

The Office of Youth Services
ADMINISTRATIVE ASSURANCES
(Revised 11/2017)

Provider:	Contract Period: to
Contract Number:	

Instructions: Please complete the Administrative Assurances form and send it to the Office of Youth Services (1010 Richards Street, Suite 314, Honolulu, Hawaii 96813) within *30 calendar days* of contract start date. This form must be submitted annually for each contract period. If the Provider has subcontractors under this contract, each subcontractor must also submit the Administrative Assurance form. The Office of Youth Services may require the Provider to produce documents and other evidence, as requested, to verify the information contained herein.

CIVIL RIGHTS ASSURANCES	Yes	No	Comments
Written policies and procedures prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, gender, sexual orientation, age, disability, or Limited English Proficiency (LEP) are posted and displayed in waiting and rest areas in all buildings and on file.	<input type="checkbox"/>	<input type="checkbox"/>	
Written policies ensuring the security of confidential staff and client records have been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	
All direct service administrative and program staff (check one):			
<input type="checkbox"/> Have received training in Civil Rights issues, in particular sexual orientation and LEP issues.			
<input type="checkbox"/> Are scheduled to receive training in Civil Rights issues, in particular sexual orientation and LEP issues.			

ORGANIZATIONAL ASSURANCES	Yes	No	Comments
Written policies prohibiting discrimination against any person on the grounds of race, color, national origin, religion, creed, gender, sexual orientation, age or disability are posted and on file.	<input type="checkbox"/>	<input type="checkbox"/>	
A current organizational chart delineating the organization's lines of authority and supervision is on file.	<input type="checkbox"/>	<input type="checkbox"/>	
A list of the current Board of Directors and minutes of the meetings are maintained on file.	<input type="checkbox"/>	<input type="checkbox"/>	
The Board of Directors regularly receives operations reports.	<input type="checkbox"/>	<input type="checkbox"/>	
A written smoking policy has been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	
A written drug free work place policy has been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	
A Quality Assurance Plan has been implemented. The plan includes:			
a. A written policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
b. A staff person or committee assigned to monitor Quality Assurance.	<input type="checkbox"/>	<input type="checkbox"/>	

The Office of Youth Services
ADMINISTRATIVE ASSURANCES

(Revised 11/2017)

c. An annual consumer satisfaction survey of recent and current clients.	<input type="checkbox"/>	<input type="checkbox"/>	
d. An annual community satisfaction survey of agencies and/or community members collaborating with the Provider.	<input type="checkbox"/>	<input type="checkbox"/>	
e. A utilization review process to assess the degree to which the services are accessed by the community.	<input type="checkbox"/>	<input type="checkbox"/>	
f. An annual program performance review.	<input type="checkbox"/>	<input type="checkbox"/>	
g. Staff participation in the agency evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	
A policy or procedure to ensure that all printed information supported or funded by this contract clearly acknowledges the Office of Youth Services as the funding agency has been implemented.	<input type="checkbox"/>	<input type="checkbox"/>	
Written approval from the Office of Youth Services giving approval to hire subcontractor(s) is on file.	<input type="checkbox"/>	<input type="checkbox"/>	
If transportation services are provided, written policies and procedures have been implemented to ensure that all vehicles used (agency-owned and privately-owned) meet the State's safety standards and are in good working condition.	<input type="checkbox"/>	<input type="checkbox"/>	
Written policies and procedures have been implemented to ensure that youth are not charged any fees for program services.	<input type="checkbox"/>	<input type="checkbox"/>	
Written policies and procedures have been implemented to ensure that youth are not used for solicitation or for political campaigning purposes.	<input type="checkbox"/>	<input type="checkbox"/>	

PERSONNEL ASSURANCES	Yes	No	Comments
Written personnel policies and procedures are implemented, updated, and accessible to all staff.	<input type="checkbox"/>	<input type="checkbox"/>	
The current job description for each staff member includes the required minimum qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	
All staff meets the minimum qualifications for respective positions.	<input type="checkbox"/>	<input type="checkbox"/>	
Each staff person has receives compensation information that describes:			
a. Salary range for each position.	<input type="checkbox"/>	<input type="checkbox"/>	
b. How salary increases are earned.	<input type="checkbox"/>	<input type="checkbox"/>	
c. The fringe benefits.	<input type="checkbox"/>	<input type="checkbox"/>	
All staff, including volunteers, in positions that necessitate direct involvement or close proximity to youth, do not have a criminal history or background that poses a risk to youth, and are subject to criminal history record checks (State and FBI Criminal History Check, Sex Offender Registry, and the Child Abuse and Neglect Registry Clearance), as allowed by statutes or rules, and to meet the standards covered under the Prison Rape Elimination Act (PREA). Maintain documentation of	<input type="checkbox"/>	<input type="checkbox"/>	

The Office of Youth Services
ADMINISTRATIVE ASSURANCES
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criminal history record checks in the employee/volunteer's personnel file. Criminal history record checks, except for the FBI fingerprint check, are conducted annually.			
Written policies and procedures for staff training describe:			
a. An assessment of training needs.	<input type="checkbox"/>	<input type="checkbox"/>	
b. A staff development and training plan (including working with LGBT youth to assure safety and civil rights) that identifies opportunities for continuing education and/or in-service training.	<input type="checkbox"/>	<input type="checkbox"/>	
Probation evaluations of all new employees are conducted.	<input type="checkbox"/>	<input type="checkbox"/>	
Annual performance evaluations of employees are conducted.	<input type="checkbox"/>	<input type="checkbox"/>	
Employees are given the opportunity to participate in the evaluation of their performances.	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel records are maintained in a confidential manner.	<input type="checkbox"/>	<input type="checkbox"/>	
Exit interviews are conducted with all staff leaving the organization.	<input type="checkbox"/>	<input type="checkbox"/>	

CLIENT SERVICES ASSURANCES	Yes	No	Comments
Policies and procedures for serving clients provide details for:			
a. Assuring clear admission/discharge criteria.	<input type="checkbox"/>	<input type="checkbox"/>	
b. Obtaining consent from parent(s)/guardian(s) to provide services to the clients.	<input type="checkbox"/>	<input type="checkbox"/>	
c. Maintaining the confidentiality of the clients.	<input type="checkbox"/>	<input type="checkbox"/>	
d. Developing, implementing and monitoring an individualized service plan.	<input type="checkbox"/>	<input type="checkbox"/>	
e. Obtaining consent to release information.	<input type="checkbox"/>	<input type="checkbox"/>	
f. Acknowledging the rights and responsibilities of the clients.	<input type="checkbox"/>	<input type="checkbox"/>	
g. Informing clients how to file complaints and grievances with the Provider.	<input type="checkbox"/>	<input type="checkbox"/>	
h. Maintaining progress notes.	<input type="checkbox"/>	<input type="checkbox"/>	
i. Providing follow-up services after discharge.	<input type="checkbox"/>	<input type="checkbox"/>	

I, [Click here to enter text.](#), a duly authorized representative for [Click here to enter text.](#), hereby affirm that the information contained herein is true and factual to the best of my knowledge. Further, the information contained herein can be supported by documents or other information that the agency has on file, and the Office of Youth Services may review such information as requested.

Date

Authorized Representative Signature

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STANDARDS FOR FACILITIES AT WHICH DIRECT SERVICES ARE PROVIDED
(Please complete one form per Facility)

Name of Facility	Address of Facility	Telephone Number	Name of Staff Overseeing Facility

Please indicate the status of each standard as appropriate.

STANDARDS	Yes	No	Comments
The facility meets all OSHA standards as may be applicable. Please indicate the date of the last OSHA inspection if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	
The facility meets all ADA standards that may be applicable.	<input type="checkbox"/>	<input type="checkbox"/>	
The facility and furnishings are clean and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	
The facility has sufficient space to provide services without overcrowding.	<input type="checkbox"/>	<input type="checkbox"/>	
A fire inspection is conducted regularly, if appropriate. Please indicate the date of the last fire inspection.	<input type="checkbox"/>	<input type="checkbox"/>	Inspection Date: Click here to enter a date.
Fire extinguishers are available and are not obstructed or obscured from view.	<input type="checkbox"/>	<input type="checkbox"/>	
A diagrammed fire escape plan is clearly visible and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency exits are easy to locate and are not obstructed from access.	<input type="checkbox"/>	<input type="checkbox"/>	
A sanitation inspection is conducted regularly, if appropriate. Please indicate the date of the last sanitation inspection.	<input type="checkbox"/>	<input type="checkbox"/>	Inspection Date: Click here to enter a date.
The facility meets all applicable operating licensing/certification requirements.	<input type="checkbox"/>	<input type="checkbox"/>	

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Date

Authorized Representative Signature