

Evaluation and Accreditation for Therapeutic Programs

Effective in 2016 NIPSA will therapeutically certify therapeutic programs that are integral programs of schools that are academically accredited by organizations with which NIPSA has academic accreditation agreements. This includes both proprietary and not for profit schools and programs. Following is a list of those accrediting school with which NIPSA has agreements as of April 1, 2016.

- AdvancED: This includes the Southern Association of Colleges and Schools Commission on Schools and School Improvement (SACSCASI), The North Central Association (NCACASI); and the Northwest Accrediting Commission (NAC).
- The Middle States Association of Colleges and Schools (MSACS)
- The Western Association of Colleges and Schools (WASC)
- Accredited Members of the National Council for Private School Accreditation (NCPA.)

NIPSA academically accredits ONLY proprietary, tax-paying schools. However, NIPSA honors the accreditation of the afore mentioned accrediting commissions, and will enter into agreements with the school and those agencies to therapeutically certify those schools that wish to enter into a therapeutic certification agreement with NIPSA. In these cases, schools must maintain their academic accreditation with their agency, continue to pay the required dues and fees to that agency, enter into a certification agreement with NIPSA and pay the required dues and fee to NIPSA.

In some cases, NIPSA and another agency may have co-accreditation agreements that cover site visits for both academic accreditation and therapeutic certification. In such case the agency and NIPSA will cooperated in forming the visiting committee and policies regarding the site visit. This may or may not includes academic accreditation and therapeutic certification by NIPSA.

National Independent Private Schools Association

CLINICAL CERTIFICATION HANDBOOK

Evaluation and Accreditation For Emotional Growth and Therapeutic Programs

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National Independent Private Schools Association

The NIPSA Evaluation and Accreditation Program for Emotional Growth and Therapeutic Programs

PART I

Directions for the Program Administrator

Therapeutic Certification is an affirmation of an organization's commitment to self-improvement and program excellence, and the process of certification is one of self-evaluation and improvement of the organization's program. The essence of the process is the self-study, in which all the organization's community participates and a site visit at which time a committee of peers determines the accuracy of the self-study and its findings.

The following are intended to give the program's administrator and those in charge of the self-study an accurate idea of the criteria for certification of the National Independent Private Schools Association and how to successfully conduct the self-study and site visit. **(Note: all programs and schools must require the visiting team to sign a confidentiality agreement; all programs and school must provide proof that NIPSA has been named as an "additional insured." A Certification visit will NOT take place unless the insurance certificate has been provided prior to the visit.)**

Purposes of Certification:

1. To encourage improvement through a program of on-going self-study and evaluation.
2. To validate that the school has sound objectives and goals, and is substantially accomplishing them.
3. To indicate to the public that the program is appropriate for the level of treatment required by participants
4. To indicate to the public that the NIPSA standards for quality treatment are being met.

Definition of an Emotional Growth or Therapeutic School or Program

An emotional growth "program" for the purpose of membership in and certification by the National Independent Private Schools Association shall be an organization that conducts programs that meet the needs of the following types of clientele employing a variety of techniques and at the level of counseling and therapy described:

Note: Some emotional growth schools or programs have a mix of students: some who require treatment and others who do not. Level 1 emotional growth schools/programs may opt out of being clinically certified. If however it is found that they do in fact have students or clients who require treatment, and/or they are in fact providing treatment then being clinically certified may be required. **It is up to the school or program to decide the level at which they wish to be certified. Documentation for that decision must be available if requested. (See Clinical Self Study 1.3, 1.4) justifying the decision should be provided listing the number of clients in each of the DSM V categories served and an indication of the intensity: mild, mild/moderate, moderate, moderate/serious, serious, serious/severe, severe, severe/acute, acute.**

Level I - Emotional Support and Development Programs:

Counseling and guidance provided as part of the program on an as needed basis and may be provided on-site or by outside referrals. Most students do not have a DSM V diagnosis, and those who do, are "mild." Any previous in-patient psychiatric hospitalizations have resulted in the discharge recommendation that no further intensive care is necessary. A consulting psychiatrist should be available if needed. Clinical certification is optional.

Level II – Therapy Available Programs:

Clinicians are licensed or must be license eligible and are provided for students identified as in need of counseling or therapy. Sessions are conducted at least weekly on site and may be group or individual, and all clinicians are licensed mental health professionals. If there have been previous in-patient psychiatric hospitalizations, the discharge summary recommendation has been for a lower non hospital level of care. A psychiatric consultant or staff member is available for medication or consultation if required. Students with a DSM V diagnosis may be “mild” or “moderate” Since therapy is being offered, clinical certification is required.

Level III – Therapy Required Programs:

Therapy is part of the ongoing program and a requirement for ALL of the students in the school. Sessions are conducted and based on the DSM V diagnosis and the need of the client, and may be group and/or individual, and are conducted on site. There may have been previous in-patient psychiatric hospitalizations. All clinical staff is licensed mental health professionals with a minimum of two years experience. Students on medication or those who have had previous hospitalizations meet with the staff psychiatrist or consulting psychiatrist a minimum of bi-monthly. Family therapy is part of the program for all students and is conducted either in person or via Skype or similar electronic means. Students’ DSM V diagnoses modifiers may be “moderate” or “serious.”. Clinical certification is required.

Level IV – Intensive Therapy Required Programs:

Regular ongoing intensive treatment is provided at least daily and as needed. Most of the students have had at least one prior in-patient psychiatric hospitalization. Psychiatric care, including evaluation and medication management is provided at least monthly by the staff psychiatrist. All clinicians are licensed mental health professionals with experience and training of a level necessary to work with this more at risk population. The DSM V modifier for most of the students will be “serious” or “acute.” Clinical certification is required.

NOTE: It is assumed that documentation is consistent with the best practice requirements of the profession in which the clinician is licensed and the state in which the program is located. It is expected that the clinicians experience and education is appropriate for the level for which the program is applying, and the diagnosis of the clients with whom the clinician is providing treatment.

Certification Process for Applying Organizations:

1. For organizations seeking certification or re-certification:
 - a. Schools/programs must submit an application for certification or re-certification approximately six (6) months prior to the anticipated time of the site visit. If a program organization requires a fall visit the application should be submitted by February 15th of the previous year. For a spring visit the application should be submitted by September 15th of the year in which the visit is required.
 - b. All annual fees must be current.
 - c. The program pays the certification fee (See fee schedule.) This fee is assessed at the beginning of each certification cycle.
 - d. The vice- president for certification appoints a site chair. For clinical certification there must be at least one licensed mental health professional as a member of the team.
 - e. The site chair and organization leadership decide on the time for the site visit and the composition of the visiting team.
 - f. The organization conducts a self-study and hosts a site visit.
 - g. The chair submits a report with recommendations to the board at the next board meeting.
 - h. The board votes to certify or deny. The successful organization is recognized at a meeting of the membership.
2. The following rules and regulations apply to those organization s that are new to NIPSA:

- a. The organization makes application for candidacy and submits the application fee. An informal site visit by a member may be required.
- b. Upon acceptance into candidacy the organization pays all annual membership and assessment fees. (Organizations that are accepted for membership after May 31st of each year will pay 50% of the fees for that year. Fees for organizations that apply after July 1st will apply to the subsequent program year.)
- c. An organization must be in its third year of operation to seek certification, and an organization must seek certification within three (3) years of becoming a candidate. Organizations that do not seek certification within three years will be dropped.
- d. Organizations that are already in their third year of operation may apply for certification during their first full year of candidacy
- e. Procedures for certification are the same as for organization s requiring re- certification. (See a through f above.)

3. Additional sites, satellites and wholly owned subsidiaries:

- a. The parent organization must notify the NIPSA national office, in writing, of their desire to certify an additional location.
- b. A letter of intent and eligibility checklist must be prepared for EACH such location and must be accompanied by the appropriate fee. The parent organization must certify that the program is under the same corporate management and that it operates under the same direction, mission, philosophy, policies and that the program meets the essential requirements for client safety, etc.
- c. All annual membership) and assessment fees must be current for each such location. (See fee schedule.)
- d. At the discretion of the board and executive director and after an informal visit by a member, each such organization may be granted one-year, provisional certification.
- e. During the first year of membership, the organization must undergo a self-study. The charge for the self-study and processing is the same as for a re-certification. (See fee schedule.)
- f. A site chair is appointed, visiting committee chosen and visit is made for each location.
- g. The site committee for each location prepares and submits a report with recommendations to the board.
- h. The board votes to certify or deny.
- i. Successful organizations are recognized at a board or general meeting.

4. **POLICIES REGARDING CANDIDATE STATUS**

A NIPSA Candidate organization:

- Has applied for candidacy
- Has provided information as to the organization's structure, enrollment, viability, etc.
- Has confirmed that the organization conforms to the NIPSA Code of Ethics
- May only verbally state that the organization is a NIPSA Candidate for certification and is in the certification process.
- May not post any certificate, or publish, or represent that the organization is a NIPSA Candidate for certification and is in the certification process.
- May NOT state, publish, or represent that the organization is certified by NIPSA, until the organization has completed the certification process, has been accepted by the Board of NIPSA, and has received official notification from NIPSA that the organization is certified.

5. Policies regarding organization s seeking joint certification with other organizations or associations.

- a. An organization may seek joint certification with another approved certifying body.
- b. The organization must choose to do their self study under either NIPSA protocols or the protocols of the other certifying body. Policies for the self study, site visit and other policies will be dictated by the protocols chosen with the following caveat: the organization must meet the criteria and standards of both agencies and must pay all dues and fees of both agencies. The organization must pay the appropriate fees as described in the Fee Schedule.

8. Recognition

Certification is granted for a period of five (5) years, or in the case of joint certification with other certifying bodies when the organization elects to use the protocols of the other such organizations. NIPSA will certify for the same period as the other certifying body. During that time an organization is obligated to report its status yearly. Organizations that fail to keep their annual membership and assessment current, that fail to submit their annual report or that fail to submit their interim report may lose their membership, their accreditation and their certification. A certificate, recognizing certification, will be issued yearly upon receipt of the fall assessment fees. The official NIPSA certificate will be the only official recognition of certification. During the course of this period, at the expense of the program, NIPSA has the right to send and unannounced licensed mental health professional to visit. It is expected that the quality of program and services that were present at the time of certification will have been maintained.

SELF-STUDY – PROCEDURES

1. A Site Committee Chairperson is assigned by the Board of Directors to aid the candidate organization. The Site Chairperson, together with the head of the organization to be visited, selects the dates and times of the proposed site visit.
2. The Site chair, together with the Executive Director, selects the members of the visiting committee.
3. The self-study is conducted and should involve all segments of the organization's community. The self-study report should be a reflection of the observations of the administration, staff and parents.
4. When the self-study is completed, one copy is sent to the national office, one copy to the site chairperson, and one copy to each member of the visiting committee. These copies are to be sent at least four (4) weeks prior to the proposed visitation date.
5. After the visitation is completed the Report of the Visiting Committee is sent to the Executive Director by the site chair. Copies are made for the Certifying Committee (Board of Directors), and one copy is sent to the organization.
6. The Site Committee Report and recommendations are presented at the next regularly scheduled board meeting or may be distributed to the board members by electronic means, and the recommendations are voted upon. Successful organizations will be recognized at a board or general meeting.

Evaluations:

Evaluations are ordinarily conducted at five-year intervals.

1. The organization conducts a self-study and evaluation of its total program, using as a guide the appropriate NIPSA evaluative criteria and appraisal instruments. All constituents of the organization's families, staff, clients, and patrons should participate.
2. It is vital that an improvement plan or strategic plan be part of the self-study. The improvement plan must focus on the organization's process of improving client well-being and progress.
3. The organization should allow six months to one year to conduct and evaluate the self-study.
4. A site committee chairperson is assigned to work with the organization in its preparation of the self-study.
5. The site committee, made up of a minimum of two people visits the organization (one of whom must be a licensed mental health professional) to verify the organization's findings and comments on the organization's conclusions. The duration of the visit is two days or more depending on the client population. No more than two (2) persons should be appointed to the Site Committee from another organization. It is at that time that the organization is informed of the clinical level for which they qualify, and what they must do if they do NOT qualify.
6. An evaluative report, based on what the organization is striving to accomplish and how well it is succeeding, is shared with the organization by the site committee during an exit interview and is then forwarded to the Executive Director and to the Accrediting Committee. The report includes

the Site Committee's recommendations and commendations for the organization as well as the recommendation for provisional certification, certification, warning or probation.

Specific Directions for the Self Study

In order to guide the candidate, the following directions and suggestions are made:

1. The administrator/owner has the right to refuse the person appointed as the site committee chairperson or the site committee members without any necessary explanation to the Vice President for Therapeutic Programs. If this occurs, a new chair or committee member will be appointed. However, once a site chair is agreed upon, he or she cannot be changed except for reasons of health or other unavoidable occurrence.
2. The administrator/owner should plan to attend the conferences held and any certification meeting scheduled during the candidacy period.
3. He/she should be familiar with the fourteen (14) criteria for certification and their respective performance indicators (see below)
4. He/she should be familiar with the *Organization for the Completion of the Self-Study*.
5. He/she should have frequent contact with the Site Chairperson keeping him/her informed of the progress and an approximate finishing date.
6. He/she should feel free to contact the national office or the Vice-President for Therapeutic Programs for information and help at any time.
7. Should there be any controversy about the recommendations of the site committee, he/she should plan to attend the Board/Accreditation Meeting when the decision concerning the organization's certification is given.
8. Should it be necessary to file an appeal of the board's decision, he/she should be familiar with the *Process for Appeal* and the necessary forms.

Criteria for Certification

Emotional growth and therapeutic programs shall be evaluated on the basis of the degree to which it is accomplishing its purposes and functions as outlined in its own statement of objectives and on the appropriateness of those purposes and functions for an organization of its type.

In addition, to qualify for certification, an organization must give evidence of adequately meeting the following criteria that are established as general guidelines to determine the effectiveness of a program's educational program and services.

The program shall have:

1. **General Data**
Current statistical information must be supplied.
2. **Purpose, Philosophy and Goals**
A statement of philosophy approved by the governing body of the organization must be included. Goals and objectives, consistent with the philosophy, shall be systematically developed and reviewed by the administration and staff, and are to be shared often with the clients and organizational community. There shall be a continual evaluation of progress toward these goals and objectives. An annual report should be filed each year as well as an interim report during the fourth year of certification. NIPSA reserves the right to conduct unannounced program visitations at the organization's expenses when it is deemed necessary by NIPSA and the Vice-President for Therapeutic Programs.
3. **Governance and Leadership**
The organization must have a clearly defined and demonstrable organizational structure for the effective implementation of the organization's goals and objectives. This structure should specify: the functions of the administration, staff and clients; the administrative relationship among these groups; and the limits of authority and responsibility.

4. Procedures The study must describe the procedures that are employed to accomplish the mission and should include charting, treatment planning and other clinical procedures. Safety will be evaluated, as well.
5. Personnel A description of all those charged with the responsibility to carry out the mission must be evaluated.
6. Other Certifications Verification of other certification and accreditations must be described.
7. Medical Policies A complete description of the medical policies of the program must be included.
8. Methods of Self-Evaluation The program must explain how continual self-evaluation is part of the program.
9. Office Procedure Business procedures must be described.
10. Dormitories and Housing A complete evaluation of the physical plant, student safety and supervisory policies must be described.
11. Patron Relations

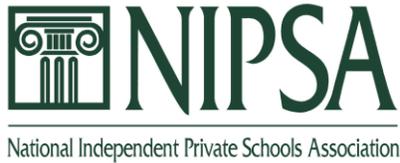
A supportive patron community is encouraged to share its ideas and recommendations and, when invited, actively participate in prescribed areas of the organization.
12. Site

The organization's plant and physical facilities enable the staff to effectively implement the program. All organizational facilities must be in compliance with all state and federal laws, and must adhere to all fire and safety codes and regulations of the community in which they are located.
13. Finance

Continuing financial support is adequate to provide staff, physical facilities, instructional resources, and other support services necessary to operate an effective emotional growth or therapeutic program. Budgetary planning should involve those who are responsible for implementing the program and services. All personnel should be covered by liability insurance.
14. Organization al Improvement

As part of the self-study the organization will prepare an improvement plan (IP) or Strategic Plan. The program improvement committee shall represent the community and may employ a model that is appropriate for the organization and its mission. The plan should analyze data from the self-study and other sources to determine the present state of the program and to develop objectives and action plans to improve student learning.

A two-day visit to the program will be conducted by a committee of peers in order to verify the accuracy of the report and to confirm that the program is doing what it says it is doing with the staff indicated.



PART II
EVALUATIVE CRITERIA FOR THERAPEUTIC CERTIFICATION
OF
EMOTIONAL GROWTH and THERAPEUTIC PROGRAMS
A SELF-STUDY GUIDE

Each of the following criteria must be addressed in your report. Please follow the numbering used to report your comments and observations. Programs that have an educational component must also complete Sections 4 through 9 of the criteria for academic accreditation as outlined in the Handbook for Academic Accreditation.

1.0 General Data

This section should include all of the current statistical information for the program.

1.1 Pertinent Information

Program _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax _____

Name and Title of Head of Organization

Organizational Structure

- 1.1.1 Describe the program's classroom organization (If applicable.)
- 1.1.2 Enrollment (as of October 1st of the current program year) _____
- 1.1.3 Enrollment Three Years Ago _____
- 1.1.4 Present a brief history of the organization.

1.2 Promotional Information, Admissions and Records

- 1.2.1 List methods used to give the community and parents of prospective clients information about the program. ***Append brochures or catalogues. Include other materials in a supplementary file.***
- 1.2.2 List the distinguishing characteristics that attract clients to your program. Briefly describe admissions procedures. Please include entrance requirements, tests used, and other screening procedures.
- 1.2.3 All NIPSA programs and programs are required to have an anti-discrimination policy. Briefly describe how your policy is made public and how is it published. ***Include copies in your appendix.***
- 1.2.4 If needed, list short and long term plans to implement changes in promotional and admissions programs.
- 1.2.5 Compare present enrollment with capacity.
- 1.2.6 If the program is planning to grow what is the potential for enrolling new clients?
- 1.2.7 Describe how progress is reported. ***(Include a copy of reporting instruments in appendix.)***
- 1.2.8 Describe the system used to request records from a former program and to transfer student records from your program to student's next program.
- 1.2.9 How are client and personnel records protected against fire, theft, vandalism, etc.? (It is required that adequate protection of records be evident.)
- 1.2.10 Are all required governmental permits and inspection reports current? ***Include a copy of them in the appendix and supplementary file.***

1.3 Geographical Community

- 1.3.1 What community or city does your program serve?
- 1.3.2 ***Include a map (county or city road map acceptable) in the supplementary materials file showing location and area served (if applicable.)***
- 1.3.4 What demographic changes are occurring in the community your program serves? How do you believe these changes will affect the program?

2.0 **Philosophy and Goals**

- 2.1 Describe the philosophy and goals of the treatment program.
- 2.2 How are the philosophy and goals of the program communicated to the program community? ***Include examples in the appendix.***
- 2.3 Describe the population served and the disorders or personality traits addressed by the program (Use DSM IV categories).

Level I Counseling and guidance provided as part of the program on an as needed basis and may be provided on-site or by outside referrals. Most students do not have a DSM V diagnosis, and those who do, are "mild." Any previous in-patient psychiatric hospitalizations have resulted in the discharge recommendation that no further intensive care is necessary. A consulting psychiatrist should be available if needed. Clinical certification is optional.

Level II Clinicians must be licensed, or license eligible mental health professionals and are provided for students identified as in need of counseling or therapy. However, if there is only one clinician, that clinician must be fully licensed. Sessions are conducted at least weekly on site and may be group or individual. If there have been previous in-patient psychiatric hospitalizations, the discharge summary recommendation has been for a lower non hospital level of care. A psychiatric consultant or staff member is available for medication or consultation if required. Students with a DSM V diagnosis may be "mild" or "moderate". Clinical certification is required.

Level III Therapy is part of the ongoing program and a requirement for ALL of the students in the school. Sessions are conducted and based on the DSM V diagnosis and the need for the student, may be group or individual, and are conducted on site. There may have been previous in-patient psychiatric hospitalizations. All clinical staff is licensed mental health professionals with a minimum of two years experience. Students on medication or those who have had previous hospitalizations meet with the staff psychiatrist or consulting psychiatrist a minimum of bi-monthly. Family therapy is part of the program for all students and is conducted either in person or via Skype or similar electronic means. Students' DSM V diagnoses modifiers may be "moderate" or "serious." ". Clinical certification is required

Level IV Regular ongoing intensive treatment is provided at least daily and as needed. Most of the students have had at least one prior in-patient psychiatric hospitalization. Psychiatric care, including evaluation and medication management is provided at least monthly by the staff psychiatrist. All clinicians are licensed mental health professionals with experience and training of a level necessary to work with this more at risk population. The DSM V modifier for most of the students will be "serious" or "acute." ". Clinical certification is required

- 2.4 Describe the process that is used to determine admission to the therapeutic program and how it is determined if a client is clinically appropriate for the inclusion in the program. Example: What records are required upon admission and how recent are they required to be, what is the nature of the interview, and what are the qualifications of those who do the intake?
- 2.5 Is there a clinical or therapeutic staff procedures manual and/or an employee manual? ***Please include a copy or copies in the appendix to this report.***

3.0 **Organization and Leadership**

- 3.1 **Append An Organizational Chart**
Show lines of authority and communication.
- 3.2 Describe how program policies are determined, implemented and revised.
- 3.3 Does the program have written policies covering the following areas?

Note the degree of implementation by marking 1 (not implemented) to 5 (fully implemented), and document or comment depending on the existence of policy. **Include policies and procedures manual in appendix or supplementary file.**

Implementations:

		1	2	3	4	5
3.3.1	Policy Making					
3.3.2	Handling controversial issues and complaints through the proper channels					
3.3.3	Personnel practices, including job description					
3.3.4	Selection of instructional materials					
3.3.5	Selection of library materials					
3.3.6	Use of program equipment and facilities					
3.3.7	Curriculum development if appropriate					
3.3.8	Student discipline					
3.3.9	Student restraint					
3.3.10	Staff Development					
3.3.11	Staff Evaluation					
3.3.12	Purchasing of materials and supplies					
3.3.13	Hiring and firing of personnel					

- 3.4 Describe the working relationship between the program proprietor and administrative staff.
- 3.5 Describe the working relationship between administrative staff, faculty and support staff.
- 3.6 Describe how the program administration works to create a climate of cooperation and mutual respect between members of the instructional and support staffs.
- 3.7 List each member of the administrative staff by name and title and briefly describe the responsibilities of each.
- 3.8 Is the administrative staff sufficient to meet the needs of the program in implementing the program philosophy and goals? Explain.
- 3.9 Describe how the administrative staff performs the following functions and evaluate their effectiveness:
- 3.9.1 Develops and administers program policy
 - 3.9.2 Provides, supervises and participates in staff development program;
 - 3.9.3 Evaluates therapy and job performance;
 - 3.9.4 Communicates and counsels with staff, students and parent community;
 - 3.9.5 Builds climate for good staff and student morale;
 - 3.9.6 Directs the development of the therapeutic program;
 - 3.9.7 Evaluates the clinical program;
 - 3.9.8 Provides orientation for new staff;
 - 3.9.9 Supervises plant use and maintenance; and
 - 3.9.10 Manages program business.
 - 3.9.11 Please describe any additional duties that you may feel important.

If the program uses an employee observation or evaluation instrument, please append

- 3.11 Explain how the administrative staff encourages innovations and reasonable experimentation in the clinical program?
- 3.12 To what extent does the administrative staff provide opportunity for staff members to participate in decisions making?
- 3.13 List the professional organizations to which the program and administrative staff belong.
- 3.14 Describe methods of communicating news and information to staff, students and parent community. ***Include in the supplementary materials file or appendix up to three copies of each: staff bulletins, student notices, parents notices/newsletters, staff meeting agenda, parent meeting agenda, and/or program newsletter.***

4. Procedures

- 4.1 Describe in detail the specific scheduling of clients for therapy.
- 4.11 How many times a week do they receive therapy?
 - 4.12 What are the lengths of various therapy sessions?
 - 4.13 Does the program use group therapy, individual therapy, or both?
 - 4.14 What types of groups are used (process groups, psycho-educational groups, or other configurations)?

- 4.15 How many clients are in each group?
- 4.16 How many staff?
- 4.17 How many times per week for each?
- 4.2 Is a family therapy component part of the program? Is it optional or mandatory? If so, please describe in detail.
- 4.3 What type of documentation and records are created after each group, individual or family session?
- 4.4 Is there an emergency 24-hour hotline for clients and/or parents? If so, describe how it operates and the qualifications of those manning the hotline.
- 4.5 Is there a system designed to facilitate internal tracking of unusual events in order to monitor and analyze incidents, identify trends, and develop improvement plans to prevent recurrences.? Please describe in detail.
- 4.6 Describe the guidelines for ethical conduct of both staff and clients.
- 4.7 If restraints are employed describe who conducts the restraining, how the staff members are trained, records kept of staff trainings, and to whom incidents requiring restraints are reported?
- 4.8 What situations require restraints or seclusion, and is the policy clear? *Please provide a copy of the restraint and seclusion policy in the supplemental file.*
- 4.9 Documentation: Are all incidents of seclusion and/or restraint documented on designated forms? Is at least the following included?: the reason for the physical interventions, the length of the interventions, the persons notified, the antecedent behaviors, alternative interventions attempted and outcomes thereof, the client's condition as observed during the 15 minutes checks, and the client's response to the intervention. *Include the form in the appendix.*
- 4.10 Are reporting procedures for solitary confinement, or group punishment detailed and *made a part of the supplemental file?*
- 4.11 If an after-care support system is available, please report in detail?
- 4.12 *Transition plans should be detailed and made a part of the supplemental file.*

5. Personnel

- 5.1 Describe the lines of communication among administration and staff members in the program. *Include a table of organization.*
- 5.2 Describe staff selection procedures and the criteria for selection. What background checks are employed?
- 5.3 What certifications are required for those conducting therapy?
- 5.4 What are the educational or experience requirements for the non-clinical but therapeutic staff? Please complete the staff questionnaire in the appendix and indicate the level of educational attainment and qualifications of all staff member (i.e., BS, MA, MSW, PsyD, Ed.D, or PhD degrees.)
- 5.5 Do you employ non-degreed persons as part of the therapeutic staff? If so, what qualification do they have for being considered therapeutic staff? What is the minimum amount of experience required?
- 5.6 Describe any probationary period that is employed for therapeutic staff members?
- 5.7 Describe any mentoring or peer support program that is required.
- 5.8 Describe the program's in-service training.
 - 5.8.1 How are in-service trainings conducted for certificated clinicians and therapeutic staff?

- 5.8.2 Describe in-service training conducted by the administration for non-certificated staff. Is it on or off site?
- 5.8.3 How does the organization record staff trainings?
- 5.8.4 Are in-service credits offered for these courses?
- 5.9 What kinds of provisions are made for staff development? How is the staff informed of the latest information?
- 5.10 Is there a psychiatrist on staff or is there a consulting psychiatrist?
 - 5.10.1 If so, how many days and hours a week is this person available?
 - 5.10.2 How often is each program participant seen?
 - 5.10.3 Does he or she write prescriptions?
- 5.11 Describe the process employed to evaluate and supervise clinicians and other therapeutic staff. Give the qualifications of those conducting the evaluation program and of those who are supervisors.
- 5.12 Describe the communication between the therapeutic and the support staff. What is the frequency of meeting for both staff and treatment teams?
- 5.13 What are the procedures governing the use of contracted therapists?

6. Other Certifications

- 6.1 Is the program approved by any mental health or other public body? *Include copies of all certifications and approvals in the appendix.*
- 6.2 Are all federal, state and local requirements met? *Show evidence of compliance in the appendix.*

7. Medical Policies

- 7.1 Is there a medication management policy? Please describe in detail.
- 7.2 Is medication compliance addressed? How often and by whom?
- 7.3 Describe the procedures employed if a client should need to be hospitalized during the course of the program year.
- 7.4 Is the policy for the hospitalization of clients included in the clinical policies and procedures manual?
- 7.5 Is medical assistance readily available on a 24-hour basis? Describe in detail.

8. Health and Safety

The well-being of children is one of the most important elements of sound educational management. Every school must provide a safe and healthy environment for teaching and learning, and the school must provide evidence that it meets all of the requirements for health and safety in their local community as well as all local, state and federal laws and regulations that are applicable. Policies and/or procedural guidelines to ensure the health and safety of students, the staff, and visitors to the school must be implemented and are being practiced, and the school has plans for responding to emergencies and crises.

8.1 Policies And Procedures

- 8.1.1** Describe how the administration regularly reviews and updates its written policies and/or procedural guidelines governing the school's provisions for the health and safety of its students, staff, and visitors.

Include Parent, Student and Employee Manuals in the Supplementary Materials.

- 8.1.2** How does the administration regularly review and update its plans for responding to emergencies and crises? Explain.

Include in the supplementary materials the latest Crisis Management Handbook

8.1.3 Are there written procedures and functional equipment with which to communicate during fire and other emergencies, to summon assistance, and to evacuate the school's facilities?

Provide records in the Supplementary Materials.

8.1.4 Describe how the school conducts drills of its emergency and crisis plans regularly, maintains written records of drills, and based on the health and safety policies and procedures outcomes of the drills, assesses the effectiveness of its plans and revises them accordingly.

8.1.5 Describe the measures taken to check backgrounds of all staff personnel and other persons who come into contact with students.

8.1.6 Describe how the school maintains emergency information for each child.

8.1.7 Are first aid materials conveniently located?

8.1.8 Describe the procedures that have been established to address situations where by a student or students become ill or injured.

Include in the Supplementary Materials or attach in this report evidence of all licenses and approvals regarding the health and safety of children that have been required and provided by the jurisdiction in which the school operates.

8.2 Health Care

8.2.1 Describe how the school provides health care for its students during the school day.

8.2.2 Provide the school's manual in supplementary training for all staff members on implementing the school's emergency and crisis plans, handling accidents and illnesses, and universal precautions for preventing the spread of infectious diseases?

8.2.3 What are the policies and/or procedural guidelines to manage the storage, dispensing and disposal of student medications? Describe.

8.2.4 Describe the policies and/or procedural guidelines for maintaining and sharing medical records and health information of students and members of the staff in compliance with applicable laws.

8.2.5 How does the administration provide staff with current, relevant health, wellness and safety information and practices pertaining to the school's students and staff?

8.2.6 Describe the efforts the school makes to establish working relationships with local health and safety authorities and health service providers.

8.2.7 Describe how the school includes in its educational program and activities opportunities for students to develop knowledge, attitudes and practices necessary for personal wellness and a healthy lifestyle.

8.3 Student Management And Security

8.3.1 How does the school account for the whereabouts of its students at all times?

8.3.2 Describe the system used to control access to the school by visitors and other non-school personnel.

8.3.3 Describe the practices and/or programs that the school has established to promote awareness, prevention, and responsiveness to issues related to the social and emotional well being of the students.

8.3.4 Describe the arrival and departure policies that are in effect for students and parents.

8.4 Policies For Providing Safety During Extra-Curricular Events And Athletics

8.4.1 Describe any provisions for medical needs at school functions that take place away from the school's premises.

8.4.2 How are the health and well-being of student athletes provided? Describe, if applicable.

8.4.3 Describe the policies for safety during transportation to field trips and sporting events.

9. Evaluation

9.1 How is the overall program evaluated? Who are the agencies or persons responsible?

9.2 What measures of client satisfaction are employed? How are they evaluated in order to bring about organizational change? Please attach summaries of evaluations by clients, parents, staff and others in the program community as an appendix to this report.

9.3 Is there a strategic or long-range planning process in effect? Are the goals measurable in terms of therapeutic success and is it updated periodically? Attach a copy of the plan.

10. Office Procedures

10.1 How and by what methods are records protected and stored? Are there backup copies off site? Who has access to client files and records?

10.2 How, and in what way, are staff members made aware of federal regulations regarding confidentiality of medical records?

10.3 How is it determined whether all HIPPA regulations are being followed? Who monitors and trains to insure HIPPA compliance?

11. Plant: Building and Grounds

11.1 Describe the suitability of the following facilities in relation to implementing the program. Consider whether the physical plant facilitates or obstructs the attainment of goals. Consider lighting, heating, ventilation and acoustic factors, and indicate strengths and weaknesses. Consider the safety of the clients and faculty and how the physical plant impacts the mission, educational program and goals of the program.

11.1.1 Indoor learning areas,

11.1.2 Multi-purpose rooms and large assembly area.

11.1.3 Outdoor recreational areas.

11.1.4 Staff room, lounge or working area.

11.1.5 Other areas pertaining to the program.

11.1.6 Offices, such as administration, counseling, admissions, and attendance and nurse.

11.1.7 Storage areas (indoor and outdoor).

11.1.8 Restrooms (clients and staff).

11.1.9 Drinking fountains.

11.1.10 Custodial and maintenance work and storage areas.

11.1.11 Dining areas.

11.2 Describe the general safety features that have been incorporated in the plant.

11.3 Describe any extraordinary facilities requirements that may be necessary in this organization.

11.4 What improvements to the facility have been made during the last three years?

11.5 Are staff members involved in planning for new structures and remodeling of present facilities? Explain.

11.6 Describe the use of facilities by any community groups.

11.7 Discuss custodial and maintenance programs in terms of personnel, supplies and equipment, cleanliness, time of response to work requests, and quality of daily housekeeping details.

11.8 Append a plot map of facility showing all major buildings, grounds and parking areas.

11.9 How much attention is given to landscaping and the outdoor environment? Does it facilitate or obstruct flow, program needs, and overall attractiveness? Explain.

12.0 Dormitories and Dormitory Life

As life in a boarding program is integral to the overall development of the student, the aspects of that life must be evaluated as part of the entire student experience. The program must exhibit that care has been taken to plan for and implement policies that provide for the affective development and safety of the child in his or her relationships with adults and other students.

- 12.1 What are the qualifications for dormitory supervisory personnel, and what does the program's expect from these employees?
- 12.2 How are students and staff trained in the safe occupancy, use and care of dormitory facilities?
- 12.3 Are rules and procedures governing dormitory life, leaves, privileges and discipline published so that students, parents and staff know them? *(Include copies in the appendix.)*
- 12.4 How are parents notified about dormitory conduct, social progress and general behavior in the non-classroom setting? *(Include copies of reports and policies in the appendix.)*
- 12.5 What are the student health policies and how are they implemented? Are permanent health personnel on duty full time? If not, how are emergencies handled?
- 12.6 Are written procedures, including crisis management plans, in place? *(Include copies in the appendix.)*
- 12.7 Describe the provisions made for the following:
 - 12.7.1 Student supervision after program hours.
 - 12.7.2 Recreation.
 - 12.7.3 Student privacy.
 - 12.7.4 Religious practices.
 - 12.7.5. Social activities.
 - 12.7.6 Field trips and town leaves and passes.
 - 12.7.7 Telephones and other communication devices.
 - 12.7.8 Evacuation of the dormitory in cases of emergency.
 - 12.7.9 Participation in dormitory governance.
 - 12.7.10 Regular inspection of the dormitories for health and safety violations.

13.0 Improvement Plan

As part of the self-study the organization will prepare an improvement or strategic plan that focuses on client achievement and learning and other client-based outcomes (such as affective behavior, health and program climate.) The improvement committee should represent the organization's immediate community and may employ a model that is appropriate for its mission. The plan should analyze data from this self-study and other sources to determine the present state of the program and to develop objectives and action plans to improve client outcomes. As this plan is on ongoing document it is expected that previous plans will have been reported upon and have been updated to reflect successes and opportunities for continued growth. Keep in mind that any program can improve; the plan only provides the organization with a blueprint for improvement and continued success.

A COPY OF THE IMPROVEMENT PLAN OR STRATEGIC PLAN MUST BE INCLUDED WITH THIS REPORT. KEEP IN MIND THAT THIS REPORT MUST FOCUS ON IMPROVED CLIENT OUTCOMES.

- 13.1 How have various members of the community participated in and contributed to the development of the Improvement Plan?
- 13.2 How have the organization's strengths and weaknesses been analyzed?
- 13.3 How have challenges and opportunities presented from the internal and external environments been evaluated as a prelude to planning? (The internal; community is the immediate community of the program - its parents, patrons, clients, staff and administration; the external forces are those which are occurring outside the internal community – in the city, state, nation and the world.)

- 13.4 How does the organization collect adequate data to determine client success and progress?
- 13.5 What comparisons are made to determine client progress?
- 13.6 How has the program set and prioritized goals? How are goal statements made clear to all?
- 13.7 How has staff research and locally collected data been utilized to determine actions to be taken?
- 13.8 What time lines have been set for action plans?
- 13.9 How is progress being monitored?
- 13.10 What effects (positive or negative) have been observed of client performance? How is this determined?
A copy of the improvement plan should be included with the self-study report and in the supplementary file.

14.0 **Finance**

14.1 If the program has a working budget, who prepares and oversees the budget? Explain budgeting procedures and controls.

14.2 *A program shall have a financial statement or accountant's letter available for the site committee chairperson.*

14.3 Describe your tuition plan and policies, and append tuition and fee schedule.

14.4 Please describe any financial contingency plan.

14.5 What kinds of insurance does the program carry? Include copies coverage declarations and/or endorsements in appendix.

14.5.1 Does the organization's business insurance provide for loss to its clients?

14.5.2 Is there client accident insurance?

14.5.3 Workman's compensation insurance?

14.5.4 Professional liability, liability, and insurance for all buildings and facilities used by clients and staff?

14.6 Salaries:

14.6.1 Do you use employee contracts? **If so, include a copy of the form in the appendix.**

14.6.2 How do you establish salaries and determine pay increases? Please indicate below:

Published salary scale. (Please append.)

Individually, depending mostly on performance.

Other (please explain) _____

PART III

THE PROGRAM VISIT

The purpose of the program certification visit is to evaluate the program in the light of what the organization described in the self-study document; in short, to determine if the “organization is doing what it says it is doing.” Research has shown that the best indicators of an organization’s success in doing what they claim are to be found by visiting with the stakeholders - the patrons, staff and clients. In addition, the committee will involve itself in evaluating the entire program and will investigate all necessary Criteria Areas described in the Handbook Part I.

IMPORTANT: The committee should be provided with an appropriate, private room in which to conduct its business. The room should contain the following:

- All supplementary materials specified in the Handbook, Sections I and II.
- Writing implements and legal pads.
- A computer and printer
- Table and chairs to accommodate the committee.
- Access to the www.

The following schedule is meant as a guideline and not a prescription. Depending on numerous factors the actual visit may take two full days or more. These factors are: the number of sites, the client population, and the number of members on the committee. However, every attempt will be made to limit the visit to approximately a day and a half. The actual schedule and duration of the visit will be determined by the site chair and program head.

TYPICAL VISITING COMMITTEE SCHEDULE

<u>FIRST DAY</u>	<u>Activity</u>	<u>Location</u>
2:00 PM	Visiting committee tours facility	On Site
3:00 – 5:30	Meetings with all key personnel	On Site
5:30	Committee meets with chair to determine assignments and organize the work for the visit	Conference Room
6:30 – 8:00	Dinner with key personnel (not required)	To be determined by program
8:00 -	Committee observes nighttime procedures	On Site
<u>SECOND DAY</u>		
8:00 AM	Team arrives at program to plan day’s activities	On Site
9:00 AM – 9:30 AM	Committee meets with selected patrons	Site meeting room
9:30 – 10:00 AM	Committee meets with selected clients	Site meeting room
10:00 – 10:30 A.M.	Committee meets with selected staff.	Site meeting room
10:30 A.M. – 2:30 P.M.	Committee visits specialty areas, speaks with key personnel, inspects safety measures, and evaluates program.	Program site.
2:30 – 3:00 P.M.	Committee meets to discuss observations.	Various areas
3:00 PM	Committee re-visits questionable areas, and writes report draft. Chair clarifies any questions with administration.	Conference room

5:00 P.M.	Visit concludes. Chair meets with program head to discuss findings and recommendation.	
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In the case of large organizations or multiple sites this schedule will be modified by the site chairperson in consultation with the administration.

NATIONAL INDEPENDENT PRIVATE SCHOOLS ASSOCIATION

Auditor Confidentiality Agreement

The National Independent Private Schools Association (NIPSA) has a legal and ethical responsibility to safeguard the privacy of all clients, students and staff and to protect any confidentiality of health information that may be inspected during an accreditation or certification evaluation and site visit. Each auditor has a continuing obligation to protect this information.

I hereby agree that I will abide by the following:

1. I will only access confidential information for which I have a legitimate need to know.
2. I will not in any way disclose, divulge, copy, release, sell, loan, review, alter or destroy any clients, students or staff health information.
3. I will not otherwise misuse or misappropriate confidential information.
4. I will not share information that has been disclosed to me during my evaluation of this program unless I obtain specific permission for the administration of the program.

Name of Program: _____

Location of Program: _____

Acknowledgement:

I have read, understand, and agree to the Confidentiality Agreement.

Signature

Date

Printed Name

Witness Signature

Date

PART IV

APPEALS PROCESS

An organization has the right to refuse the choice of members for the visiting committee that have been assigned to them. However, the organization must inform the Certification Site Chair and/or the Executive Director of the disagreement at least two months prior to the scheduled visit. Without discussion or cause, the Vice-President for Therapeutic Certification will appoint a new member or members.

In the case of a disagreement between the Visiting Committee Report and the organization, the program has the right to appeal any recommendations or findings of the committee.

The organization should fill out the Notice of Appeal Form and send a copy to the National Office. A copy will be entered in the organization's membership folder and a copy will be sent to the Vice-President for Therapeutic Certification.

The Vice-President for Therapeutic Certification will then act as the mediator between the organization and the chair of the visiting committee. The Vice-President for Therapeutic Certification will note the appeal and the resolution of the appeal, and will present this information to the Board of Directors during deliberation of the organization's certification.

If the organization is not satisfied with the handling of the appeal, the organization may schedule a time during the board meeting to present its case to the full board before any certification decision is made.

At this point the board has the right to:

- Delay the decision of certification until more evidence is gathered;
- Request of the Vice-President for Therapeutic Certification a review of the Self-Study;
- Arrange for the visit of a mediating person to make a one-day visit to the organization to gather evidence, at the organization's expense (said person to be a qualified site chair);
- Reschedule the decision to the next board meeting.

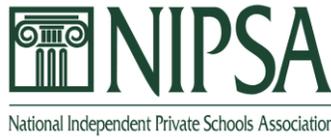
The expectation that all processes will go smoothly for both the organization and the visiting committee is the primary hope of the certification process. However, when a problem arises, the organization has provided this method of appeal to resolve the situation.

PROCESS FOR DEALING WITH AN INTER-ORGANIZATIONAL COMPLAINT

All complaints should be in writing to the National Office. When received, the office will notify the organization and set an appropriate time for the organization to settle the problem with the person or persons making the complaint. Complaints may be made for many reasons. Sometimes an organization does not describe a policy clearly, or has not lived up to that which the person feels was promised or inferred.

If the complaint is settled the organization must notify the National Office in writing. If the problem persists the President may assign a member of the Executive Committee to act as a mediator. If this fails, the President will activate the Ethics Committee to become involved in the judgment.

The person who issues the complaint and the organization will be given a copy of this procedure when a complaint is received. The National Office has the responsibility of tracking the procedure and in keeping all parties informed of progress or lack thereof.



REQUEST FOR APPEAL
NIPSA Members

Please print or type:

Current Certification Status

Date

Name of Organization

Street Address

City

State

Zip Code

Chief Administrative Officer

Phone

Program Representative, if other than above

List Violations of Standards Cited (if any):

Basis for Appeal (Continue on back if necessary):

Comments:

Signature

Date

OFFICE USE ONLY

Date Appeal Received: _____

Processed By: _____ Date: _____

Parent, Client and Patron Complaints

COMPLAINT PROCESS

1. NIPSA does not investigate complaints from parents, employees, or non-member organizations as a public service. In the event that any person desires to file a complaint against a member organization, NIPSA will advise the complaining party that the complaining party must execute and return an original waiver and release in favor of NIPSA. (Form 1). Any complaints submitted without the required waiver will not be acknowledged.
2. All complaints shall be in writing and received at the National Office. All properly submitted complaints will be logged into a master log, which includes (to the extent provided): (a) name of member organization about which the complaint has been received; (b) name of complaining party; (c) date of complaint; (d) date of receipt of complaint; (e) whether the complaint has been investigated; and (f) final resolution of complaint.
3. Upon receipt of the initial complaint, the National Office will (a) acknowledge receipt of the complaint, (b) advise the complaining party that the information received will not be maintained as confidential, (c) advise that NIPSA is transmitting a copy to the member organization that is the subject of the complaint; (d) request direct resolution between the parties; and (e) advise that pursuant to NIPSA's processes, NIPSA does not investigate complaints from parents, employees, or non-member organizations as a public service. Therefore, although the complaint may be investigated, NIPSA may not disclose to the complaining party the fact of, status of, or resolution of any investigation. (Form 2).
4. The National Office will review the complaint to determine whether it meets the threshold requirements for investigatory action by NIPSA. Only those complaints that reflect information or contain allegations which, if true, would lead to a loss of certification (or a failure of a candidate organization to receive certification), will be investigated. Matters that will not be investigated include, but are not limited to: matters that are already the subject of ongoing or threatened litigation; matters that are within the jurisdiction of governmental agencies charged with investigating such issues; matters that involve labor or employment disputes; matters that involve the organization's failure to admit, discipline, or expel clients; and matters that involve an employee's or parent's disagreement with the organization's policy or the organization's application or interpretation of its policies.
5. The National Office will then transmit Form 3 to the member organization that is the subject of the complaint, which (a) advises of the receipt of a complaint; (b) encloses a copy of the complaint; (c) encloses a copy of Form 2; (d) encloses a copy of NIPSA's Complaint Procedure; (e) requests direct resolution between the parties; (f) requires a response in writing within 30 days as to whether the matter has been resolved; and (g) requires a response in writing within 30 days as to any allegations meeting the threshold requirements for investigation by NIPSA.
6. Upon written request, NIPSA may provide member organizations with an extension of time to respond to the complaint and Form 3.
7. Once the member organization's response has been received, the National Office will review it to determine whether NIPSA's certification standards have been violated. If the National Office determines that NIPSA's standards have not been violated, the matter will be closed. A letter will be sent to the member organization advising of the closure. (Form 4). The log will be updated and all documentation will be placed in the member program's file.
8. If the National Office determines that NIPSA's standards may have been violated and that such violation could lead to a loss of certification, the matter will be referred to the President with a recommendation that the President activate an Ethics Committee for review of the matter. In addition, the failure of a member organization to respond as requested by NIPSA to allegations contained in the complaint will result in a request that the President activate an Ethics Committee. A copy of the National Office's request to the President will be sent to the member organization (Form 5).
9. The President determines whether to activate an Ethics Committee. If, after review, the President determines that activation of the Ethics Committee is not appropriate because NIPSA's standards have not been violated, the matter will be closed. A letter will be sent to the member advising of the closure. (Form 4). The log will be updated and all documentation will be placed in the member program's file. The log will be updated and all documentation of the investigation and determination will be maintained in the member organization's file.
10. If the President activates an Ethics Committee, the Chair of the Ethics Committee will determine whether

NIPSA's standards have been violated and that such violation could lead to a loss of certification. If the Chair determines that the standards have not been violated, the Chair will report such determination to the President, National Office, and member organization. (Form 4). No further action will be taken. The log will be updated and all documentation of the investigation and determination will be maintained in the member organization's file.

11. If the complaint and response reflects what appear to be violations of NIPSA's standards, the Chair of the Ethics Committee will call the Ethics Committee into session to review the allegations and findings. The Ethics Committee may request additional information from appropriate persons. The Ethics Committee will then submit its findings and recommendation to the full board at the next regularly scheduled meeting. The Board makes the final determination regarding action to be regarding the complaint.
12. Possible Board actions include acquittal, warning, written reprimand, probation, or loss of certification. Notice of the Board's determination will be sent to the member organization (Form 6). The log will be updated with the final determination and Board action.
13. If the member organization elects to appeal the final Board determination, a Request for Appeal must be submitted to the National Office within 15 days of the date of mailing of Form 6. The Request for Appeal form (and any attached documentation) and all other documentation already received in connection with the complaint will be reviewed by the National Office for a final determination. The member organization will be notified of the final determination within 45 days of the date that the Request for Appeal is submitted to the National Office. (Form 7).
14. Should an organization choose to drop its certification or if the Board elects to revoke certification, NIPSA will provide public notice of the change in certification (after final determination of any appeal).
15. NIPSA will remove complaints from a member organization's file after expiration of the NIPSA's three-year records retention period, unless in NIPSA's sole discretion, NIPSA determines that the records should remain in the program's file.
16. Member organizations may petition for removal of records from its member organization file or from the complaint log. Any such petition should include clear reasons why the records should be removed. The member organization must execute a waiver and release in favor of NISPA (Form 8) before any such request will be granted.

PART V

NIPSA Code of Ethics

1. An organization shall clearly state its philosophies, goals and purposes, and all conduct should be consistent with philosophy and goals.
2. Proprietors, administrators, and employees will fulfill their professional responsibilities with honesty and integrity.
3. The organization's promotional materials and advertisements shall reflect a high regard for accuracy and, accordingly, will regularly be updated.
4. An organization's enrollment practices shall be consistent with written policies and procedures and shall not be subject to bargaining and other extraneous considerations. Qualified students and/or clients shall be admitted without regard to race, color, creed, ethnic background, native origin or any other specific handicaps.
5. An organization will make available to parents or guardians of prospective students and/or clients information concerning financial responsibility to the organization, as well as the organization's policy regarding refunds.
6. Upon enrollment, student's/client's records will be requested from the former organization s and then maintained in a professional manner. Upon receipt of a properly signed, written request from another organization, records or transcripts which may be helpful in determining qualification for admission will be promptly forwarded. The exception to this would be if all accounts were not paid in full.
7. Confidentiality among organization s concerning the organization's community (clients, students, teachers, parents, etc.) shall be respected.
8. Both parties will respect employment contracts between organization s and employees, and no organization shall initiate an offer of employment to an employee of another NIPSA member without that organization's approval.
9. An organization and its employees will neither solicit the organization's community nor allow an organization's directories or mailing lists to be used by others for purposes unrelated to the program.

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