPE tool why the event or activity should count as advocacy. Here, too, having participants available to talk about what was done as a result of the activity (or perhaps a letter from participants to the director) would be one way of documenting this.

Question 15

Documentation
None necessary. The site team can often observe transportation to the center during their tour or at other times during the visit.

Question 16 (For Excellence Only)

Documentation
Letters, meeting agendas, or other documents should demonstrate your work with the Community Transportation Services Plan (CTSP), Human Services Transit System, or the Locally Coordinated Plan (LCP) or show how the center is otherwise involved in advocacy and planning for transportation for older adults in the county. If the written description on the SCOPE is adequate no documentation is needed.

Section 3. Planning, Evaluation, and Input from Older Adults
Question 17

Please write your mission statement in the box provided and provide a copy of your mission statement with your documentation.

Question 18

Planning/Advisory Bodies. Senior centers across the state have different names for these bodies. This question is not about Boards of Directors that recruit and hire the director and make financial and administrative decisions in private nonprofit organizations. Centers that are part of umbrella organizations may also report to advisory bodies formed by those organizations and

over whose membership they have no control. Do not include the membership of either of these bodies in the answer to this question.

The bodies of interest for this question are those recruited from participants at the center and from the community who advise the director in planning the center's services, programs, and activities to meet the needs of the community. Their duties may also include identifying and gathering the resources (financial, volunteer, in-kind) to provide programs. In developing the certification standards, the task force felt that at least 60% of such body members should themselves be older adults as defined by the center.

Documentation
Examples you could use include a set of advisory committee minutes with names of those present and absent, a mailing list for meeting reminders, or a roster of advisory council members' names on a bulletin board. Do just one of these, not all of them.

Question 19

Documentation
A copy of the orientation agenda, including the date of the orientation, and materials such as handouts, PowerPoint presentations and/or a detailed description of the material covered in the orientation, advisory members sign and date some kinds of documentation confirming their orientation. This is one case in which we do want to see both the agenda and all handouts because we review the content of the orientation, not just that it was held.

Question 20
Remember to include a blank copy of the survey questionnaire(s) you used when you submit your SCOPE tool.

Input from Older Adults. The intent of Question 20 is to capture all of the ways that the center staff and/or advisory body obtain and act on the opinions of older adults about needed programs and services and about the kind of job the center is doing overall. For either Merit or Excellence, centers must explicitly include both *participants* and *nonparticipants*.

- *Participants* are older adults who take part in activities/events and/or receive services at the center on a regular basis.

- *Nonparticipants* are older adults who live in the community served by the center, but who do not currently attend activities/events or receive services at the center or do so extremely rarely.

Types of information to be gathered from participants

There are two types of information that must be obtained *from participants*, though often they can be gathered at the same time through a single method or approach. These are "satisfaction" and "service needs and activity preferences."

- *Satisfaction*. It is important that the center find out regularly whether participants are satisfied overall with its **complete menu of programs and services**. See "a note of caution" below). Typical satisfaction questions include "How would you rate the quality of the Senior Center's programs and services? Excellent, Very Good, Good, Fair, or Poor" or "How likely would you be to recommend the Senior Center to friends or relatives your age? Very likely, Somewhat likely, Somewhat unlikely, Very unlikely."

A note of caution: To measure satisfaction with the center in general, you may not use a survey such as one that just asks nutrition site participants how satisfied they are with the meals, or a survey asking how satisfied people were with the trips they took with the center. Centers may survey those participating in a specific activity or program such as these, but they are **not** broad enough to count as the annual satisfaction survey, unless participants in most of the key programs and activities are surveyed to reach a large cross-section of those who use the center at different times and for different activities and services. Even then, each group surveyed should be asked specifically about their satisfaction with the senior center as a whole through one or more questions like the examples above, as well as questions about the specific class, activity, or service they are using.

- *Service Needs and Activity Preferences.* It is also helpful for a senior center to assess whether current services and activities are meeting the needs and interests of participants and nonparticipants and elicit their ideas for additional programming. Conducting a needs and preferences assessment and using the results for planning helps a senior center to keep its programs current and assure that they are meeting participants' needs.

Types of information to be gathered from nonparticipants

There are also two types of information that may be gathered from nonparticipants. These are (1) reasons they don't use the center and (2) activities and/or services that would attract them to the center. Although both are useful, approaches that collect either one of these two types of information meet the SCOPE requirements.

Requirements for Merit and Excellence

Here's a brief summary of the requirements for getting input both for participants and nonparticipants, followed by some suggestions about methods you can use to get input.

	Merit	Excellence
Initial Certification	• One measure of participants' satisfaction in the past year • One source of input from older adults who do not participate at the center in the preceding 3 years (unless your parent organization is on a 5-year planning cycle)	• One measure of participants' satisfaction in the past year • One other method of getting input from participants in the past year • One source of input from older adults who do not participate at the center in the past year —that is, **2** total measures for participants and **1** measure for nonparticipants
Recertification	• One annual measure of participants' satisfaction • One source of input from	• One annual measure of participants' satisfaction • One other annual or ongoing

	older adults who do not participate at the center at least every 3 years (unless your parent organization is on a 5-year planning cycle) —that is, 5 total measures for participants and **1 or 2** total measures for nonparticipants, depending on when the planning cycle started.	method of gaining information from participants • One annual method of gaining information from nonparticipants —that is, 10 total measures for participants and 5 total measures for nonparticipants.

Methods for Getting Input

In general, some type of survey is the best way to get satisfaction information. For the other requirements, a variety of methods may be used. Below is a brief description of some of these. To discuss any of these in more detail, feel free to call Mary Anne Salmon at CARES (see contact information on the last page of this document).

Surveys. (These are good for any of the information needs discussed.) Surveys use a questionnaire (a set of questions that will be asked the same way to everyone who participates). It is best if most questions provide sets of answers from which the person answering (called the respondent) can choose. However, you will probably want to ask one or two open-ended questions (those to which respondents can say anything they want). Examples of open-ended questions are "What one thing could we do to make the center better?" or "What activities would you like to see added at the center this year?" Designing good questionnaires is not as easy as it may appear, so if you are creating your own, you might wish to get advice from someone at the AAA, DAAS, or CARES to make sure you get the information you want in the most efficient way possible. *Note*: *If you want to use the same survey for participants and nonparticipants*, be sure that you ask a question that will allow you to separate the answers and be sure that you look at the results separately and compare them to each other. Also make sure that non-participants are clearly directed to skip to answer only those questions relevant to them. **A sample questionnaire that can be used for participants and nonparticipants is included at the end of this section.**

A questionnaire can be administered in several different ways. Respondents may be given a paper survey and asked to check or write their answers or an interviewer may ask the questions and record the answers, either in person or over the phone. If an interviewer is used, it is best that it not be someone from the center staff. Given that it also takes much more time and work to interview, it is best to do this only if you have help, such as from a community college class.

Sending out questionnaires by mail does not often result in enough responses to make it worth the expense and effort, even if the return postage is prepaid. Publishing questionnaires in the newsletter or a newspaper, where respondents have to find an envelope and postage to send them in is usually even less effective. Results are often better if the questionnaire can be completed and returned on the spot. For participants, try asking all the people who come to the center over a

two- or three-day period or longer. For nonparticipants try a health fair, festival, or other event that draws a good cross-section of the community's older adults. Some centers have had good success when they survey people who come for flu shots in the fall, getting answers both from regular participants and from those who come only for the shot. Some centers have a questionnaire that they take with them whenever they speak to a group of seniors outside of the center. Although they may only get a few at a time this way, if they speak often, they can accumulate a good representation over the course of the year. (It is preferable to look at these quarterly or every 6 months.) Senior centers have also found that people (participants and nonparticipants) return surveys more readily when they are offered an incentive, such as a drawing for a door prize or a small giveaway item to each participant.

Breakfast with the director. This method can be good for collecting "Needs and Preferences" information from participants. It doesn't really need to be breakfast. However, some excellent centers have a scheduled time (usually monthly) in which the director invites participants to sit down with him or her over some kind of refreshments and just talk about how things are going in the center and what changes they would like to see, problems that need to be resolved, etc. This is much less formal than a focus group and gets insights from seniors other than just the advisory committee. However, the director does need to make a record of issues that come up and action taken (records similar to the logs for suggestion box below would be fine). It is possible to get satisfaction information this way, but it is difficult. If you want to use this method for collection satisfaction information, consult with DAAS or CARES.

Focus groups may be used to obtain input from participants and nonparticipants, for all of the kinds of information discussed above, but it is harder to get nonparticipants for focus groups. A focus group is a specific information-gathering technique used by both market research and social science. It is not easy to do well. There should be a set of questions that will be asked in the same way to all groups. Unlike survey questions, these will all or almost all be open-ended questions. To get an accurate response, plan to use multiple small groups (6 to 10 people each). The people within each group should be like each other, and the separate groups should represent different groups who use the center who may have different opinions about the questions you want them to answer *based on the group members' similarities or differences*. For example, you may want a group that is all men and one that is all women. You may want three different groups that represent the younger participants (under 70), those in the middle (70 to 85) and those over 85. If you have a variety of ethnic groups in the center, you may want a focus group for each one. You may want a group made up only of people with physical disabilities. With permission, focus groups should be audio recorded, or very good notes should be taken, and results compared across all of the groups.

Public meetings or hearings can be good for obtaining input from nonparticipants, if you can get them to come—good publicity, targeted invitations, good food, and door prizes are helpful. These are gatherings of potential consumers who are asked to speak briefly about what they would want from a senior center (services and programs). It is less formal than a focus group. It generally has only one or two suggested topics or questions and encourages participants to talk about whatever is important to them about senior centers. Their statements are recorded and used in planning programs and marketing.

Suggestions boxes or *conversations with participants* can be good for obtaining "needs and preferences" information from participants only. These may never be used for satisfaction, so they cannot be the only means of input a center uses. However, if they are actively used, they can

be a good second method. It's even better to use both than to use one alone. To count either of them, there should be some documentation of suggestions (a file, notebook, tally sheet, or log) and a record of what was done to respond. Here is one example.

Date	Comment	Source	Action
5-1-08	"Could we have another class in ceramics?"	Suggestion box	1. Asked at current class who would like to continue, 4 of 7 said yes 2. Asked at lunch how many people not in ceramics now would be interested. Another two raised hands. 3. Bring to next advisory committee, consider how to fund.
5-7-08	"Flower beds look a bit scruffy."	Participant's direct comment	1. Talked to volunteer coordinator about help replanting.

Extensive, In-depth Efforts. A single extensive, in-depth effort such as a survey with a large, randomly selected sample, or a series of age/gender/ethnic-specific focus groups may meet the two annual requirements for excellence by itself. This exception will be made only for really outstanding evaluation. Centers wishing to meet the criteria in this way are asked to consult with DAAS and/or CARES to see if their evaluation design qualifies before undertaking a large project.

Efforts by governing bodies, parent organizations, or area planning groups to obtain information from seniors in the community might meet this criterion *if they gather a substantial body of information that could be useful for planning services and activities for the senior center, and they are in fact used by the senior center for planning.* Again, it is best to talk to DAAS or CARES ahead of time to see if this effort will count.

Documentation

- The most important piece of documentation is the final summary report of each survey or other means of collecting input. It should include the date and the number of people who responded; what you learned from the input; and what action was taken as a result.

- It is also important to include a copy of the actual survey or a list of the questions asked in focus groups or other groups being asked for input (such as a public hearing or "breakfast with the director").

- Any other tools used to collect the information, or any publicity to let people know in advance about the survey or event would also be useful to the team.

Sample Survey Questionnaire

The questionnaire on the following 2 pages demonstrates how a survey can be developed to include a way to measure participant satisfaction as well as to learn the interests and needs of both participants and nonparticipants. Note that the survey is designed to easily distinguish participants from nonparticipants.

Sample

Senior Center Interest and Satisfaction Survey

Please complete this survey if you are more than ___ years old [put the age that is your center's definition of senior] and live in ____. For each question, please circle the number beside your best answer.

1. Do you ever go to the _____ Senior Center?

- 1   No. I've never been there.   → Go to box 1A below

- 2   I've been there a few times   → Go to box 1A below

- 3   I go to the center regularly   → Go to box 1 B below

Box 1A	Box 1B
For those who **do not visit** the _____ Senior Center regularly	• **Box 1B** For those who **visit** the _____ Senior Center regularly
• What are the reasons that you don't visit the _____ Senior Center regularly? (you may circle more than one)	• What are the reasons that you visit the _____ Senior Center regularly? (you may circle more than one)
1 I do not know much about it 2 I do not know where it is 3 I do not have transportation 4 I do not know anyone who goes there 5 I do not think anything there would interest me 6 I am too busy 7 Other reason (please write it here)	1 To see my friends or not be lonely 2 For arts or crafts classes 3 To eat lunch 4 To use fitness equipment or take exercise class 5 To play cards, bingo, or other games 6 To volunteer and help others 7 Other reason (please write it here)
•	•
• 1C. Do you think that you will visit the _____ Senior Center in the next month?	• 1D. How would you rate the programs and services at the _____ Senior Center?
1 Yes 2 Probably so 3 Maybe/maybe not 4 Probably not 5 No	• 1 Excellent 2 Good 3 Fair 4 Poor

	5	Unsatisfactory

2. The _____ Senior Center is considering adding the following activities in the next ___ months. For each one, please circle a number to show whether you would be interested in doing this at the center.

Activity	Very Interested	Might be Interested	Not Interested
a. first activity	• 2	• 1	• 0
b. second activity	• 2	• 1	• 0
c. third activity	• 2	• 1	• 0
d. fourth activity	• 2	• 1	• 0

2e. Write in your suggestion for new activities here:

3. Did you know that you could call the _____ Senior Center to get information about services that you or a family member might need, such as home-delivered meals, _____, and _____ (fill in available services)?

- 0   No, not until I read this question
  1 Yes

4. Do you have any suggestions to make the _____ Senior Center better? If you do not come to the center, is there something the center could do to make you want to come?

_____

- **This survey may be anonymous. Fill in the information below** *only* **if you want learn more about our programs or apply for services to older adults. If you prefer not to submit your name and contact information, you may also call the senior center at** _____

- ❏ Please send me the center newsletter and calendar of upcoming events

- ❏ I would like to come to the center if you can arrange transportation

- ❏ I would like to talk to someone about services for myself or a relative

- Name _____   Phone_____

- Street Address _____

- Town_____   Zip Code_____

- E-mail (optional) _____

Question 21 (For Excellence Only)

Input from other sources. Here are some examples of methods other than input from older adults about developing services and programs. The director or other staff member could:

- attend a regular meetings of providers of aging services in the county or community to request feedback on how well the center is meeting community needs and recommendations for how to meet needs more effectively

- conduct surveys or hold focus groups of allied service providers about the center's services/programs

- assess information from caregivers, the AAA's caregiver support program, local physicians, or other health personnel

- review attendance at classes and events to see how popular they are and whether they are attracting the group you are trying to reach (e.g., boomers, men, people with disabilities, etc.)

- record and analyze formal or informal suggestions from your staff, or regional level support (i.e., Area Agency on Aging) or members of your parent organization.

Please note that this question is about input that is not from seniors. Since 60% of your advisory committee must be older adults, input from your advisory committee or from senior clubs does not count. Meetings with other aging professionals in your community and talking about the needs of seniors and what you can do to help meet them does count.

Documentation
- You might include statistical summaries about the area where your center is located, a sample of your monthly attendance and/or expenditure reports showing how you use them, minutes of meetings with other providers where you discussed needs of seniors, or other sources of information for planning. If you include these items, it should be clear how they support what you have written on the SCOPE tool. However, the site teams are not demanding about documentation for this if the questions are answered clearly on the SCOPE tool itself.

Questions 22 and 23 (For Excellence Only)

Documentation
- You might include materials from the planning process or the resulting plan. This may be a multi-agency or county process as long as it includes goals specific to the senior center. If, on the other hand, your goals are set by your advisory body, you might provide minutes of the meeting in which goals were adopted.

Section 4. Staff
Please include a copy of the center's organizational chart with the SCOPE tool and have one available for the site team to consult.

Make sure to include staff training plans (for Excellence) with your SCOPE tool.

Question 24

Documentation
- A copy of the center's personnel policy, preferably in the form in which it is distributed to employees (e.g., an employee's handbook).

Questions 25-26

Who is "your" employee and who is not? Broadly speaking, if the center director/manager recruits them, hires them (or recommends their hiring to the parent organization), trains them to perform tasks in aid of the center's mission, supervises their work, evaluates their performance, pays them or influences how they are paid, and if necessary, fires or lets them go, they are *the center's* employees, and the standards regarding training (Q26) apply to them. If they are employees of the parent organization (such as Council on Aging, Parks and Recreation, or DSS) but their job is not under the supervision of the senior center director/manager and they don't work exclusively at the center, they are probably not senior center employees, even if they are housed in the same building.

Some centers share buildings with other agencies or other divisions of their sponsoring agency and so may share such personnel as receptionists and housekeepers who are supervised by someone else. These people are usually not counted as senior center employees, but if they are at the center when participants are present, it is a good idea to negotiate some basic training on aging or safety issues for them, even though it is not required for the certification process.

Some centers use employees whose training is dictated by another entity or by certification standards (e.g., Title V workers, CNAs). Even though the senior center as a host site is responsible for providing in-service training for Title V workers, you are not required to list their training in the SCOPE. Although we strongly recommend that these employees meet the usual requirements for certified senior centers with regard to hours and distribution of training topics, their training must only meet the standard of the governing program or certifying body.

For purposes of this question, any type of training to improve the employee's skills or knowledge in the areas of safety, topics on aging, or job-specific skills and information may be counted. Although DAAS strongly encourages senior center staff to be trained in CPR and basic first aid, the category of safety may also include training such as food-handling safety, blood-borne pathogens, senior center safety, or related training if it is relevant to the employee's job duties.

Training requirements apply to employees who work at least 8 hours per week (.2 Full Time Equivalent [FTE]) and have been employed for 3 or more months.

Full-time employees (40 hours per week, or 1.0 FTE) must have 15 hours of training per year. If full time is 37.5 hours per week the requirement is still 15 hours of training per year.

Training for part-time employees is prorated according to how many hours per week they work.

For example, an employee who works 20 hours per week (half-time, or .5 FTE) must have (15 x .5) or 7.5 hours of training each year.

The training requirement may also be prorated by length of service. For example, a full-time employee who has been on the job for 9 months would need 9/12 (.75 of a year) x 15 hours, or 11.25 hours.

One final example: a part-time recently hired person who works 15 hrs/week (.375 FTE), on the job for 6 months (.5 year) would need (15 x .375 x .5) hours of training, or 2.8 hours.

All centers must show training records for all employees employed at least 8 hours a week for three or more of the past 12 months (for initial certification) or the past 5 years (for recertification), *whether or not they are currently employed*. For excellence, centers must also show annual training plans for past and current employees for the same time periods and for the year to come.

Who Is Exempt from SCOPE Training Requirements?

1. Employees who have worked less than 3 months. However, orientation of the employee within the 3 months is highly encouraged, and remember that orientation to the position can be counted as job-oriented training.

2. Employees who work less than 8 hours per week. They must have an initial orientation, but there are no training requirements beyond that.

3. People who are hired under the Title V Senior Community Service Employment Program or Senior Aide Program.

4. People who are not employees but under contract with the center.

5. Employees of the senior center's parent organization who are not directly supervised by the senior center manager or who do not work primarily with the senior center.

Required Training Topics

Employees who work at least 8 hours per week must have training in three areas: aging issues, job-related topics, and safety. For the initial certification, employees must have had training in at least two of these areas within the past year. For recertification, employees must have had training in all three areas over the five-year certification period. Remember, training supported by someone else or courses that employees took on their own may be used to fill the training requirement, if the subject matter fits one of the categories and supporting documentation is satisfactory.

Remember that you may prorate the training for recently hired employees and/or part-time employees. The site team tallies training for the one (initial certification) or five years (recertification) preceding the date the tool was submitted. Here's how to prorate the requirement:

For recertification, for Merit and Excellence, full-time employees must have 75 hours total, with at least 12 hours in the most recent SCOPE year.

Documentation
Past training. Individual employees should be able to show evidence of attendance at the training that is listed in the SCOPE. This might include a certificate of attendance, a program or training materials from the event, or a receipt. If employees have many more training hours than required for certification, it is not necessary to include all training documentation as long as the documentation covers the required hours, topics, and time frames.

Question 27 (For Excellence Only)

For initial certification or for centers being recertified from merit to excellence. Each employee should have a written training plan signed by the employee and supervisor for the past twelve months. An ideal training plan will contain these elements: explanation of what training the employee will take, why it is important to the employee's development and the center's operations, and possible training providers.

For Centers of Excellence being recertified. Each employee must have an annual, written training plan for each of the *past five* years and the coming year.

We realize that the past training plan may not match what was actually taken.

Training methods can include in-house training at staff meetings; attending and fully participating in a class that is also offered to the seniors themselves; attending a conference, such as the NC Conference on Aging, American Society of Aging/National Council on Aging, Southeastern Area Agency on Aging Association (SE4A); taking a computer-based course (such as a "webinar"), correspondence course, a class at a community college, college, or university; or attending workshops and trainings offered by the Division of Aging and Adult Services, Area Health Education Center (AHEC), American Red Cross, Cooperative Extension, or any other relevant source of training.

Here are some sample training plans. Remember that the plans should be developed in consultation between the employee and his/her supervisor and signed by both parties. In the case of a director who does not have a supervisor, it may be signed by a member of the governing body of the center (e.g., Board of Directors). Because employees are required to have training related to aging issues, safety, and job-specific skills/knowledge, you might also wish to indicate which category the event fits.

Training plan for Ellen Brown for January to December 2014

Required hours: 15 (full-time employee)

Position: Director

What	How much	From Whom	Why	By when
Ann Johnson Institute for Senior Center Management, Module 4, Planning and evaluation	15 hours	Division of Aging and Adult Services	To continue work toward completing the 6 modules; to develop new ways to link evaluation of current programs to development of new ones. Job-related and Aging	When that module is offered this year

_____   _____

Ellen Brown, Director (signature)   Sally Smith, Board member (signature)

Training plan for John Smith for January to December 2014

Required hours: 7.5 (half-time employee)

Position: Fitness trainer

What	How much	From Whom	Why	By when
Blood-borne diseases	2 hours	Health Department (offered alternate months)	To review latest standards in reducing risk of infection for self and participants Safety	End of training year
Workshop on exercise programs for arthritis care	6 hours	School of Medicine	To be able to help participants with arthritis maintain exercise programs Job-specific and Aging	Program scheduled for August

_____   _____

John Smith (signature)   Ellen Brown, Director (signature)

Training plan for Sherrie Laurance for January to December 2014

Required hours: 12 (.8 FTE)

Position: Office Assistant

What	How much	From Whom	Why	By when
CPR	3 hours	Red Cross	To respond to emergencies that might arise with an older population. Safety	March 1
Introduction to Excel	9 hours	Community College	To improve skills to maintain the participant information database Job-specific	August (will register in first summer session

_____   _____

Sherrie Laurance (signature)   Ellen Brown, Director (signature)

Training plan for Pat Jones for January to December 2014

Required hours: 15 (1 FTE)

Position: Case Assistance Specialist

What	How much	From Whom	Why	By when
First Aid	3 hours	Red Cross	To respond to emergencies that might arise with an older population Safety	March 1
At Your Service: Welcoming People with Disabilities (on-line course)	4 hours	SEDBTAC (http://www.adasoutheast.org/training/courses.php)	To improve skills in working with older adults disabilities Aging and Job-specific	February
Ethics	4 hours	AHEC continuing education or School of Social Work	To maintain professional certification	June (scheduled for May 15)
Using IRis	3	Training from AAA	To learn how to use this software to identify resources for seniors seeking assistance Job-specific	April

_____   _____

Pat Jones (signature)   Ellen Brown, Director (signature)

Section 5, Other Operational Issues
Question 28

Collaboration with another agency should denote a non-monetary partnership with that agency (or set of agencies) in a specific way to achieve something for older adults that it might be

difficult for either of you to do separately. For example, you might collaborate with the local hospice to provide a bereavement support group at the center. It might be difficult for you to do this on your own because you do not have anyone on staff who is qualified to lead such a group and the cost of hiring someone is prohibitive, while the hospice might enjoy being able to use the space and might find that older people are more comfortable coming to the center than to the hospice offices. Please do not list contractual agreements to pay for services provided by another organization, rental agreements, or agreements that provide funding for the senior center.

If the center provides SHIIP counseling but does not receive funding from SHIIP, it counts as a collaboration if there is a written MOU with either SHIIP or the local SHIIP Coordinating Site.

Serving on a committee or vague agreements to cooperate do not constitute collaboration for purposes of this question. In writing your answer, please state the specific goal you wish to accomplish jointly.

Documentation
For Excellence, formal Memoranda of Understanding or letters outlining the responsibilities of both parties must be submitted. Memoranda of Understanding may cover multiple years, but the time span the agreement is in force should appear on the memorandum. (Although not required, it's a good idea to review and update MOUs every year or two.)

For Merit, less formal examples may be used, such as a flier for an event that shows co-sponsorship between the center and another organization or a calendar listing that mentions an outside provider (the health department for flu shots, for example).

Question 30

Center hours should be posted so they may be seen from outside the entrance to center.

Extended hours (for Excellence). If the center has regular extended hours, these should also be posted as above. However, since these may change and not be permanent, they may be posted on a temporary sign (e.g., printed on a sheet of paper and affixed to the door). If there is a plan to extend hours, copies of memos or other materials showing efforts in this direction would make good documentation. If extended hours have been tried and failed, attendance figures, cost figures, or other data showing that this effort was not successful may be used. If the community does not want extended hours, some evidence of how those data were gathered is needed. **Please note, however, that if the issue is a seeming lack of interest, rather than restrictions on personnel or building use, the center should re-address having extended hours at least once during the recertification period even if the attempt is unsuccessful.**

Question 31

Documentation
- Evidence of current compliance with all local codes such as fire inspection, elevator inspection, and sanitation, if the center serves meals. This may include pointing out posted certificates of compliance on the tour of the center or putting copies of the certificates of compliance in the documentation file.

Questions 34 and 35

Space Requirements for Centers. Senior centers must be a minimum of 4,000 square feet, of which 3,200 must be used for center programming. In determining square footage for programs and activities

- Auxiliary facilities such as bathrooms and storage that are used primarily by center participants count in the square footage, while such facilities that are used only or primarily by staff do not.

- Kitchens and nutrition facilities may be included if they are also used for center activities.

- If the senior center is located within the sponsoring organization, the square footage for programming would be any space used by senior center participants. The square footage for administration would be any office space, etc. used by senior center staff and volunteers.

Exception may be made to the 4,000 square foot requirement in the SCOPE Tool scoring section on a case-by-case basis. A center below 3,000 square feet is not eligible for certification. Centers between 3,000 and 4,000 square feet may qualify for a waiver, but a total of 80% of the total square footage must be used for programming. The following circumstances may qualify the center for a waiver to the 4,000 square foot minimum:

- The building is a historic site and not permitted to have additional space attached.

- The program is very strong otherwise and space is the only criterion not met.

  - The main building is more than 3,000 but less than 4,000 square feet, and programming is regularly scheduled at other locations. Up to 1,000 square feet from satellites or off-site programming may be used to make up the difference. In these cases, if a satellite is used to make up the square footage requirement, the satellite cannot become a certified center during the period for which the main center has been certified or recertified, unless the main center has done something else to make up the difference in area. Satellites may not be certified independently of their main center during the 5-year certification period if they provide activities, square footage, or some other resource that the main center must have to be certified. However, if after three years both the satellite and main center have developed in such a way that both can be certified independently (the main center no longer needs the satellite's resources), the satellite can apply for certification. Consult with DAAS about such changes.

  - A minimum of 80% of the space used at a satellite must be used for center programming as not office space. For example, if the 900-square-foot satellite is being used to make up for a lack of required space at the main center, then 720 square feet (80%) of the satellite's 900 square feet must be used for programming.

In order to count space from other off-site programming locations such as a YMCA or recreation center, the following is required: (a) activity(ies) must be regularly scheduled and advertised; (b) there must be a formal Memorandum of Understanding or contract between the senior center and the other facility; and (c) the senior center's staff or volunteers must have an active role in developing and/or implementing the programming. The amount of regularly scheduled off-site programming and average number of attendants will also be considered in making a determination. A written request for a waiver must be submitted to the Division with your application for certification. A waiver request will be looked upon more favorably for centers bringing their space as close to 4,000 square feet as possible.

Note: As of July 1, 2008, **all certified centers that requested and received a waiver** because they did not meet the minimum space requirements are grandfathered in and remain eligible for recertification.

Documentation

- *Center dimensions.* In order to answer these questions, you looked up the dimensions somewhere (on the blueprint, the deed, the mortgage agreement, in a letter from the architect). Use that same source as documentation, especially if the square footage is close to the minimum and could be questioned. If it is clear that the size exceeds the minimum, no documentation is required.

- If you are using space off site to make up the requirement, please include documentation of the size of that space. For example, if you use one of the meeting rooms at an assisted living facility for activities two days a week, you might document this with copies of the notice or fliers advertising the activities and a letter—possibly the Memorandum of Understanding between you and the facility—agreeing to that use and stating something about the size of the area you use (e.g., "Meeting Room 1: 800 square feet; capacity at tables, 25 people").

Question 36

Documentation

- *Signage.* A photo is an effective way to document signs, but they also may be observed by the site visit team.

Questions 37a-b

Documentation
Fundraising can be documented through copies of grant proposals, fliers, or newspaper ads announcing fundraising events, or reports from fundraisers showing expenditures and profit. Some agencies are not permitted to raise funds directly. You might wish to document donations of goods or services that you have solicited or received or other ways you have worked to expand your resources within the constraints of your agency's rules. Some funding from the state or AAA that is provided through a competitive grant process may be listed here but do not include any routine, non-competitive funding, even if you are required to fill out an application for it. If the senior center receives funding from SHIIP, this is considered to be a voluntary responsibility the senior center has taken on and counts as fundraising.

Questions 38, 39, and 40 (For Excellence Only)

Financial Report. Centers of Excellence need to help participants and other community members understand the center's financial status. Centers that operate under public auspices likely can point to their required annual audit or the audit of their parent agency. Private not-for-profit centers will have different reporting rules, depending on the organization's revenue. To the extent possible, centers should make this financial information readily available to people who come to the center. If a hard copy is not available at the center, there should be a way to tell people how it is available.

The DAAS Administrative Letter 06-02 provides very specific guidance regarding the new fiscal reporting requirements in response to changes in Federal Audit Laws. The bottom line is that no nonprofit entity is required to produce an audit unless it expends more than $500,000 annually. Senate Bill 142-6.2 requires fiscal reporting for those entities which fall below the $500,000 threshold. These reports are to be submitted annually to Area Agencies on Aging by providers using Older Americans Act funds, to satisfy fiscal reporting requirements for their programs.

These requirements can also be found on the DAAS website, http://www.dhhs.state.nc.us/aging/monitor/monitor.htm. Click on "New Audit Requirements."

We will accept these reports in lieu of an audit if the agency does not/cannot pay for an audit.

Documentation

- Please include a copy of your annual financial statement (or fiscal report) and an indication of how you publicize its availability to your participants. Please indicate where the information comes from (independent audit, city or county annual report, etc.).

Section VI. The Extra Mile (For Excellence Only)

This is the section where you get to "toot your own horn" and explain to the site team what makes your center special. It is a place where you can describe innovative programming, how you interact with your professional peers, as well as call attention to the high points mentioned in earlier sections of the SCOPE and ways in which your center shines. The site team is impressed when these high points illustrate the mission of the center in concrete ways.

Questions 41 and 42

Documentation

- *Special projects* may be documented in many ways. Examples include pictures, publicity documents, sign-up lists, or agreements with project collaborators.

- *Mentorship* may be documented with a thank-you letter from the mentored center or other correspondence about your assistance.

Contact Information

	Name	E-mail	Phone
Division of Aging and Adult Services	**Leslee Breen**	**Leslee.Breen@dhhs.nc.gov**	**919-855-3414**
	Steve Freedman	**Steve.Freedman@dhhs.nc.gov**	**919-855-3411**
CARES	**Mary Anne Salmon**	**masalmon@email.unc.edu**	**919-962-4362**
Area Agencies on Aging	**AAA contact information can be found at the link to the right.**	**http://www.ncdhhs.gov/aging/aaa.htm**	

Documentation for 5-Year Recertification

All of the information in this table can be found, question by question, in the SCOPE tool. It is condensed in this table for your convenience. All 5-year and 1-year periods count backwards from the date on the upper right of the cover sheet in the "Date Tool Submitted" block. This is considered to be the last day of your SCOPE years.

Although site visitors will generally review all the documentation listed below, there may be special circumstances where the team decides to look at a sample of what you provide for a given question. In any case, *you must have available all the required documentation for each year,* because you will not know what sample will be drawn. That will be decided, randomly, on the day of the site visit.

Question	5 Years	1 Year	Now	Other time-frame	Center Needs to Document	What site visitors will look at
Recommendations	X				Depending on recommendation, we will expect to see implementation (or good progress) made in the first year and continuing/ maintaining throughout the 5 years.	Every year for every recommendation. It is vital that you can show that you have made and maintained these improvements.

Section 1. Services, Publicity, and Marketing						
Question	5 Years	1 Year	Now	Other time-frame	Center Needs to Document	What site visitors will look at
Questions 1–4 Screening, services, marketing products/activities			X		Services: Current service/referral materials or other proof that each service is being offered on site or through linkages as listed in SCOPE. Screening: I&A tool currently in use. Publicity: current brochure, recent newsletter(s), recent newspaper articles, etc. ***Do not need anything for past years.***	
Question 5 Marketing to special populations	X				At least one effort to each required group each year.	Will check each year for one outreach effort to each required group or evidence of ongoing efforts spanning the 5-year period.
Question 6	*X*				10 in the past 5 years, at	Will check 10.

Section 1. Services, Publicity, and Marketing						
Question	5 Years	1 Year	Now	Other time-frame	Center Needs to Document	What site visitors will look at
Education for nonelderly (Excellence only)					least 2 of which have taken place in the most recent SCOPE year.	

Section 2. Activities, Volunteer Opportunities, Advocacy, and Transportation						
Question	5 Years	1 Year	Now	Other time-frame	Center Needs to Document	What site visitors will look at
Question 7 Regular Activities				X	3 consecutive months *in the year preceding the submission date* on the cover sheet.	Will check 9 (Merit) or 15 (Excellence) from that 3-month period only.
Question 8 Special Events	X				You do not need to list *all* your special events for 5 years on the SCOPE tool and include promotional materials in the documentation. List the required number for each year (6 or 10, depending on the level of certification) and provide documentation for each. Remember *not* to include services in this list.	Will check documentation for 6 per year (30 total for Merit) or 10 per year (50 total for Excellence).
Question 9 Drop-in Activities			X		Activities will be observed on site. Show pictures or other documentation of activities at satellites if you are counting them toward recertification. Sign-up lists are helpful if the team will not see people using these at the center.	Will check 3 or more depending on how many required to account for 10%.

Section 2. Activities, Volunteer Opportunities, Advocacy, and Transportation						
Question	**5 Years**	**1 Year**	**Now**	**Other time-frame**	**Center Needs to Document**	**What site visitors will look at**
Question 10 Diversity					Not documented. Just what is written on SCOPE. Site visitors will look for diversity of participants.	
Question 11 Volunteers			X		Report current census of volunteers and the types of activities they participate in on the SCOPE.	Will check for one activity to benefit center (a-h) and one for helping beyond center (i-m).
Question 12 Volunteer recognition	X				Dates and documentation for at least one recognition activity per year.	Will check one for each year.
Question 13 Volunteer planning *(Excellence only)*			X		Current 4-part written volunteer plan.	
Question 14 Advocacy	X				15 in last 5 years, at least 3 of which have occurred in the previous 12 months.	
Question 15 Transportation to center			X		No documentation needed if team can observe people arriving at center. If not, a flyer, newsletter, brochure, etc., publicizing the availability of transportation to the center.	
Question 16 Involvement with transportation planning *(Excellence only)*			X		Current time only, but describe any changes over 5 years, if they're relevant. If description in SCOPE is adequate, do not need documentation.	

Section 3. Planning, Evaluation, and Input from Older Adults						
Question	**5 Years**	**1 Year**	**Now**	**Other time-frame**	**Center Needs to Document**	**What site visitors will look at**
Question 17 Mission			X		Depends on how mission is shared. If cannot be observed posted in center, include brochure, business cards, newsletters, or wherever it appears.	Current display of mission statement.
Question 18 Advisory body			X		Current membership list from SCOPE. We like to see a meeting roll, e-mail to this group, or some	

Section 3. Planning, Evaluation, and Input from Older Adults						
Question	**5 Years**	**1 Year**	**Now**	**Other time-frame**	**Center Needs to Document**	**What site visitors will look at**
					other documentation that the names in the SCOPE are the same names that are currently participating.	
Question 19 Orientation			X		Agenda, all handouts and presentation materials (e.g., PowerPoint) for **most recent** board orientation including a copy of handbook or manual they receive, if any.	
Question 20 Input from participants and nonparticipants	X				**From center participants** *Merit***:** 1 annual measure of *satisfaction* (5 total). *Excellence*: 1 annual measure of satisfaction, 1 other annual measure (10 total). **Older adults who don't "participate"** *Merit***:** 1 every 3 years (this could be 1 or 2 during the 5-year period). *Excellence*: 1 annual measure (5 total).	**From center participants** *Merit:* Will check 1 for each year. *Excellence*: For each year, will check 1 annual measure of satisfaction and 1 other annual measure. **Older adults who don't "participate"** *Merit***:** Will check all (1 or 2 total). *Excellence*: Will check 1 each year.
Question 21 Input from other sources *(Excellence only)*			X		This could include anything relevant that is ongoing in the certification period.	Will look only at current practice.
Question 22 Planning procedure *(Excellence only)*			X		No documentation needed. We will read what is written in the SCOPE and ask follow-up questions, if needed.	
Question 23 Goals *(Excellence only)*			X		Use current year's goals. No documentation needed.	Current goals only, but this should include progress on goals not completed from previous years.

Section 4. Staff						
Question	5 Years	1 Year	Now	Other time-frame	Center Needs to Document	What site visitors will look at
Question 24 Personnel policy			X		Current employee handbook or manual.	
Question 25 Full-time director	X				This must be true for 5 years (allowing for reasonable transition time between directors), but no documentation is usually necessary. Full-time director must be in place at time of certification.	
Question 26 Staff training	X				Include hire date and hours/week for each employee. Full-time employees need 15 hours/year of training. Prorating for new hires and part-time applies. Include training for **all** employees who worked **8 or more hours per week** during the certification period, whether or not they are currently employed.	If 3 or fewer employees, look at all employees for each year. If more than 3 employees, sample employees and years. Note: Although site visitors may look at a "sample" of what you provide, **you must have available all the required documentation for each employee and each year,** because you will not know what sample will be drawn. That will be decided, randomly, on the day of the site visit.
Question 27 Training Plans *(Excellence Only)*	X				Provide training plans for the previous year (initial) or 5 years (recertification), as well as plan for the coming year for all employees. (Provide plans used with former employees on staff during last 5 years, as well.)	If 3 or fewer employees, look at training plans for all employees for each year. If more than 3 employees, sample employees and years. Always check plan for coming year.

Section 4. Staff

Question	5 Years	1 Year	Now	Other time-frame	Center Needs to Document	What site visitors will look at
						Note: As stated in Q. 26 above, *you must have available all the required documentation for each employee and each year.*

Section 5. Other Operational Issues

Question	5 Years	1 Year	Now	Other time-frame	Center Needs to Document	What site visitors will look at
Question 28 Collaboration	X				For Merit, evidence of collaboration with 3 organizations each year.	This could be publicity for a cosponsored event, a thank-you letter to or from the partnering organization-some written evidence of collaboration. 3 examples per year.
					For recertification at excellence, we suggest MOUs updated annually for 5 years or written to cover the certification period. For centers of merit, less formal documentation is accepted.	3 MOUs per year.
Question 29 Hours			X		Posted hours on door, in newsletter, etc.	
Question 30 Extended hours *(Excellence only)*	X				You are expected to maintain extended hours throughout the 5-year period, but if extended hours are *currently* posted on door, this is sufficient documentation. If your center is reporting that its members do not want/will not use extended hours, at least one means of assuring	

Section 5. Other Operational Issues						
Question	5 Years	1 Year	Now	Other time-frame	Center Needs to Document	What site visitors will look at
					that this is still true should have taken place within the 5-year period. If you received a waiver from DAAS because your parent organization does not allow the center to have extended hours, include this in your documentation	
Questions 31 Current inspection documents			X		Current year documents only.	
Question 32 Upkeep			X		Explain how you do it now on the SCOPE. No documentation required.	
Questions 33-35 Accessibility					Explain how you do it now on the SCOPE. No documentation required. Team will observe accessibility features on site.	
Question 36 Signs outside center			X		Site team will observe. Be sure that center hours are posted on sign or door.	
Questions 37a-37b Fundraising	X				Two activities per year, 10 total.	Will check all.
Questions 38-40 Annual financial report or audit *(Excellence only)*			X			Will check to see how the center is notifying participants about the availability of the report. Team will look at copy of the report.
Section 6. The Extra Mile						
Questions 41–43 *(Excellence only)*	X				You may include any relevant things that took place during the certification period.	Team will look at all of it