



Intercountry Adoption Accreditation and Maintenance Entity
Policy and Procedure Manual

Policy Name: Initial and Renewal Accreditation and Approval

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Policy: This policy outlines Intercountry Adoption Accreditation and Maintenance Entity's (IAAME) procedures for adjudicating initial and renewal applications for accreditation/approval. This policy explains IAAME's requirements for accreditation/approval, acceptance of applications for accreditation/approval, conducting accreditation/approval review, assessment of substantial compliance, and accreditation/approval decisions. The policies and procedures set out herein reference 22 CFR Part 96, but are not a substitute for those regulations. Agencies and persons seeking and maintaining accreditation or approval are expected to be familiar with the regulations in 22 CFR Part 96. In the event of any inconsistency between IAAME's policies and procedures and the regulations, the language of the regulation is controlling.

1. Eligibility and Corporate Structure

- a) An agency or person who provides adoption services, as defined in 22 CFR 96.2, is eligible to apply for intercountry accreditation or approval with IAAME. Agencies or persons must demonstrate compliance with 22 CFR 96.31 through submission of documentation to IAAME with the initial application for accreditation or approval, each year as part of monitoring and oversight, and with a renewal application. Such documentation includes, but is not limited to, income tax return (i.e., Form 990), copy of certification of incorporation or other legal formation, and/or copy of 501(c)(3) status letter or status letter from a state authority confirming qualification as a non-profit organization (if applicable).



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2. License and Authorization

- a) Unless an exception applies, as set forth in 22 CFR 96.30, an agency or person must be licensed or authorized to provide adoption services in at least one State and comply with regulatory requirements in any jurisdiction in which it provides adoption services.
- b) All licenses and/or other authorization documents from the state(s) in which the agency/person conducts business must be submitted to IAAME and must be current and active. Documentation must be provided at the time of application. Licenses and/or authorization documentation for all states in which the agency/person operates are due to IAAME within 30 days of the agency/person's receipt of such documentation.

3. Substantial Compliance

In order for an agency to be accredited or a person to be approved, and for agencies and persons to maintain their accreditation or approval, they must demonstrate to the accrediting entity they are in substantial compliance with the standards set forth in 22 CFR 96 Subpart F and the provisions of sections 96.25 and 96.27(e) and (f). The burden of demonstrating substantial compliance is on the applicant for accreditation or approval.

- 1) Initial applicants and agencies/person claiming that they have not and do not currently provide specific adoption services will still need to demonstrate their ability to comply with the standards related to such adoption services.

Throughout the accreditation/approval cycle agencies/persons must demonstrate their compliance with the applicable standards through actual performance.

- b) The accreditation/approval process includes IAAME's review of the application information, evidence submitted, application of the substantial compliance rating system and management review of those results.
- c) Prior to the initial or renewal applicant's submission of an application for accreditation/approval, and prior to paying the application fee(s), the applicant should assess if they are able to demonstrate substantial compliance or to demonstrate their



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ability to be in substantial compliance with all applicable standards in keeping with the substantial compliance system outlined below.

- d) Once an agency/person has completed an initial or renewal application and paid the accompanying application fee the fee is non-refundable.
- e) Agencies and/or persons who provide intercountry adoption services without being accredited or approved may face criminal and/or civil penalties such as those outlined in section 404 of the Intercountry Adoption Act of 2000 (IAA).
- f) IAAME may decide an agency or person is not eligible for accreditation/approval or renewal of its accreditation or approval and may discontinue the accreditation/approval process if, at any time it determines that the applicant has failed to demonstrate substantial compliance or to demonstrate ability to be in substantial compliance with applicable regulations. If such a decision is made, IAAME will inform the applicant of this decision and the reason for the decision in writing within 5 business days of the decision. Reasons for such a decision include, but are not limited to:
 - 1) Instances where documentation or information gathered demonstrates fraud, gross misconduct, and/or illegal activity.;
 - 2) The agency/person requests to withdraw their initial application, renewal application, or discontinue the accreditation/approval process by failing to provide requested documents.
- g) IAAME utilizes the substantial compliance rating definitions listed below when completing the analysis and determination of an agency/person's substantial compliance or ability to substantially comply with the standards in 22 CFR 96 Subpart F.
 - 1) **Full Compliance** - The relevant policies, procedures, and/or practices, fully meet the standard as written. All elements or requirements are evident in practice with extremely rare or no exceptions. Exceptions in compliance do not affect, in any way, consistency with the aims of the Hague Convention and the IAA, organizational performance, or quality of service.
 - 2) **Substantial Compliance** - Practice is basically sound and reflects strong capacity with room to improve. A majority of the standard's requirements are met, but one or more factors are missing or need augmentation. Appropriate policies



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and procedures are in place. Minor inconsistencies and underdeveloped practices are noted; however, such inconsistencies do not jeopardize persons served; or overall performance, or consistency with the aims of the Hague Convention and the IAA in any way.

- 3) **Partial Compliance** - A significant aspect of the organization's operations or service delivery deviates from the standard's requirements or from written material, or capacity is at a basic level. Significant omissions or exceptions to the standard occur with regularity. Policies or procedures are weak or personnel are poorly informed about policies or procedures. A majority of the standard's requirements are met, but several factors are missing or need augmentation. The standard requires written procedures or documentation but the organization can only anecdotally describe how it meets the standard. Practice, as is, may compromise care of consumers, organizational functioning, or consistency with the aims of the Hague Convention and the IAA.
 - 4) **Non-Compliance** - The observed operations and service delivery show signs of neglect, stagnation or deterioration, and there is a clear need for increased capacity. Practice or documentation does not address, or is in opposition to, the standard's requirements. Few, if any, of the standard's requirements are met. The organization does not have any of the necessary components of the basic framework the standard requires. (This may be due to glaring lack of attention to practice or service delivery, or administrative decisions that are not consistent with the standard.) Omissions or exceptions occur so frequently that they are the norm. Organizational functioning or integrity is seriously compromised. Health and safety of persons served may be at risk. The organization demonstrates inconsistency with the aims of the Hague Convention and the IAA.
- h) Each of the standards has been assigned a weighting which has been approved by IAAME and the Department of State.
- 1) **Mandatory Standards:** Mandatory standards represent practices that are essential to fulfillment of the aims of the Hague Convention, the IAA, and 22 CFR Part 96, and have the highest value in accreditation/approval. Mandatory standards require a rating of Full Compliance in order for the agency/person to be accredited or approved. Standards that are in the mandatory Category are: 96.30 (a), 96.30 (b), 96.30 (c), 96.30 (d), 96.31 (a), 96.31 (b), 96.34 (a), 96.34 (b), 96.34 (c), 96.35 (a), 96.36 (a), and 96.36 (b)



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- 2) **Critical Standards:** Critical standards represent practices that have a significant impact on fulfillment of the aims of the Hague Convention and the IAA, and 22 CFR Part 96, and have a high value. Standards that are in the critical category are: 96.32 (a), 96.32 (b), 96.32 (d), 96.32 (e), 96.33 (a), 96.33 (b), 96.33 (c), 96.33 (d), 96.33 (e), 96.33 (f), 96.35 (b), 96.35 (c), 96.35 (d), 96.35 (e), 96.37 (a), 96.37 (b), 96.37 (c), 96.37 (d), 96.37 (e), 96.37 (f), 96.37 (g), 96.38 (a), 96.39 (a), 96.39 (d), 96.39 (e), 96.39 (f), 96.40 (a), 96.40 (b), 96.40 (c), 96.40 (d), 96.40 (e), 96.40 (g), 96.41 (a), 96.41 (b), 96.41 (c), 96.41 (e), 96.41 (f), 96.41 (g), 96.42 (a), 96.42 (b), 96.42 (c), 96.42 (d), 96.43 (a), 96.44 (a), 96.44 (b), 96.45 (a), 96.45 (b), 96.47 (a), 96.47 (b), 96.47 (c), 96.48(a), 96.49 (a), 96.49 (d), 96.49 (e), 96.49 (f), 96.49 (g), 96.49 (j), 96.50 (a), 96.50 (b), 96.50 (c), 96.50 (d), 96.50 (e), 96.50 (g), 96.51 (d), 96.52 (b), 96.52 (c), 96.52 (e), 96.53 (a), 96.53 (b), 96.53 (c), 96.53 (d), 96.53 (e), 96.54 (a), 96.54 (b), 96.54 (c), 96.54 (d), 96.54 (f), 96.54 (h), 96.54 (j), 96.54 (k), 96.55 (b), 96.55 (d), 96.55 (e) and 96.55 (f)
- 3) **Foundational Standards:** Foundational standards are important to the operation of a well-functioning adoption program. They derive from and support compliance with the Hague Convention, the IAA, and the Hague Regulations. Standards that are in the foundational category are: 96.32 (c), 96.33 (g), 96.33 (h), 96.33 (i), 96.34 (d), 96.34 (e), 96.34 (f), 96.38 (b), 96.38 (c), 96.38 (d), 96.39 (b), 96.39 (c), 96.40 (f), 96.40 (h), 96.41 (d), 96.41 (h), 96.42 (e), 96.43 (b), 96.43 (c), 96.43 (d), 96.46 (a), 96.46 (b), 96.46 (c), 96.47 (d), 96.48 (b), 96.48 (c), 96.48 (d), 96.48 (e), 96.48 (f), 96.48 (g), 96.48 (h), 96.49 (b), 96.49 (c), 96.49 (h), 96.49 (i), 96.49 (k), 96.50 (f), 96.50 (h), 96.51 (a), 96.51 (b), 96.51 (c), 96.52 (a), 96.52 (d), 96.54 (e), 96.54 (g), 96.54 (i), 96.55 (a) and 96.55 (c)
- i) IAAME's determination of an initial applicant or renewal agency/person's overall substantial compliance is calculated utilizing the following formula:
- 1) Overall compliance demonstrates "substantial compliance" by receiving a rating of Full or Substantial Compliance on at least 85 percent of all applicable standards.
 - 2) In order to be accredited or approved, the agency/person must:
 - a. receive ratings of Full Compliance on 100 percent of all applicable Mandatory Standards;



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- b. receive ratings of Full or Substantial Compliance on 100 percent of all applicable Critical Standards;
 - c. receive no rating of Non-Compliance on any Foundational Standard; and
 - d. receive ratings of Full or Substantial Compliance on enough Foundational Standards so that ratings of Full or Substantial Compliance have been received on at least 85 percent of all applicable Mandatory, Critical and Foundational Standards taken together.
- j) IAAME may also consider the following standards when making accreditation and approval or renewal decisions:
- 1) If an agency or person fails to provide requested documents or information, or to make employees available as requested, the accrediting entity may deny accreditation or approval or, in the case of an accredited agency or approved person, take appropriate adverse action against the agency or person solely on that basis (96.25(c)),
 - 2) If an agency or person has previously been denied accreditation or approval, has withdrawn its application in anticipation of denial, or is reapplying for accreditation or approval after cancellation, refusal to renew, or temporary debarment, the accrediting entity may take the reasons underlying such actions into account when evaluating the agency or person for accreditation or approval, and may deny accreditation or approval on the basis of the previous action. (96.27(e))
 - 3) If an agency or person that has an ownership or control interest in the applicant, as that term is defined in section 1124 of the Social Security Act (42 U.S.C. 1320a-3), has been debarred pursuant to §96.85, the accrediting entity may take into account the reasons underlying the debarment when evaluating the agency or person for accreditation or approval, and may deny accreditation or approval or refuse to renew accreditation or approval on the basis of the debarment. (96.27 (f))

4. Accreditation/Approval Application and Evidence of Substantial Compliance

- a) An “initial applicant” is an agency/person:
- Who is applying for intercountry adoption accreditation/approval for the first time, previously applied and was denied accreditation/approval, or withdrew its application for accreditation/approval;
 - Who was accredited/approved, but the accreditation/approval has expired;
 - Who had its accreditation/approval cancelled; or,



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- Was denied renewal of accreditation/approval.
- b) A “renewal applicant” is an agency/person who is actively accredited/approved to provide intercountry adoption services and seeks renewal of this accreditation/approval.
- c) Initial applicants for accreditation/approval will contact IAAME via the “contact us form” on the IAAME website at www.iaame.net. On the “contact us form” the applicant will select the button on the page that indicates the applicant is interested in the intercountry adoption accreditation/approval process. The “contact us form” asks the applicant to provide their name, phone number, email, and a brief message. The “contact us form” also provides a section where documents can be uploaded if the applicant making the inquiry would like to submit documentation for initial consideration.

IAAME staff will utilize the information to contact the applicant within two business days of receipt. During this initial contact, IAAME staff will gather additional information regarding the applicant and their potential eligibility for initial accreditation/approval. IAAME staff will determine if accreditation/approval is required for the service(s) the applicant/agency/person provides or desires to provide. If accreditation/approval is required and the applicant chooses to move forward with seeking accreditation/approval, IAAME staff will work with the applicant to establish a user account so the applicant can complete the application Part A (see below for information on IAAME’s uniform application form) and pay the application fee via IAAME’s secure online process.

- d) For renewal applicants, approximately 13 months prior to the expiration of the current accreditation/approval date, accredited agencies and approved persons will be notified by IAAME staff of the date by which they should begin the application process for renewal of their accreditation or approval. If the agency/person indicates a desire to move forward with the renewal process, IAAME staff will provide the agency/person with a link to the renewal application. The renewal application is the same as the initial application and contains both Part A and Part B (see below for information on IAAME’s uniform application form).
- e) IAAME’s uniform application contains two parts: Part A and Part B. The Part A of the application is further explained in sections 4(f) and 4(g). The Part B of the application is further explained in section 4(h) of this policy.



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- f) Information to be entered and/or uploaded by the initial or renewal applicant in the application Part A must include the following:
- 1) Agency/Person's official name (including name doing business as)
 - 2) Address – main and all subsites
 - 3) Phone number – main and all subsites
 - 4) Length of service (months/years in business)
 - 5) Number of intercountry adoptions cases it handles annually
 - 6) Number of staff designated by the main and all subsites
 - 7) Annual operating budget
 - 8) Adoption services, as defined in 22 CFR 96.2, provided including where they are provided (by site, by country, etc.) and by whom they are provided (employees, contract staff, or supervised provider(s))
 - 9) Disclosure, documentation of circumstances, and disposition for all applicable items related to the requirements set forth in 22 CFR 96.35.
 - 10) Information and documentation for complaints regarding intercountry adoption services received/processed against the agency/person, its employees, contract staff and/or any supervised providers
 - 11) Name, title and contact information for accreditation/approval lead for the agency/person
- g) An initial or renewal applicant must also submit the following with its completed application Part A:
- 1) Most recent income tax return (i.e., Form 990)
 - 2) Copy of certification of incorporation or other evidence of legal formation (organizations only)
 - 3) Copy of 501(c)(3) status letter and/or evidence of State approval of non-profit status, if applicable
 - 4) A current organizational chart (organizations only)
 - 5) Licenses/certification held (main site and all subsites as applicable)
 - 6) Insurance coverages
 - 7) Payment of the initial or renewal application fee, dependent upon the status of the agency/person at the time of the application (see section 4 a) and (b) above for details)
- h) Within five business days of the application Part A being received, IAAME staff will contact the initial/renewal applicant to conduct an initial call to:
- 1) Provide agency/person with name and contact information of the IAAME staff who will be working with agency/person throughout the initial/renewal accreditation/approval process
 - 2) Review information in the application Part A



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- 3) Request any additional information needed to complete its review of application Part A
 - 4) Address any initial questions of the agency/person
 - 5) Review service(s) provided or desired to be provided in each country to assist IAAME with identifying scope of review required for accreditation/approval, including but not limited to the following:
 - a. determining if the agency/person completes the adoption service(s) itself and/or uses other providers to complete the adoption service(s)
 - b. determining if the agency/person will be acting as a primary provider, and if so, determining if the applicant/agency/person will be utilizing supervised providers in the United States and/or supervised providers in foreign countries.
 - c. Determining if the agency/person will only provide home study services as an exempted provider as defined in 22 CFR 96.2
 - 6) Review information regarding main site and sub-sites to establish understanding for the needs and number of IAAME staff for the on-site visit
 - 7) Walk through application Part B, the IAAME secure on-line web portal system, the standards in 22 CFR subpart F, supporting documentation/evidence requirements, and answer questions related to utilization of the web-based system.
 - 8) Provide an overview of an onsite-visit.
 - 9) Establish an initial timeline for due dates related to completion of the application Part B, estimated date for site visit, and ongoing technical assistance/training dates.
 - 10) Discuss the accreditation/approval fee(s), the manner in which the fee(s) will be paid, and the date by which the fee(s) are to be paid in full.
- i) Within 5 business days of the contact noted in section 4 h) above, IAAME staff will develop and send, via email, the Agreement between the agency/person and IAAME. This Agreement will include the information discussed in section 4 h) above. The agency/person must submit the signed Agreement and pay the accreditation fee no later than three months from the date the Agreement was sent by IAAME to the agency/person.
 - j) Demonstrating compliance with standards is the responsibility of the agency, and technical assistance will be provided by IAAME staff as established with the agency/person during the initial call. Additional periodic calls may be made to the agency/person to assist with their meeting deadlines and maintaining an understanding of the process and what is needed.



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- k) The application Part B consists of the standards as outlined in 22 CFR 96 Subpart F. The application contains the main standards and sub-standards for each section in 22 CFR 96 Subpart F and includes specific supporting documentation/evidence required to be submitted for each standard and sub-standard. Supporting documentation/evidence is required to provide IAAME information needed, in conjunction with on-site visit interviews, to determine the agency/person's substantial compliance or, when applicable, ability to substantially comply with the standards outlined in 22 CFR 96 Subpart F. Each section of the application Part B indicates if the supporting documentation/evidence is to be included in the response to the application Part B or will be due and reviewed by IAAME staff during the on-site visit. Additionally, the application Part B includes notations for each standard and substandard indicating if it is a mandatory, critical, or foundational standard.
- l) A minimum of two IAAME staff will complete the following prior to conducting the on-site visit with the agency/person:
- 1) review the agency/person's application Parts A and B and supporting documentation/evidence submitted.
 - 2) complete a list of additional supporting documentation/evidence needed for review prior to or during the on-site visit.
 - 3) identify individuals to be interviewed during the on-site visit.
 - 4) draft questions to be asked in interviews during the on-site visit.
- m) Within three months of the date of the scheduled on-site visit, IAAME staff will send email correspondence to the agency/person outlining the following:
- 1) list of additional documentation/evidence needed prior to the on-site visit, including due dates for any such requested documentation/evidence
 - 2) list of additional documentation/evidence needed as a part of the on-site visit
 - 3) list of individuals to be interviewed during the on-site visit
 - 4) list of other sites to be visited as a part of the on-site visit
 - 5) request agency/person to schedule space for the reviewer(s) to work while on site
 - 6) due date for the agency/person to complete an on-site visit schedule to include:
 - a. time for an entrance meeting
 - b. review of on-site documentation/evidence
 - c. interviews
 - d. visits to other sites, if applicable
 - e. initial scoring and comments documentation
 - f. exit meeting



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- n) Within five business days of IAAME sending the email correspondence in section 4 m), IAAME staff will contact the agency/person to review the correspondence, address any questions, further elaborate on documentation/evidence needed, and approve and finalize on-site visit interviews and schedule.
- o) The week prior to the on-site review, IAAME staff will contact the agency/person to finalize any other arrangements and to answer any final questions.
- p) The length of time it takes for an agency/person to be accredited/approved is dependent upon the length of time the agency/person needs to review the standards, gather and submit all required supporting documentation/evidence and set the date for the on-site visit. IAAME will work with agencies/persons to determine the schedule that works best for each participant. All schedules for renewals will be set in such a way that the accreditation/approval process, including the final determination, can be completed prior to the expiration date of the current accreditation/approval for that particular agency/person.

5. On-Site Visit

- a) IAAME expects, depending upon the size and scope of adoption services provided or expected to be provided by the agency/person seeking accreditation/approval, IAAME's on-site visit will take two to three days. Some very large agencies/persons may take longer, but IAAME will determine this prior to the finalization of the on-site visit schedule.
- b) At a minimum, two IAAME staff will conduct the on-site visit. Additional IAAME staff may be needed given the size and nature of business of the agency/person. IAAME will determine the number of staff needed to conduct the on-site visit prior to the finalization of the on-site visit schedule.
- c) IAAME will strive to, as often as possible, schedule on-site visits for dates that meet the needs of the agency/person. Additionally, IAAME will determine with the agency/person when IAAME will review documentation during the on-site visit process. Case files and other documentation may be reviewed prior to the entrance meeting if this is the preferred schedule for the agency/person and is described in the written on-site schedule. Most on-site visits are to be scheduled to be completed a minimum of three months prior to the agency/person's accreditation/approval



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expiration date. For renewal applicants, if the timeframe for the scheduled site visit is to be less than three months from the date of the agency/person's accreditation/approval expiration date all other timeframes listed within this policy will be discussed and adjusted accordingly in order for all actions to take place, including requests for additional information or requests to reconsider, prior to the expiration date.

- d) An entrance meeting is conducted for every on-site visit. The entrance meeting is held with IAAME staff and the executives and other staff of the agency/person. The entrance meeting starts with introduction and credentials of the IAAME staff and an opportunity for the agency/person's executives and staff to introduce themselves to the IAAME staff. The entrance meeting also serves as the starting point for the on-site visit evaluation process and lays out the events to occur during the on-site visit. IAAME staff will give a brief overview of the process and review the interviews scheduled. IAAME staff may ask questions of the group to further clarify any outstanding questions on services or processes to assist them in determining if additional information is needed or additional questions during interviews are needed. During the entrance meeting the agency/person's executives and staff will also have an opportunity to ask questions and receive feedback from the IAAME staff.
- e) Following the entrance meeting IAAME staff will work with the agency/person's accreditation/approval lead to carry out the rest of the tasks as outlined on the on-site visit schedule previously submitted to and approved by IAAME staff. IAAME staff will first request any remaining supporting documents/evidence requested for review on-site to finalize that process and to make any changes to interview questions as a result. IAAME staff will then conduct individual and/or group interviews, as appropriate.
- f) Throughout the process and upon completion of the interviews IAAME staff will utilize a standardized scoring tool to preliminarily score and provide comments justifying the preliminary scores for each of the standards and sub-standards. The tool and scoring system is based on the substantial compliance system listed in 3 g), and h) of this policy. During this time, if IAAME staff has questions regarding how to score or interpret a standard/sub-standard for the particular agency/person, IAAME staff will contact their supervisor for guidance and technical assistance.
- g) An exit meeting is held the final day of the on-site visit. This meeting will include IAAME staff as well as the agency/person's executives and other staff IAAME and the



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agency/person determine to be appropriate. During the exit meeting IAAME staff will provide an overview of preliminary findings. IAAME staff will not provide details or the specific preliminary score for each standard or sub-standard, but will provide an overview of areas of strength and areas identified as needing improvement. IAAME staff will provide information related to timeframes for when the final scoring and report will be completed and approved by IAAME.

6. Accreditation or Approval Decision

- a) IAAME utilizes a standardized rating tool to score and finalize initial and renewal accreditation/approval decisions. The standardized initial/renewal accreditation/approval rating tool includes notations for each standard and sub-standard indicating if it is a mandatory, critical, or foundational standard. Notating this information directly on the standardized rating tool makes the information readily available to IAAME staff reviewing the agency/person.
- b) IAAME's standardized rating tool:
 - 1) includes all standards and sub-standards with language directly from 22 CFR 96 Subpart F
 - 2) identifies the weighting for each standard and sub-standard (mandatory, critical, and foundational)
 - 3) pursuant to the substantial compliance system, includes a scoring section for each standard and sub-standard indicating if the standard and sub-standards are in full compliance, substantial compliance, partial compliance or non-compliance
 - 4) pursuant to 22 CFR 96.27 (b) focuses on evidence of actual performance, unless IAAME determines that it is still necessary to measure capacity because adequate evidence of actual performance is not available.
 - 5) includes a comment section for each standard and sub-standard for IAAME staff to enter comments justifying ratings
 - 6) includes overall compliance scores
- c) IAAME staff utilizes the information in the application Parts A and B, supporting documentation/evidence and interviews and record reviews from the accreditation/approval on-site visit to determine the agency/person's compliance with each of the standards and sub-standards. The information gathered, observed and reviewed is utilized to score each standard and sub-standard and to justify the scoring. The two IAAME staff completing the on-site visit will complete the standardized rating tool for each of the sections they are responsible for reviewing. The standardized rating tool will contain the IAAME staff's rating and justification for



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each standard. The two IAAME staff will confer with one another regarding their ratings and justifications and will produce one complete rating tool with their ratings, justifications, and recommendations regarding an accreditation/approval decision.

- d) IAAME staff will complete the standardized rating tool and provide the completed tool to IAAME Management for review.
- e) IAAME Management will review the completed standardized rating tool, including the ratings, justification for each rating, the recommendations regarding an accreditation/approval decision, and supporting documentation, as necessary, and will determine if the review is complete or if additional information is needed from the IAAME staff and/or the agency/person for the review to be complete.
- f) If additional information or documentation is needed from the agency/person, IAAME will contact the agency/person to review and discuss any standards for which additional documentation may be required], and will set a date by which any additional supporting documentation/evidence must be submitted. IAAME will document the outcome of this contact and will send it via email to the agency/person. This process must be completed within 30 days, but may not extend past the date of the current accreditation/approval date for any actively accredited/approved agency/person.
- g) On receipt of the additional supporting documentation, IAAME will review the information and will update the standardized rating tool to reflect the additional information received, document any changes to the rating given, and provide justification for the standard being addressed.
 - 1) If the information received is timely, the standardized rating tool will be finalized by IAAME which will include the calculation of the agency/person's overall substantial compliance as outlined in section 3(i) above and will document the accreditation/approval decision made based on this calculation.
 - 2) If the responses are not received timely or are not sufficient to document actual performance is in substantial compliance or, when applicable, the capacity to be in substantial compliance, IAAME will update the standardized rating tool to reflect this information and will enter a recommendation to deny accreditation/approval due to the lack of response and/or insufficient information.
- h) IAAME Management makes the final accreditation/approval decisions upon completion of their review.



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- i) A final decision letter will be sent to the /agency/person by IAAME within one week of the final decision being made. The final decision letter will include the specific ratings given to each of the standards. The final decision letter will also for any standard the agency/person received a score of 2, 3 or 4, provide justification for the rating.
- j) IAAME will post on the IAAME website the decision regarding the agency/person's accreditation/approval status and will notify the Department of State of this decision.
- k) IAAME will send to all accredited/approved agencies/persons a certificate of accreditation/approval within 30 days of the final decision letter being sent to the agency/person.

7. Length of Accreditation or Approval Period

- a) IAAME will generally accredit an agency or person for a minimum of four years. The four year period begins on the date the accreditation/approval is granted by IAAME .
- b) Accredited/approved agencies/persons may apply to have a one year extension of accreditation/approval if the agency/person:
 - 1) remains in substantial compliance with the applicable standards in CFR 96 Subpart F,
 - 2) has no pending complaint registry investigations,
 - 3) has or has had no adverse action,
 - 4) has not undergone a change in corporate or internal structure,
 - 5) has not previously been granted an extension, and
 - 6) the extension would not cause the period of accreditation/approval to exceed five years.
 - 7) pays the extension application fee.

8. Reconsideration of Denial

- a) An agency/person who has been denied accreditation/approval may submit to IAAME a written request for reconsideration.
- b) Written requests for reconsideration must be made and received by IAAME within one week of the date the agency/person received notification from IAAME of the denial of accreditation/approval.



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- c) Written requests for reconsideration must detail the agency/person's rationale for the request, identify the specific ratings and/or justifications to be reconsidered or reassessed, and must be accompanied by documentation/evidence to support the agency/person's position.
- d) IAAME reserves the right to require an additional on-site visit, if necessary, to assess the request for reconsideration and to verify substantial compliance with the standards outlined in the request.
- e) Within two weeks of receiving all required and requested information, the IAAME Manager will complete the review, render a recommendation, and add additional final ratings and justification information to the agency/person's record. The IAAME Manager will forward the additional information and recommendation to the IAAME Executive Director who will, within one week of receipt, review the information and recommendation and will approve and/or deny the request for reconsideration.
- f) Within one weeks of the decision being made, IAAME will send a letter to the agency/person regarding the final decision on the request for reconsideration.
- l) If the final decision changes the status of IAAME's accreditation/approval decision, IAAME will post the change to the IAAME website within two business days of notifying the agency/person and will notify the Department of the change.
- g) Within 30 days of the final decision, if the reconsideration is granted, IAAME will provide the agency/person the accreditation/approval certificate.

9. Reasons for Denial of Accreditation/Approval

- a) Denial of initial or renewal accreditation/approval may be based upon factors including but not limited to:
 - 1) The agency/person's inability to demonstrate substantial compliance or, when applicable, the ability to substantially comply with the applicable standards.
 - 2) The agency/person's failure to provide required or requested information in a timely manner or at all during the initial accreditation/approval and/or renewal process.
 - 3) The agency/person's failure to make staff available as requested which results in IAAME's inability to fully assess the agency/persons demonstration of



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substantial compliance or, when applicable, their ability to substantially comply with the standards.

- 4) The agency/person's failure to report information necessary for IAAME to make a complete and informed decision regarding the agency/person's demonstration of substantial compliance or, when applicable, their ability to substantially comply with the standards.

10. Additional Considerations for Denial of Accreditation/Approval

- a) If IAAME refuses to renew the agency/person's accreditation/approval IAAME will provide the following in writing:
 - 1) Notification to indicate the need for the agency/person to enact their case transfer plans
 - 2) Notification to the agency/person of the date by which the agency/person must cease services in intercountry adoptions.
- b) Refusing to renew accreditation or approval is an adverse action subject to judicial review under 22 CFR 96.79.

11. Re-Application

- a) As per CFR 96.27 (e) If an agency or person has previously been denied accreditation or approval, has withdrawn its application in anticipation of denial, or is reapplying for accreditation or approval after cancellation, refusal to renew, or temporary debarment, the accrediting entity may take the reasons underlying such actions into account when evaluating the agency/person for accreditation or approval, and may deny accreditation or approval on the basis of the previous action.
- b) An agency/person who has been denied accreditation/approval may reapply to IAAME after a period of 6 months. This time period allows the agency/person to work on the deficiencies that led to the denial. The agency/person may contact IAAME after the 6 month period via the online contact us form to apply. IAAME reserves the right to deny the applicant's request if, after the initial contact with them, IAAME determines the issues that led to the original denial have not been adequately addressed

12. Review of Decisions to Deny Accreditation or Approval



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- a) There is no administrative or judicial review of an accrediting entity's decision to deny an application for accreditation or approval. As provided in 22 CFR §96.79, a decision to deny for these purposes includes:
 - 1) A denial of the agency's or person's initial application for accreditation or approval;
 - 2) A denial of an application made after cancellation or refusal to renew by the accrediting entity; and
 - 3) A denial of an application made after cancellation or debarment by the Secretary.

13. Public Requests for Information

- a. Public requests for information related to an agency/person will be processed by IAAME Management. IAAME will only release information in accordance with applicable state and Federal law, including the regulations in 22 CFR Part 96.