



the
guide to certification of
related facilities

2012 edition

PLEASE NOTE: THE 2012 EDITION OF “*GUIDE TO CERTIFICATION OF RELATED FACILITIES*” MAY BE USED FOR SUBMISSION OF MATERIALS FOR DEADLINES OCCURRING IN THE YEAR 2012. SUBMISSIONS FOR DEADLINES IN THE YEAR 2013 REQUIRE THE 2013 EDITION, AVAILABLE IN SEPTEMBER, 2012.

2012 GUIDE TO CERTIFICATION OF RELATED FACILITIES

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ACCREDITATION COMMISSION

Mission Statement

The mission of the AZA Accreditation Commission is to establish, uphold, and raise the highest zoological and aquarium industry standards through self-evaluation, on-site inspection, and peer review.

Goals

Establish Standards For AZA Zoos And Aquariums

AZA standards will be a dynamic document of the current acceptable standards for zoos and aquariums. Through continual review and policy setting, it will remain contemporary.

Credential AZA's Standards As The Industry's Standard

The Commission establishes criteria for AZA accredited institutions among those in and outside our profession as the recognized leaders in the industry through continuing review which strengthens standards, training for consistent inspection, and providing guidance to the profession and those we serve. It is imperative that regulatory agencies, governing authorities, international allied groups, etc. can have the trust and confidence in our efforts to establish high standards and be assured that members comply.

Encourage Member Institutions To Develop Superior Facilities

Membership status obligates institutions to continuously strive for superior facilities. On occasion, the Commission is called upon to use its professional clout to encourage improvements. Our objective third party position has been an effective tool to lobby local authorities to support member facilities. We encourage development of superior facilities through publication of professional information highlighting current practices, documenting trends, and raising professional expectations.

Support Nonmember Institutions To Achieve AZA Accredited Member Status

The Commission mentors interested nonmembers to aspire and achieve accreditation status. The Commission will work with new and existing non-accredited institutions to stress the importance of AZA accreditation and encourage participation, providing whatever professional assistance is available.

DESCRIPTION OF THE PROGRAM, OBJECTIVES, AND SCOPE

The Association of Zoos & Aquariums (AZA) is a professional organization representing zoological parks and aquariums, primarily located in the Americas. Among its objectives, the Association strives to raise professional standards and to influence continuing development of superior zoological parks and aquariums.

Throughout their history, zoological parks and aquariums in the Americas have been governed according to varying objectives. Nevertheless, AZA believes that facilities maintaining collections of exotic wildlife must recognize and accept their common goals and seek to advance them by adhering to professional standards for maintaining quality and performance. [See “Preamble” appearing on page 4 of the 2011 edition of the *Accreditation Standards and Related Policies*.]

CERTIFICATION AND ACCREDITATION DEFINED

Certification and accreditation—the establishment and maintenance of professional standards and the qualitative evaluation of organizations in the light of those standards. Through this process a profession is judged based on criteria selected by its own members, rather than an outside agency.

In developing its certification and accreditation programs, AZA has been especially concerned with the need for assuring the highest standards of animal management and husbandry. It is our belief that this objective is paramount in the operation of collections of living creatures and that good conscience permits no higher priority. It also accords special attention to the use of the living collections and the nature of their management for conservation, education, scientific studies, and recreational purposes, thus justifying the maintenance of such collections.

Primarily, AZA standards are *performance* standards (i.e., measuring the level of achievement considered acceptable to fulfill a performance characteristic, and choice in method for meeting the goal). This differs from *engineering* standards, where exact and precisely measured steps are required to fulfill an engineering characteristic, with little or no variation in method for meeting the goal.

AZA maintains two credentialing programs: Accreditation (for *Institutional* members), and Certification (for *Related Facility* members).

CERTIFICATION VS. ACCREDITATION (RELATED FACILITIES VS. INSTITUTIONS)

Related Facilities are expected to achieve and maintain or surpass the same standards as Institution members. The Related Facility membership category requires that each facility be *inspected* and *certified* before AZA membership can begin, or continue. The inspection and review process falls under the authority of the Accreditation Commission, but Related Facilities are *not considered accredited*. They are referred to as AZA *certified*. Like accreditation, certification is required every five years.

The certification process is very similar to the accreditation process, with subtle differences. In addition to not being open to the public on a regular basis, Related Facilities typically have slight differences in mission and scope from zoological parks or aquariums. However, Related Facilities must have conservation as part of their mission, and the overall mission must be aligned with AZA's. Related Facilities are bound by AZA's Code of Ethics, policies, and

standards, just like accredited institutions. When evaluating a Related Facility applicant, the Accreditation Commission and the inspection team use the *Accreditation Standards* as a basis for judgment (see the 2011 edition of the *Accreditation Standards and Related Policies* booklet). Most Related Facilities would not be evaluated for exhibit aesthetics and design, but would be evaluated on such issues as enclosure *size* and *furniture*, enrichment programs, whether physical, social, and psychological needs of the entire collection are being met, acquisition/disposition practices, etc. Related Facilities that occasionally host a small number of visitors by appointment only need not have an education program. However, facilities that have a *regular* flow of public visitors and/or school groups (whether by appointment or not) should have an education program based on accreditation standards, and must meet standards dealing with public safety. If uncertain as to what may or may not apply, contact the accreditation department for clarification.

THE ACCREDITATION COMMISSION

The Accreditation Commission consists of a Chairperson and eleven Commissioners who serve three-year terms. The terms are staggered to ensure continuity of service. The Chair and Commissioners are eligible to serve two consecutive full terms if appointed to do so. In addition to the Chair and Commissioners, several Advisors are appointed to serve without vote. Advisors serve one three-year term and expand the overall body of expertise of the Commission. The AZA President-Elect makes appointments to the Accreditation Commission and selects the Chair and Vice-Chair. Only Professional Fellows are eligible for appointment to the Commission.

The Commission and its programs are managed by the AZA Vice President, Accreditation Programs. The Vice President, Accreditation Programs shall conduct all administrative business of the Commission, provide guidance on policy, maintain accreditation records, advise and consult with the Commission, Visiting Committees, and applicant institutions, and provide training as required. The Vice President, Accreditation Programs may accompany the Visiting Committee on inspections, and shall also assist the Commission Chair with Commission meetings, which are conducted twice a year.

The Accreditation Commission relies upon volunteers who possess professional expertise in zoo and aquarium management to serve as members of Visiting Committees. The Visiting Committees are organized to provide for appropriate representation and expertise according to the size and type of the applicant facility.

HISTORY AND ACKNOWLEDGMENTS

While it had been recognized for many years that a major responsibility not fulfilled by AZA was the development of an accreditation program for zoological parks and aquariums, it was not until September 1971 that Incoming President Gary Clarke took the first step by appointing a committee to study the matter and prepare a report. In 1965, an accreditation-like program was promulgated in Great Britain, where a Federation was formed especially to administer its development. In the United States, state legislation was passed in several states which included a system of inspection and licensing that embodied the public's rightful concern for the well-being of animals in zoological collections. On a federal level, the passage of the Animal Welfare Act reflected the nation's growing concern for animal care.

There was a strong feeling that the zoological park and aquarium profession, through AZA, should attempt self-evaluation through a program created for that purpose. After three years of

intense preparation, the first institution was accredited in 1974—at that time a voluntary process. In 1985 accreditation became mandatory for organizations holding wildlife and seeking membership in AZA.

AZA is grateful to the American Association of Museums (AAM) for the permission it granted in 1973 to allow AZA to model its accreditation program upon the copyrighted AAM program, and for the helpful counsel and advice AAM provided. AZA is also grateful to the British Federation of Zoological Gardens and many colleagues in the United States for comments and suggestions provided throughout the development process. The 1972 Accreditation Study Committee as appointed by President Gary Clarke included: Chair, William Conway; Lester Fisher, DVM; Robert McLaughlin; Dr. James Oliver; Ronald Reuther; William Woodin; and John Zara.

BENEFITS OF CERTIFICATION

Certification helps •develop public confidence by means of a thorough, unbiased, measured, and documented audit that establishes whether a facility meets or exceeds current professional standards as established by AZA. This is accomplished by a periodic comprehensive review and site inspection conducted by zoological experts in operations, animal management, and veterinary medicine. Certification is also important in •guiding private and governmental agencies that frequently need expert opinion as a basis for qualitative judgment in connection with contributions, grants, and contracts, and other areas. Once granted, AZA certification is a •publicly recognized badge signifying commitment to collection management, veterinary care, ethics, physical facilities, staffing, conservation, education, safety and security, finance, and supportive bodies. Conversely, denial of certification should lead to improvements in identified areas and a concurrent increase in cooperation and support from governing bodies and other organizations.

Certification is also important in •guiding private and governmental agencies that frequently need expert opinion as a basis for qualitative judgment in connection with contributions, grants, and contracts, and other areas.

Other benefits include: •eligibility for grants (from certain foundations, corporations and other sources); •exempts facilities from certain government requirements, primarily at the state level; •promotes professional recognition from the top zoological parks and aquariums in the U.S. that current industry standards are being met; •provides impartial evaluation on a periodic basis by professional colleagues; •promotes excellence within the facility by causing a facility to continuously evaluate itself in light of ever-rising zoological industry standards; •fosters staff pride; •significantly improves the ability to attract and retain a high quality, professional staff.

Another important benefit of certification is membership in AZA. Membership in AZA includes: •animal exchange (access to animals from other AZA accredited institutions or certified Related Facilities for loan and/or breeding); •information/knowledge exchange (access to top experts and colleagues within the zoological and aquarium professions, for aid as needed and sharing of information); •access to AZA's resource center; •reciprocity with membership of other AZA accredited institutions or certified Related Facilities, and much more.

POLICIES, RULES, AND GENERAL PROCEDURES FOR APPLYING

PRINCIPLES OF CERTIFICATION

1. Facilities are certified based on what exists at the time of the inspection and review—not on future plans.
2. The certification process provides a format for the applicant facility to undertake a rigorous self-examination.
3. Certification represents that a facility is currently meeting accepted standards of the profession as established by AZA. The certification program does not presume to identify the level of achievement beyond that of established standards.
4. Certification is based upon the informed collective judgment of highly experienced individuals within the professional fields of zoo/aquarium operations, animal management/husbandry, and veterinary medicine. Individuals are appointed by the Chair of the AZA Board of Directors.
5. The certification program is conducted strict confidence.
6. The principles and procedures of the certification program apply equally to all facilities.
7. The granting of certification is for five years, and expires at the end of that period. Facilities must successfully complete the full process again prior to the end of the five-year period. The process is the same for all facilities, regardless of whether a facility holds certification at the time of application or is applying for the first time.
8. A certified Related Facility may be reviewed or inspected at any time within the five-year certification period, at the discretion of the Accreditation Commission or the AZA Board of Directors. (see *Interim and Follow-up Inspections*, page 25).
9. Once certified, a facility is expected to continuously advance its professional operation and stay abreast of constantly rising standards in all areas. An AZA certified related facility must incorporate modern zoological practices and philosophies as basic tenets.
10. AZA standards are primarily *performance* standards (i.e., measuring the level of achievement considered acceptable to fulfill a performance characteristic, and choice in method for meeting the goal).

BASIC DEFINITIONS

The certification program is intended for those facilities that hold wildlife, but **do not meet the definition of a zoological park or aquarium** (following below). **Only facilities meeting or exceeding the definition of a related facility** (see below) **should apply for certification**. *Commercial* members holding wildlife must apply for AZA membership as a *Commercial Member With Animals*.

For the purposes of AZA's certification program, the Related Facility membership category is defined as: *organizations holding wildlife that are not commercial entities, and are not open to the public on a regularly scheduled, predictable basis. The facility shall be under the direction of a professional staff trained in animal husbandry, and shall be further defined as having conservation and preservation as part of its mission—a mission that shall have a beneficial, tangible, supportive impact on the zoological and aquarium professions. This includes wildlife ranches, wildlife refuges or rehab centers, research facilities, survival centers, breeding farms, wildlife sanctuaries, and/or similar organizations.*

For the purposes of AZA's accreditation program, a zoological park or aquarium is defined as: *a permanent institution which owns and maintains wildlife, under the direction of a professional staff, provides its collection with appropriate care and exhibits them in an aesthetic manner to the public on a regular basis. The institution, division, or section shall further be defined as having as their primary mission the exhibition, conservation, and preservation of the earth's fauna in an educational and scientific manner.*

For clarification, the key words used in the definition are further defined as follows:

1. PERMANENT (cultural institution): an institution founded by an authority which intends it to continue indefinitely.
2. WILDLIFE: non-domesticated animal life.
3. PROFESSIONAL STAFF: at least one paid full-time employee who commands an appropriate body of special knowledge and has the professional experience and ability to reach zoological park or aquarium management decisions consonant with the experience of peers and who has access to and knowledge of the literature of the field.
4. AESTHETIC: pertaining to the beautiful.
5. REGULAR BASIS: regular hours, so that access is reasonably convenient to the public.

NOTE: The Accreditation Commission, and its agents, shall determine if a facility is meeting standards, and incorporating modern zoological practices and philosophies. If in question, the Commission, and its agents, shall further determine whether a facility meets the definition of a related facility, as provided in this booklet.

OTHER DEFINITIONS

Currently Certified Applicants. Currently certified applicants are those facilities that are certified *at the time the application is submitted and processed*.

New Applicants. “New” applicants are those facilities applying for certification for the first time, or any institution that is *not currently certified*, regardless of whether it has been certified in the past. (Facilities applying for the first-time, see *Applying For The First Time*, pages 12-13).

International Facilities. Facilities located outside the United States may apply for certification under the same rules as those located within the United States. In some cases, processing of applications for international facilities may not be possible within the standard six-month time frame, and may require a year or more before the Commission hearing can be scheduled. In addition, the amount of the Visiting Committee deposit may be higher due to

increased travel costs associated with inspecting institutions located outside of the United States. (see *Fees*, pages 11-12). All materials submitted must be in English. Brochures and other pre-printed materials must be accompanied by a complete translation.

SUMMARY OF THE APPLICATION PROCESS

It takes approximately six months from the time an application is submitted until the Commission holds a hearing and makes its decision. If an application is tabled an additional inspection is required, and it may take up to twelve months before the Commission makes final decision.

The application process begins with the submission, at an established deadline, of a completed questionnaire/application. The completed questionnaire/application must be accompanied by a variety of supporting materials and is submitted in quintuplicate. *A sixth copy of the completed questionnaire/application should be maintained indefinitely on site for the facility's future reference and for the use of the Visiting Committee during the inspection.* An on-site inspection will occur approximately three to five months after submission of the application. At the conclusion of the inspection, the facility will be presented with a list of items that must be addressed to be considered in compliance with standards. The inspection is followed by a hearing before the Accreditation Commission, scheduled at its next meeting. At that time, the facility's case will be discussed and a determination made whether to grant, table, or deny certification. *The Commission's decision will be based on what exists at the time of the inspection and final review—not on future plans.*

A detailed explanation of this process appears in the pages that follow.

BASIC INFORMATION

Deadlines. March 1 and September 1. The Commission meets twice yearly [in March and September] to consider pending cases. Facilities wishing to have their cases heard in March must submit application packages *by September 1*. Facilities wishing to have their cases heard in September must submit application packages *by March 1*. If the deadline falls on a weekend or holiday, the next regular business day immediately following shall be considered as the deadline. Please note that late applications will not be accepted. NOTE (currently certified related facilities): *Missing an application deadline will not be considered an acceptable reason for extension of certification, and will result in a lapse of current certification and AZA membership.*

Certified related facilities are expected to keep track of their own expiration dates (available on the AZA web site at <http://www.aza.org/current-cert>, or by contacting AZA). Facilities will be reminded six months in advance of the deadline for submission of materials (twelve months in advance of certification expiration), but should not rely on this reminder as a method of tracking an expiration date.

Early Submittals. Application packages may not be submitted any earlier than one month in advance of the deadline for which they are intended.

Fees. A filing fee and a Visiting Committee deposit are both due at the beginning of the process. Filing Fee: The certification Filing Fee is \$1,000.00, and is non-refundable*. The Filing Fee helps defray a portion of the costs involved in certification processing. Visiting Committee Deposit: Applicants are responsible for all costs associated with the inspection. A deposit of

\$800.00 towards inspection expenses must be submitted. The deposit for *international* applicants located in countries other than Canada and Mexico is \$1,600.00. Payment must be in U.S. dollars. If Visiting Committee expenses exceed the deposit, the facility will be invoiced for the balance; if less, a refund will be issued. **Submission of Fees:** Facilities submitting applications for the March 1 deadline must include all fees with their application. For accounting purposes, facilities submitting for the September 1 deadline should not include payment. Those facilities will be invoiced for payment in October. **Filing fees are non-refundable once the official review process has started, and costs have been incurred. Specifically, the official review begins with initial reviews conducted by the Vice President of Accreditation Programs and the Primary Reviewer. If a facility withdraws its application before the official review has started, the fee may be refunded.*

Confidentiality. Information submitted to the Accreditation Commission is held in *strict confidence*, and is made available to the following individuals only: •Accreditation Commissioners, •Commission Advisors, •Inspectors (Visiting Committee), •Vice President, Accreditation Programs (and accreditation staff) •AZA Executive Director. The following also have access, but typically do not view the materials: •AZA President & CEO, •AZA Board of Directors.

Conversely, the Commission will not disclose the names of any person(s) requesting confidentiality when providing information, verbally or in writing, about the facility. This includes staff, colleagues, and/or members of the public.

Distribution of the Final Report. *The Final Report of the Visiting Committee to the Accreditation Commission* shall be provided by the Accreditation Commission to the facility's CEO/Director, and to the facility's governing authority, only. Further distribution of that report is left to the sole discretion of the facility and/or its governing authority. The facility's CEO/Director will receive a copy of the complete report at the conclusion of the facility's hearing.

APPLYING FOR THE FIRST-TIME

It is advisable for first-time applicants (those facilities that have never gone through the certification process before) to be familiar with fundamental AZA philosophies before applying for certification, and to determine if an assessment of suitability by AZA is needed prior to submitting an application (see below). It is equally important that conservation be part of the mission of new organizations wishing to apply.

Assessment of Suitability. Prior to submitting an application, first-time applicants may require an initial assessment by AZA to determine if their facility fits the definition of a Related Facility (see page 10)—a necessary requirement in order to proceed. It is advisable to contact AZA about this well in advance of beginning the application process.

Request A Mentor. In addition, first-time applicants are *strongly encouraged* to request an AZA-approved mentor. Even facilities confident that AZA standards are being met or exceeded should consider obtaining an AZA-approved mentor for an independent assessment before applying. AZA-approved mentors should be requested at least one year prior to submitting an application, and no earlier than three years prior to submitting an application. Mentors cannot be provided at the time of application or after an application is submitted. Mentors provide the facility with an independent professional opinion as to whether it is ready to undergo a certification review, as well as identifying areas and/or practices or policies that do not meet AZA standards and need to be addressed before an inspection takes place. There is no fee for mentoring. (See *Mentoring Program*, page 25 - 26).

Some helpful things to remember, for first-time applicants:

- Contact the Accreditation Department for an AZA-approved mentor at least a year in advance of submitting the application (mentors cannot be provided at the time of application or after an application is submitted).
- Read the **current** edition of the “*Accreditation Standards and Related Policies*” booklet.
- Read the **current** edition of the “*Guide To Certification of Related Facilities*” booklet.
- Make sure that the annual edition of the materials you use to make application *matches* the year in which you submit your application.
- Become familiar with the contents of this booklet, most questions about the process are answered within.
- Follow the instructions for assembling the application as contained in this booklet (pages 13 - 15).
- When completing the application be sure to answer every question and attach required items.
- If you have any questions about assembling the application or other related topics please contact us.
- The Commissioner (or Commission Advisor) assigned to your facility as Primary Reviewer will automatically serve as Chair of the inspection team.
- Participate in AZA through individual membership, attendance at conferences, and reading publications to thoroughly familiarize yourself with fundamental AZA philosophies, policies, and best practices; with added focus given those pertaining to animal management, exhibits (size, habitat, furniture, and aesthetics), and safety.
- While future plans are important and are considered in the overall picture, the final decision to grant certification will be based on what exists *at the time of the inspection and final review*.
- Make sure to address all items on the List of Concerns received at the end of the inspection. Address as many as possible *prior to the hearing*, and be prepared to show timelines, contracts, etc. for those items that are not complete.
- Remember, all facilities receiving certification are expected to maintain accreditation standards every day *throughout the five-year period* of certification. While AZA inspections take place every five years, colleagues who visit (formally or informally), and members of the public *do* notify us if problems are perceived. If deemed appropriate, the Commission may conduct an interim inspection. Certification can be rescinded at any time if the Commission concludes that accreditation standards are not being consistently met and maintained.

ASSEMBLING THE APPLICATION PACKAGE

Improperly Assembled Packages: Please read these instructions and follow them carefully. Improperly assembled or incomplete applications will be returned to the applicant. Related delays could result in an inability to complete processing in sufficient time to continue on the schedule desired by the applicant. This could lead to a six-month deferral or longer, resulting in a temporary loss of certification for currently-certified applicants (extensions of certification will not be granted for missed deadlines or delays related to improperly assembled or incomplete applications). It is equally essential that the application questionnaire be completed *in its entirety*. Missing attachments, or unanswered or missed questions, will delay processing of the application. If uncertain, please contact us.

Preparing The Application On Compact Disc Or Flash Drive. All applications must be submitted in electronic format on compact disc or on a USB flash drive in accordance with instruction contained in this section of the booklet.

Five sets of the completed application must be submitted to AZA by the required deadline. ***It is recommended that an additional copy of the completed compact disk or flash***

drive be maintained by the facility for reference in coming years.

Assembly. When finished, each facility should submit five copies of the CD or flash drives in report covers labeled with the facility's name. Each report should contain the following: (1) a paper or plastic sleeve into which is placed the CD or flash drive; (2) a hardcopy of the completed and signed application questionnaire *without attachments*; (3) samples of a few brochures, newsletters, etc. (if unavailable electronically); and (4) a sealed envelope containing salary information in hardcopy, if desired [*this option is available if a facility does not wish to place salary information on the electronic CD or flash drive*].

In addition to including a hardcopy of the 22 page application questionnaire inside the report covers as described above, the application questionnaire must also be contained in electronic form on the CD or flash drive, and must be linked to attachments in accordance with instructions below.

Please contact the AZA accreditation staff if unclear about any of these instructions.

Answering Questions On The Application Questionnaire. When completing the application questionnaire, applicants are required to include carefully considered statements of purpose to provide the Commission with a clear understanding of each facility's objectives. For example, the mere statement that a facility was established to display its collection to the general public will not be sufficient. It is also helpful to the Commission to know the reason(s) a *new* applicant facility is seeking certification.

Naming Files. All required attachments *must* be included. Materials must be provided electronically, and linked to the application questionnaire. Files should be named according to the question to which they pertain, for example, the electronic file of a facility's *Institutional Collection Plan* should be named "AC-3 ICP". Other examples include "VC-6.a. Restraint Protocol", "C-2 Conservation Plan", and "EI-10 Interpretive Program".

Acceptable Formats. Acceptable formats for submittals on CD or flash drive are *Microsoft Word, Microsoft Excel, Adobe Acrobat (PDF), Power Point, and JPEG*. If you desire to use a format not listed here, please check with AZA accreditation staff first to be certain it is acceptable.

Instructions For Creating Hyperlinks Within Your Application Questionnaire Using Windows Explorer

1. Unprotect/unlock the document using the word: **Tornado** (case sensitive)
2. Place a CD into your disk drive, or connect a flash drive to a USB port. If using a CD, choose **Open Writable CD Folder Using Windows Explorer**. If using a flash drive, this folder should appear automatically.
3. Copy and paste the application questionnaire to your disk or flash drive.
4. When you come to the first question in which you need to create a hyperlink (for example **GI-5**) find the individual document or folder on your hard drive that contains multiple documents related to that question, then copy and paste that to the disk or flash drive.
5. Even though you are hyperlinking the attachment(s) so that those viewing your application questionnaire will be able to click on your link and go straight to your document(s), you must still be sure to label them according to the question that you're answering. For example, if you transfer your institutional collection plan document to the disk drive as you prepare to hyperlink it, make sure that you title/rename the document: "AC-1 Institutional Collection Plan."
6. Back in the application questionnaire, highlight the words **See CD or flash drive** at the appropriate question, then right click and choose **Hyperlink**.

7. Choose **File** on the right hand side of the box that pops up.
8. Another box should open that shows the files available on the disk or flash drive, double click on the file that you just transferred and that you would like to link.
9. The file should now appear in the box titled: **Type the File or Web Page Name.**
10. You can also change the name of the link from **See CD or flash drive** to whatever you would like to title it, perhaps “Institutional Collection Plan.” Simply go to the box titled **Text to Display** and type your new title. Click **OK** and it will be renamed from “See CD or flash drive” to your new title.
11. Once linked the item should be underlined and in a different color. Click on the link to be sure it works.
12. You can also link an entire folder that contains several individual documents, which are needed to answer a single question. For example, **F-10** under the **Finance** section asks for information regarding capital improvement projects that have taken place over the past 5 years. Perhaps you have one folder titled **Improvement Projects** and within that folder you have separate documents for each year.
13. Copy and paste the entire folder from your hard drive onto the disk or flash drive. In this case you will have to type the name of the file into the box titled **Type the File or Web Page Name.** Once you’ve typed in the name you can, as before, change the title from **See CD or flash drive** to whatever you like, then click **OK.**
14. Your hyperlink should be underlined and in a different color. Click on it to be sure it opens.
15. Once you have gone through the entire application questionnaire, linked all the necessary documentation, and you have checked that the links open, go ahead and burn a test CD or flash drive. We recommend taking the burned CD or flash drive to a different computer from the one you tested it on to be sure that all of the links still open, before proceeding with making the four other copies.
16. **See “Assembly” (page 13-14) for final compilation of application binders.**

Photos. Please include on the CD or flash drive with your application approximately 10 photos that best depict your facility on a typical day of operation.

Shipping. Upon completion, five copies of the fully assembled* application should be sent to AZA, addressed as follows: Accreditation Programs, AZA, 8403 Colesville Road, Suite 710, Silver Spring, Maryland 20910. *See “Assembly” (page 13 - 14) for complete instructions, and be sure to contact AZA if you have any questions about this assembly process.

CERTIFICATION PROCESSING (listed in order of occurrence following receipt of application; times of occurrence are approximate)

AT A GLANCE

Weeks 1-2:

• **Visiting Committee Selection Process Begins.** The facility’s CEO/Director will receive a list of 8-12 *potential* Visiting Committee members for review and approval from accreditation staff. The CEO/Director is expected to review the list and may eliminate the names of any individuals. The list must then be signed and faxed to AZA **within 15 days of its receipt.** If a significant number of names are eliminated by the CEO/Director, additional names will be substituted until there is a viable list of at least 8 potential inspectors. Team members will then be assigned by the Commission from the names remaining on the list. A facility may not select the members of its Visiting Committee.

• **Primary Reviewer Is Assigned.** The Primary Reviewer is a member of the Accreditation Commission, or a Commission Advisor, who is assigned to the case and receives a complete set of the facility's application materials. This individual serves as chief examiner on behalf of the Commission and also works in conjunction with the Visiting Committee. As a member of the Accreditation Commission the Primary Reviewer is present at the facility's hearing. In the case of *new* applicants the Primary Reviewer automatically serves as Chair of the Visiting Committee, and may occasionally do so for *currently certified facilities* as well.

Weeks 2-4:

• **The Visiting Committee Is Assembled.** Assembling the inspection team may take 10 or more working days to complete, depending upon how quickly we receive the selection sheet back from the facility's CEO/Director, and how quickly the selected individuals respond when contacted. If all team members cannot be confirmed from the initial list, a second list will be provided. For facilities that have been inspected in the past, an inspector from a previous team will be selected, *if available*. For *new* applicants the Primary Reviewer automatically serves as Chair of the Visiting Committee. As soon as a complete team is confirmed, the facility's CEO/Director will be notified by email. [NOTE: for more information on how inspectors are selected see *Criteria For Selection Of The Visiting Committee*, pages 26-28.]

• **The Inspection Is Scheduled.** Upon confirmation of the team, the inspection will be scheduled by the Chair of the inspection team in consultation with the applicant facility's CEO/Director and the members of the inspection team. Once dates are selected, the facility should provide the team Chair with information for accommodations at a nearby hotel. Team members may then contact the hotel to make reservations, or the facility may choose to make these arrangements for the team. That decision is left to the preference of the facility, and the CEO/Director should inform the team Chair as to the facility's preference at the time the dates are finalized.

Months 2 & 3:

• **Application and Materials are Reviewed.** Accreditation staff will distribute application materials from the facility to individual inspection team members and to the Primary Reviewer. These individuals will begin a thorough study of the application in preparation for the inspection and as part of the overall evaluation of the facility.

Months 3 – 5:

• **The Inspection Occurs.** Typically, most inspections take place during the third, fourth, or fifth month of the process.

• **The List of Concerns is Generated.** At the conclusion of the inspection the inspection team generates the List of Concerns and delivers it to the facility's CEO/Director during the exit interview at the conclusion of the inspection.

• **The Facility Begins Addressing the List.** The facility should begin addressing the List of Concerns as soon as it is delivered.

Months 5 & 6:

• **The Inspection Report Is Submitted.** As soon as the inspection team finishes its inspection, it begins writing its full report to the Accreditation Commission. That report is submitted to accreditation staff for initial review, and then distributed to the Accreditation

Commission.

- **The Facility's Progress Report Is Submitted.** The facility must submit a report informing the Accreditation Commission of progress made addressing the List of Concerns, including documentation. That report is submitted to accreditation staff and is then distributed to the Accreditation Commission.

- **The Accreditation Commission Conducts Initial Review and Evaluation.** The Commission evaluates all information received from the inspection teams, the facilities, and accreditation staff.

Month 7:

- **The Facility's Hearing Takes Place.** The facility appears at its scheduled hearing before the Accreditation Commission to discuss further progress made addressing the List of Concerns and to provide the Commission an opportunity to ask any questions it may have. Following the hearing the Commission makes its decision and the facility is informed.

- **The Facility Receives A Copy Of Inspection Report.** The facility will receive a copy of the inspection report following the hearing when it meets with the Chair of the Accreditation Commission to discuss the Commission's decision.

Month 8:

- **The Facility Receives An Official Letter Reiterating Outcome.** AZA will provide a letter, as quickly as possible after the hearing, reiterating the outcome, and outlining additional action required, if any.

- **Accredited Facilities Receive Plaque.** A plaque denoting the facility's certification is delivered, and presentations are made or scheduled if requested by the facility.

THE INSPECTION

Overview: During the inspection, the Visiting Committee is acting on behalf of the Accreditation Commission and the Board of Directors. Inspectors will usually tour the grounds and facilities as a group, and individually return to areas of particular interest or expertise thereafter. During this time they interview staff members, view records, and make note of positive and negative impressions. During the site visit, the team will also meet with members of the governing authority and key personnel. The full cooperation of the facility's staff will greatly assist the process. Inspections are generally conducted in two to three days.

NOTE, currently certified related facility applicants: it is important to note that the Commission will consider as *major* issues any concerns identified in past inspections that remain present.

NOTE, all applicants: should the inspection team have a concern regarding the comfort or welfare of any member of the facility's collection, it will be considered a *major* issue by the Commission.

Advance Notice: Ask the team chair to communicate any concerns noted during the inspection that could potentially be addressed while the team is still on grounds. Address those concerns if possible, and present documentation at the exit interview.

Gifts. Members of the Visiting Committee may not accept any gifts or privileges offered by the facility.

Inspectors' Expenses. The applicant facility bears the expenses of the Visiting Committee, and every effort will be made to hold expenses to a reasonable minimum. AZA reimburses the inspectors directly and, as soon as all inspectors have submitted expense reports, the applicant facility will either be invoiced by AZA for the total amount due, or refunded the unused balance from the \$800 deposit. Reimbursable expenses are food, lodging, transportation, parking, postage, film, film processing, and any reasonable expense directly associated with the inspection.

Interviews. An opportunity for the Visiting Committee to interview staff *in confidence, without supervisors or management present*, should be provided. The Committee will also interview members of the facility's governing authority (or its owner) at some point during the visit.

Media Coverage. It is inappropriate to schedule media coverage during the inspection. If local media wishes to interview inspectors, the facility should arrange an appropriate time *outside of the scheduled inspection process* for a member of the team to serve as spokesperson. Inspectors may speak only of the certification process *in general*, and *not* about the specific case.

Private Work Area. A dedicated workspace should be made available to the Committee while it is on site. The Visiting Committee members need ample time and space to discuss, in private, various aspects of the facility's operation, review their reports, and to compile the final List of Concerns prior to the exit interview with the CEO/Director.

Records. All records of the facility must be readily available and staff members must be on hand to answer any questions posed by the inspectors.

Social Events. While it is helpful for the applicant to arrange for a luncheon or dinner so that the Visiting Committee can meet staff members and members of the governing authority, the Visiting Committee should not be expected to participate in social functions beyond those required for the orderly discharge of its duties and responsibilities.

Visiting Committee's Written Report to the Commission. In the weeks following the inspection, the Visiting Committee, under the direction of the Chair, shall prepare a full written report for the Commission. That report, as well as the List of Concerns presented to the facility during the exit interview, shall be submitted to the Commission for review and formal action at the facility's scheduled hearing. The report provides insight regarding the Visiting Committee's impression of the facility, its operations, and the care provided the animal collection. Applicant facilities shall receive a copy of the full Visiting Committee Report at the conclusion of the scheduled hearing before the Commission (see also *The Hearing*, page 20).

CONCLUSION OF INSPECTION

Exit Interview. The inspection shall conclude in an exit interview with the facility's Director or CEO. [NOTE: It is *strongly recommended* that the facility's Director or CEO be present for the exit interview. However, should unavoidable circumstances dictate, the CEO/Director may designate a representative to meet with the Visiting Committee.] The CEO/Director may have staff present at the exit interview. During the exit interview the Visiting Committee will discuss the general impressions (positive and negative) formed by the team during the inspection. The

facility's accomplishments will be discussed along with the list of *major* and *lesser* concerns that must be addressed for the facility to be considered in compliance with standards.

List of Concerns. During the exit interview, the Committee shall provide the CEO/Director with a written list of any items found to be of concern (this list shall also be provided to the Commission as part of the written report). The list will include both *major* concerns and *lesser* concerns, and those carrying forward from previous inspections (if any). *[NOTE: It is important to understand that should there be items carrying forward from previous inspections, these will be of particular concern to the Accreditation Commission.]* A facility should strive to address as many items on the list of concerns as possible prior to the hearing before the Commission. However, consideration will be given to the amount of time a facility has between the exit interview and the hearing before the Commission, and the amount of time believed reasonable to complete each concern. Items that cannot be completed prior to the hearing should be covered by an action plan with estimated completion dates.

NOTE: The Visiting Committee is an arm of the Accreditation Commission. However, the Accreditation Commission is the final authority. The Accreditation Commission may have concerns that do not appear on the List of Concerns and, if so, may ask questions accordingly during the hearing. *See also "Conflict Resolution" below.*

Conflict Resolution. Should a facility disagree with the Visiting Committee regarding an item on the List of Concerns, the CEO/Director should note this in the facility's written response to the List of Concerns and explain in detail why the facility believes it meets the standard in question (including providing documentation). The Accreditation Commission will make the final determination.

Responding To the List of Concerns. Upon receipt, the facility should begin immediately addressing the List of Concerns. In addition, the facility must supply the Commission with a written response to the List of Concerns. The response must be submitted by the deadline set by the Vice President, Accreditation Programs. The deadline will occur approximately 4-6 weeks before the hearing. The purpose of the written response to the list of concerns is to provide information to the Commission in advance so that, at the hearing, the facility's CEO/Director *need only report verbally on additional progress made since the response was submitted.* The response should list each concern, followed by a description of how that concern is being addressed. The response should include documentation where possible (photos, copies of contracts, agreements, policies, etc.). Photos may be embedded into the document itself. The response should be as concise as possible [including documentation, where appropriate]. The response should be submitted by e-mail in electronic format, *including all attachments and photographs*, and followed-up thereafter with a signed hardcopy sent by regular mail. Photos may be submitted on CD if too numerous to submit by e-mail. NOTE: *Failure to have taken corrective measures, or to present solid plans for doing so, will affect the outcome of the case.*

Inspection Evaluation Form. Each applicant is provided an opportunity to evaluate the overall process and the Visiting Committee's effectiveness immediately after the inspection. The Accreditation Department will provide the facility's CEO/Director a short e-mail evaluation form requesting input regarding the overall process and the performance of the Visiting Committee. Returning the form is optional, but helps the Commission to better evaluate the effectiveness of the overall process. Information contained in the form shall be shared with the Commission and may be shared with the Visiting Committee to assist them in enhancing their performance in future inspections.

HOW TO PREPARE FOR THE CERTIFICATION HEARING

Preparing For The Hearing. Approximately *eight weeks* prior to the Commission's meeting, the facility's CEO/Director will be notified regarding the exact date, time, and location of the facility's hearing. The CEO/Director should be prepared to verbally update the Commission on any additional progress made *since the written response to the List of Concerns was submitted*. The collective information from both the written and verbal reports will be considered, along with application materials, the inspection report, and other current information, in determining the outcome. Failure to have taken corrective measures, or to present solid plans for doing so, will affect the outcome of the case.

Who May Attend. The CEO/Director may bring to the hearing any staff, governing authority representatives, or individuals considered pertinent to the anticipated discussion.

CEO/Director's Attendance At The Hearing. It is important that the facility's CEO/Director attend the hearing to answer questions, authorize action, and to make any statements desired. If the facility's CEO/Director cannot attend, a written notification must be provided to AZA as soon as possible. The notification must include an explanation, and provide the name of who will attend in place of the CEO/Director. The written notification must also give full authority to the CEO/Director's selected representative to act on behalf of the facility.

The Hearing. A waiting room will be provided near the hearing room. Immediately prior to the hearing, the Commission will conduct its final review of the case. When the Commission is ready to begin the hearing, a Commission member will come to the waiting room to notify the facility's representatives. The hearing portion of the review typically lasts 15-20 minutes. Hearings are closed sessions, and are attended by all Commissioners, Commission Advisors, the Vice President, Accreditation Programs, and the AZA Executive Director. Hearings may also be attended, on occasion, by members of the AZA Board of Directors, the AZA President & CEO, and members of the Visiting Committee.

After the hearing, the Commission will resume private session to deliberate and make a decision. Once a decision is reached, the facility's representatives will be joined in the waiting room by the Commission Chair, the facility's Primary Reviewer, AZA's Executive Director, and the Vice President of Accreditation Programs to discuss the Commission's decision and to provide the facility with a copy of the full Visiting Committee Report. An official letter noting the decision and points of discussion will be sent to the facility in the weeks following the hearing.

Final Decision of the Commission. The Commission's decision will be based on what exists at the time of the inspection and the final review at the hearing—not on future plans. In reaching its decision, the Accreditation Commission also considers the following:

- Six months of reviewing and evaluating the documents, records, policies, and practices of the facility
- The previous inspection report (if one exists)
- The 2-5 day on-site inspection
- The current inspection report
- The recommendation of the inspection team
- The investigation of comments from colleagues and outside sources (if any)
- The *number* and *nature* of concerns
- The facility's response in addressing the identified concerns
- The facility's hearing
- The state of the facility, its facilities, its management, and its overall operations *at present*

The Commission may take one of the following actions:

- A. **Grant Certification:** The Commission will grant certification when it is reasonably satisfied that the applicant facility meets the requirements of a certified Related Facility. The Commission may, however, request progress reports on any items it wishes the facility to address, require an interim or special inspection, and revisit the decision as often as necessary to assure itself that the facility continues to meet all conditions and requirements of certification during the five-year certification period.
- B. **Table Certification:** The Commission may table a facility's application if it determines that certain conditions must be met or additional information submitted before the facility can be considered as meeting certification standards. In addition, the Commission must believe that the facility is capable of meeting those standards within one year, and a follow-up inspection is required at the end of that year. *If a certified related facility is tabled, it remains certified during the period of tabling, although tabling indicates that concerns exist.* The Chair shall write the facility's CEO/Director, providing a copy to the principal officer of the facility's governing board [or its owner], advising of the Commission's action and concerns. The facility is then given up to one year to meet the standards, undergo a follow-up inspection, and return for a second hearing to demonstrate how the concerns of the Visiting Committee and Commission have been addressed. At the conclusion of one year, the Commission must act to certify or deny (continuing to table is *not* an option). Processing shall terminate for applicants not responding in the time allotted, and it shall become necessary to submit a new application and materials should certification be desired again in the future. If a facility is tabled, the year of tabling shall be deducted from the facility's subsequent five-year certification cycle should the facility receive certification at the end of the tabled year.
- C. **Deny Certification:** The Commission will deny certification when a facility does not meet the minimum requirements to be recognized as a certified Related Facility at the present time and, in its opinion, would require in excess of one year to successfully do so. The Chair shall write the facility's CEO/Director, providing a copy to the principal officer of the facility's governing board [or its owner] and noting the reason(s) for denial. Facilities denied certification may reapply one year *after the date of denial*. Submission of a new application and materials shall be necessary.

Receiving Certification. The facility's CEO/Director will receive, at the hearing, a certificate acknowledging the facility's certification for immediate use in applying for permits, grants, exemptions, etc. In addition, within approximately four weeks, the facility will receive an official letter from the Commission recognizing the certification, and reviewing any requirements specific to the case. Additionally, *new* facilities will receive from the AZA Membership Department a pro-rated invoice for AZA annual dues and a welcome package containing useful membership information.

Appeals. In cases involving a currently certified Related Facility, denial results in loss of AZA membership. A request for appeal may be made in writing to the AZA Executive Committee within thirty (30) days of the date of the written notification of denial. The AZA Executive Committee must decide in forty-five (45) days whether to grant an appeal hearing. If the AZA Executive Committee grants an appeal hearing, it will be conducted by the AZA Board of Directors at its next regularly scheduled meeting. The determination of the Board is final. Facilities whose appeals are denied may reapply one year after the date of the Commission's original denial. Submission of a new application and materials will be necessary. Appeals

should be mailed to: AZA Executive Committee, Appeals Process, AZA, 8403 Colesville Road, Suite 710, Silver Spring, Maryland 20910.

WHEN IT'S TIME TO PROCESS AGAIN

The granting of certification is for five years, and expires at the end of that period. Certified Related Facilities must successfully complete the entire process again before the end of that period to avoid a lapse in certification and AZA membership (see *Long Term Expectations* immediately following). ***Certified Related Facilities are expected to keep track of their own expiration dates*** (available on the AZA web site at <http://www.aza.org/current-cert>, or by contacting AZA). Facilities will be reminded six months in advance of the deadline for submission of materials (twelve months in advance of certification expiration), but should not rely on this reminder as a method of tracking an expiration date. *It is important that the yearly edition of the certification materials being used by a facility match the year in which the application is to be submitted.*

LONG TERM EXPECTATIONS

Certification is mandatory for Related Facility membership in AZA. Similarly, membership and participation in AZA must be maintained as a condition of certification. All Related Facilities must process at least once every five years and are subject to any new or higher standards, policies, guidelines, or resolutions adopted by the Association of Zoos & Aquariums. Even though a facility may have been certified previously, there is no guarantee that certification will be granted during subsequent inspections. Standards are subject to continuous review and enhancement. Once certified, a facility is expected to continuously advance its professional operation and constantly maintain, or surpass, all professional standards. [See also "Preamble" appearing on page 4 of the 2011 edition of the *Accreditation Standards and Related Policies*.]

GENERAL ADMINISTRATIVE POLICIES

Accidents Involving Injury or Welfare. Should an accident occur at a certified related facility involving serious injury or affecting the welfare of a member of the public, staff, or collection, a written report must be submitted to the Accreditation Commission within thirty (30) days explaining what happened and noting what actions are being taken by the facility as a result. The Commission will determine if a special inspection or other action is necessary and will notify the facility in writing once a decision has been made.

Considerations for submitting such reports include:

Staff Injuries – site and/or animal-related injury to staff, causing death or significant trauma resulting in extended hospital stay and/or sustained disability.

Public Injuries – site and/or animal-related injury to people other than staff, causing death or significant trauma resulting in extended hospital stay and/or sustained disability.

Collection Incidents – these include unusual circumstances involving a single animal or group of animals, and/or incidents of mass mortality; escape of a dangerous animal or mass escapes of any species within the zoo or during transport; or death/grievous trauma to individuals of an endangered or other notable species within the zoo or during transport.

Certification Cycle: The cycle of certification shall be five years, after which a facility must undergo the full certification process again. *Exceptions:* •In cases where an applicant processes and is granted certification on a cycle in conflict with the geographic rule, its *initial* certification

cycle will be shortened to four and a half years to place it on the proper seasonal cycle for future inspections (see *Geographic Location and Certification Cycle*, page 24-25). •If an extension is granted, the year of extension shall be deducted from the facility's subsequent five-year certification cycle if the facility receives certification at the end of the year of extension (see *Extensions of Certification*, page 24). •If a facility is tabled, the year of tabling shall be deducted from the facility's subsequent five-year certification cycle if the facility receives certification at the end of the tabled year (see *Table Certification*, pages 21).

Addition of Third/Fourth Inspector. It is occasionally necessary for a specialist inspector to be added to an inspection team. The Commission will determine, on a case-by-case basis, when this is justified and will notify the facility. Examples would be zoological parks or certified related facilities with aquarium facilities of a sufficient size and nature to require an inspection team member specializing in aquatics. The same would be true of aquariums with exhibits containing land-based animals. (See *Criteria for Determination of Team Composition, Four Person Teams*, page 27 - 28.)

AZA Related Facilities Membership: Related facilities membership and participation in AZA must be maintained as a condition of certification.

CEO/Director's Attendance At The Hearing. It is important that the facility's CEO/Director attend the hearing to answer questions, authorize action, and to make any statements desired. If the facility's CEO/Director cannot attend, a written notification must be provided to AZA as soon as possible. The notification must include an explanation, and provide the name of who will attend in place of the CEO/Director. The written notification must also give full authority to the CEO/Director's selected representative to act on behalf of the facility.

CEO/Director Requirement For Applicants Not Currently Certified. Any facility not currently certified may not apply for certification if it is without a *permanent*, full-time CEO/Director. Materials may not be submitted under the leadership of an *Interim* or *Acting* Director.

CEO/Director Vacancy. When a vacancy occurs in the position of CEO/Director a certified Related Facility must notify the Accreditation Commission in writing, and a follow-up letter must be submitted to the Commission every six months thereafter reporting the status of the search until such time as the position is filled. A certified Related Facility that is without the services of a permanent, full-time, compensated CEO/Director for longer than one year may be subject to loss of certification and membership.

CEO/Director Vacancy Occurring Immediately After Receiving Certification. If a CEO/Director vacates his or her position at the facility within ninety days of receiving certification, the Commission may, in its discretion, require written biannual progress reports, or may require that the facility reprocess again at the earliest opportunity to do so once a new CEO/Director is in place.

Change of Governance. A change in governance refers to a change of the governing authority, such as from a governmental agency to society or vice versa. If a change in governance occurs, a letter or affidavit from the CEO or chairperson of the new governing authority is required pledging to uphold and abide by accreditation/certification standards, including the AZA Charter & Bylaws, Code of Ethics, Acquisition and Disposition Policy, and other related policies. The letter must be sent to the Commission within 30 days of the governance change.

Change of Location. In the event of a relocation of a certified Related Facility, the facility must reprocess for certification as soon as the new location is officially open. An application

must be received by the submission deadline that falls immediately prior to, or following, the opening.

Change of Ownership. A change in ownership refers to the sale or formal transfer of ownership of a facility. In the event of a change in ownership of a certified Related Facility, the facility must reprocess for certification within 12 months, regardless of when its certification is scheduled to expire. A letter or affidavit from the CEO or chairperson of the purchasing or receiving organization is also required pledging to uphold and abide by Accreditation Standards, including the AZA Charter & Bylaws, Code of Ethics, Acquisition and Disposition Policy, and other related policies. The letter must also indicate the new owner's intent to submit materials applying for certification within the required time period. The letter must be sent to the Commission within 30 days of final sale or transfer.

Change of Scope. Certified Related Facilities must notify the Commission in writing in the event that a change in the scope of its facility occurs (by the opening of a new exhibit of significant proportions, or an exhibit that changes the overall scope of the facility, such as an aquarium in a zoo, or land-based animals in an aquarium, etc.). The Commission may assign a team to conduct an inspection. Cost of such inspection shall be borne by the certified Related Facility concerned. (See *Interim and Follow-up Inspections*, page 25.)

Complaints. If a complaint from a member of the general public, the facility's staff, or a professional colleague is received regarding a certified related facility, the Commission will take steps to determine the situation and, based upon its findings, will make recommendations to the facility, or take action accordingly. In some cases the Commission may assign a team, or individual, to conduct an inspection. (See *Interim and Follow-up Inspections*, page 25.)

Elephant Management and Care – Requesting A Variance Under the AZA Standards. Facilities requesting a variance under the AZA Standards For Elephant Management and Care should submit that request to the Accreditation Commission at the time it becomes apparent that a variance may be needed. The request should be in the form of a letter detailing the variance being requested, and should include all necessary documentation. The Commission will consider the requested variance and will thereafter notify the facility of its decision. **NOTE:** facilities not currently certified must be in full compliance at the time application is made.

Extensions of Certification. Under extenuating or special circumstances, extensions of certification may be granted to extend current certification by one year. A facility desiring an extension must submit a request in writing to the Accreditation Commission, including a full explanation as to why the extension is being requested, as soon as possible to avoid a potential lapse in certification and AZA membership. Before considering the request, the Commission may require a site visit to assess the facility's ability to maintain standards during the period of extension. If a site visit is deemed necessary, it must take place prior to any decision being made by the Commission. The Commission will thereafter make a determination, and the facility will be notified. A second extension will be considered only in extreme cases, and will require a site visit. If an extension is granted, the year of extension shall be deducted from the facility's subsequent five-year certification cycle should the facility receive certification at the end of the year of extension. [NOTE: *Missing a deadline will not be considered an acceptable reason for extension of certification. Extenuating or special circumstances shall not include a vacancy in the position of CEO/Director.*]

Geographic Location and Certification Cycle. To optimize weather conditions for inspectors, and to create a more even distribution of caseloads for the Commission, facilities located in geographic areas that typically experience a mild winter season will be placed on a

five-year certification cycle that affords a fall-winter inspection (i.e., will have their certification expire in March). Facilities located in geographic areas that typically experience a harsh winter season will be placed on a five-year certification cycle that affords a spring-summer inspection (i.e., will have their certification expire in September). In cases where an applicant processes and is granted certification on a cycle in conflict with the geographic rule, its *initial* certification cycle will be shortened to four and a half years to place it on the proper seasonal cycle for future inspections. NOTE: Because aquatic facilities, by their nature, are primarily indoor facilities, they will be placed on a five-year certification cycle that affords a fall-winter inspection (i.e., will have their certification expire in March).

Facilities Under Construction. Facilities currently being constructed may apply for certification prior to the opening date; however, the on-site inspection will not take place until the facility is officially open to the general public and a permanent, full-time CEO/Director has been on board for at least six months. (see *Deadlines* and *Early Submittals page 11*).

Facilities Within Facilities. In order to be certified, a facility which is a part of a larger facility (such as a university, museum, or botanical garden) must be distinct enough to be separately identified and must adequately fulfill the definition of a zoological park, aquarium, or Related Facility as earlier defined. When certification is granted in such cases, it will apply only to the facility concerned and not to the non-zoological activities of the larger organization or in fields in which AZA has no expertise.

Interim and Follow-up Inspections. The Accreditation Commission or AZA Board of Directors may, at its discretion, assign an individual or team to conduct an interim or follow-up inspection of any certified Related Facility at any time during the five-year certification period. A follow-up inspection shall be conducted for all tabled facilities at the end of the tabled period, as a condition of proceeding forward in the process. While on site, the individual or team may, at their discretion, inspect all or portions of the facility. Cost of such inspection shall be borne by the facility as a requirement of maintaining and/or achieving certification. (See *Accidents Involving Injury or Welfare, pages 22*).

Mentoring Program. The Commission, itself, does not conduct “pre-certification” inspections. However, the Commission strongly encourages non-certified related facilities to have their operations evaluated by an AZA-approved mentor prior to making application, and currently-certified related facilities to do the same prior to undergoing the process again when certification expires at the end of five-years (see *Long Term Expectations page 22*). To request assignment of an AZA-approved mentor, the facility should contact AZA accreditation staff. An AZA-approved mentor is a professional from an accredited institution who serves regularly as an inspector, is a past or present member of the Accreditation Commission, or an Accreditation Commission Advisor. The AZA-approved mentor is considered by the Accreditation Commission as being particularly well versed in current accreditation standards, expectations, and fundamental AZA philosophies and best practices, and can be consulted throughout the preparation phase. The mentor will be available to the facility by phone throughout the preparation process to provide guidance regarding policies, procedures, agreements, situations, philosophies, and the assembly of the application materials as needed. In addition, it is considered important that the mentor visit the applicant facility for an unofficial inspection at least once, and thereafter as desired by the facility. Following the inspection, the mentor will provide a list identifying all things (including physical facilities and related issues, as well as practices and/or documents) that need work prior to making application, or before the official inspection, as the case may be.

Additionally, in the case of *first-time* applicants, the mentor should provide a professional opinion as to whether the facility is best advised to make application later rather than sooner

and, if later, may continue to work with the facility long-term in guiding it to full readiness. There is no fee for utilizing an AZA-approved mentor. However, any costs incurred by the mentor (including related travel, accommodations, and meals) are to be reimbursed directly to the mentor by the applicant facility.

Mentors should be requested *at least one year prior to submitting an application*, but no earlier than three years prior to submitting an application. Mentors cannot be provided at the time of application or after an application is submitted. Having a mentor does not guarantee that a facility will be granted certification. Certification can only be achieved by a judgment from the AZA Accreditation Commission that the applicant facility meets or exceeds all AZA standards, and supports AZA practices and philosophies.

Multiple Facilities Under One Authority. If two or more facilities are under the same ownership and governing authority, administration, or control, are located adjacent to each other, and public admittance is covered by a single entrance fee, they may apply for certification as a single facility. In such cases, the facility(s) should first submit a request in writing for the consideration of the Commission. All facilities are subject to inspection. Should the Commission determine that the facilities do not meet the above criteria, processing as separate facilities will be necessary.

Offsite Facilities. The inspection will include a Related Facility's offsite facilities. An offsite facility is one that is owned and operated by the Related Facility, is not open to the public, and operates in support of the Related Facility. Related Facilities must list all offsite facilities. Examples of offsite facilities include, but are not limited to: food storage areas, maintenance, quarantine, and animal holding areas. The Primary Reviewer, in consultation with the inspection team chair, will determine which of these areas need to be inspected.

Rescinding Certification. The Commission may rescind certification at any time if it concludes that certification standards are not being consistently met and maintained.

Temporary Closings. Facilities *temporarily* closed to the public will retain their certification and their AZA membership. Should a facility's cycle of certification review fall within the period of temporary closure, contact the Vice President, Accreditation Programs to determine if an extension should be requested. During the period of closure, a written Progress Report must be submitted to the Vice President, Accreditation Programs every six months until such time as the facility has re-opened to the public. If an extension is granted, upon re-opening, the facility must submit materials for full certification review by the first deadline that falls after re-opening.

CRITERIA FOR SELECTION OF THE VISITING COMMITTEE

In conjunction with the initial review, each facility will be provided with a list of potential Visiting Committee inspectors, listing qualified persons with expertise in *three* primary categories: ●operations, ●curatorial/husbandry (animal management), and ●veterinary medicine. The facility's CEO/Director is expected to review the list and may eliminate the names of any individuals. If a large number of eliminations are made, additional names will be substituted by AZA until there is a viable list of at least 8 potential inspectors. Team members will then be assigned by AZA, from the names remaining on the list. A facility may not select the members of its Visiting Committee. For *new* applicants the Primary Reviewer automatically serves as Chair of the Visiting Committee. Once the team is selected and confirmed, the team Chair will consult with the applicant facility's CEO/Director and with team members to determine the dates of the inspection (see also *Visiting Committee Selection and Scheduling The Inspection*, page 15 - 16).

[NOTE: exceptions to criteria listed below may be made by the Accreditation Commission Chair, Vice Chair, or by the Vice President, Accreditation Programs, unless otherwise indicated.]

Criteria For Service As An Inspector

- Individual membership in AZA (Professional Fellow or Professional Affiliate members preferred)
- Current employment at an accredited institution or certified Related Facility
- Minimum of 5 years experience in the profession at an AZA-accredited institution or certified Related Facility
- Relevant professional experience (previous and current position)
- Must attend AZA Accreditation Training Session once every three years
- Ability to maintain impartiality
- Good communication and writing skills
- Must have expertise and experience sufficient to fulfill primary responsibilities in one of the three roles on the inspection team (Operations, Animal Management, Veterinary)

Criteria For Service As Team Chair

- Accreditation inspector criteria listed above
- Participation as member of an inspection team at a minimum of two different institutions
- Involvement in AZA accreditation or certification process at own facility (preferred, not required)
- Strong leadership, organizational, and interpersonal skills
- Ability to write and organize reports
- Willingness to organize visit, and facilitate discussion with team members and with staff of the host facility
- Ability to meet required deadlines and follow instructions for compiling the final report to the Commission

Criteria For Retired Fellows' Service As An Inspector (*Retired Fellows may not serve as Chairs*)

[no exceptions may be made by Accreditation Commission Chair, or Vice President, Accreditation Programs]:

- Be retired, or in transition, from an accredited institution or certified Related Facility
- Must be approved by the Accreditation Commission prior to service
- Must attend AZA annual conferences
- Must remain current with AZA policies and practices
- Must thoroughly review the inspector's handbook and the accreditation standards annually
- Must stay abreast of current practices within the profession
- Must attend AZA Accreditation Inspector's Training Session once every three years
- Must have expertise and experience sufficient to fulfill primary responsibilities in one of the three roles on the inspection team (Operations, Animal Management, Veterinary)

Criteria for Determination of Team Size (*Normally Two Persons for Related Facilities*)

- Size of the facility and complexity of operations (smaller, less complex facilities would likely be assigned a two person team; larger, very complex facilities would likely be assigned a four person team)

Criteria for Determination of Team Composition

- One team member should be from the facility's previous inspection team, *if available*

- Team members' experience and expertise should parallel the general scope of the facility to be inspected (i.e., an aquarium should have a team with strong aquatic experience)
- Two Person Teams** should include one member with extensive experience in both operations and animal management, and one with extensive experience in veterinary medicine
- Three Person Teams** should include one member with extensive experience in operations, one with extensive experience in husbandry and animal management, and one with extensive experience in veterinary medicine
- Four Person Teams** should include one member with extensive experience in operations, one with extensive experience in husbandry and animal management, one with extensive experience in veterinary medicine, and one with experience particularly relevant to the facility being inspected (such as aquatics, elephants, birds, etc.)

Team Tools

Resources available to the team include:

- The Visiting Committee Inspector's Handbook** which fully explains the parameters for a facility to be considered certified.
- The Accreditation Standards and Related Policies** containing standards and policies related to the certification process
- The Primary Reviewer** (a member of the Commission or a Commission Advisor) who serves as the Visiting Committee's direct line to the Commission.
- AZA Accreditation Staff** (the Vice President and Program Assistant for Accreditation Programs) who can answer policy questions and concerns, provide support, and consult with the team regarding issues that may surface during the inspection.
- The Inspector's Training Session** covers best management practices, legal safety requirements, related specialty concerns or specialty areas of knowledge, practical inspection techniques, evaluations of past inspections, report preparation, and the opportunity to discuss experiences with other inspectors.
- The Team Chair's Training Session** focuses on issues and responsibilities of the team chair, including writing and assembling the report, preparing the team for the inspection, organizing the process, Commission expectations, utilizing tools, as well as issues covered in the inspector's session. Team chair training also provides an opportunity to discuss the process directly with members of the Accreditation Commission, who also serve as team chairs.

COMMONLY FOUND CONCERNS & PRIMARY CONSIDERATIONS

Following are concerns commonly found during inspections:

Commonly found *major* concerns include:

- Unresolved governance issues
- Unsigned/unconsummated agreements
- Low staffing levels
- Incomplete or lack of written safety procedures/manuals/protocols
- No duplication of records or failure to store duplicate set in separate location
- GFI circuits in wet areas

Commonly found *lesser* concerns include:

- Peeling Paint
- Rusty doors and fencing
- "Permanent" extension cords
- Cluttered yards and storage areas
- Rotted (wet and dry) wood and fencing

- Potholes in asphalt
- Cracks in concrete visitor walkways
- Dark work areas
- Insufficient safety barriers/ladders/fencing
- Missing or improperly mounted fire extinguishers
- Inaccessible MSDS sheets

NOTE, currently certified applicants: it is important to note that the Commission will consider as *major* issues any concerns identified in past inspections that remain present.

NOTE, all applicants: should the inspection team have a concern regarding the comfort or welfare of any member of the facility's collection, it will be considered a *major* issue by the Commission.

Primary considerations include:

•**Acquisition and Disposition.** The Visiting Committee shall ascertain the facility's acquisition and disposition policy adheres to, at minimum, to AZA's Acquisition and Disposition policy, and that the policy is being followed.

•**Collection.** The Visiting Committee shall consider the size *and* nature of the living environments provided the collection, and whether the physical *and* psychological well-being of the collection is being met. The scope of the facility's enrichment program will be closely reviewed. The Visiting Committee will also check to be sure that the facility's collection plan adheres, at minimum, to certification requirements.

•**Collection Health Care.** A facility's animal health care program must be under the direction of a licensed veterinarian, an appropriate number of persons must be employed in the animal health care program, and the extent of professional services provided the collection must be considered adequate for the size and nature of the collection.

•**Collection Security.** The security program employed by the applicant facility shall be sufficient to provide appropriate protection to the animal collection. The Commission shall base its judgment with respect to security on the operation, location, size, and physical facilities.

•**Conservation and Education.** The scope of the facility's conservation and education* programs will be closely reviewed [*certified related facilities are not required to have an education program unless they have public visitors or school groups visiting the facility]. Both of these programs require a written plan. Consideration is given by the inspectors and the Commission on the size, budget, and other areas affecting these programs. However, a facility must participate in conservation activity and every SSP program that pertains to an animal held in its collection. Facilities may indicate at what level they desire to participate in each SSP. The facility's Annual Report on Conservation and Science (ARCS reports) will be reviewed for each of the five years since the facility's previous inspection.

•**Potentially Dangerous or Venomous Wildlife.** Facilities maintaining collections of venomous animals must have an appropriate supply of sera available and policies/procedures in place for the safe handling of those animals. Likewise, procedures must be in place to reduce the risk of injury by potentially dangerous animals. The alarm system and emergency procedures will be closely reviewed by the Visiting Committee.

•**Finance.** The facility's financial health will be reviewed and considered in terms of meeting the needs of the facility for the five-year period of certification. Contingency plans will also be reviewed.

•**Master Plans, Policies, & Procedures.** Master plans, written policies, and procedures should be reviewed on a regular basis and updated as necessary, and should be of a quality on par with other certified facilities of similar size and nature.

•**Physical Facilities:** The physical condition of the facility will be closely observed, and maintenance programs reviewed. Exhibits and holding areas will be considered in terms of modern zoological design, philosophy, and practices (see "Preamble" to accreditation standards).

•**Record Keeping.** The facility's animal record-keeping system is of primary concern to the Accreditation Commission and will be carefully reviewed by the Visiting Committee.

Safety. The Visiting Committee shall review the facility's safety programs employed for the protection of its employees, the visiting public, and the animal collection. Inspectors will look for potential safety hazards in both public and restricted areas.

AREAS OF PRIMARY FOCUS

Following are some of the areas of primary focus for the inspection team and the Accreditation Commission when evaluating a facility. Issues are broken into the main section headings covered by the Accreditation Standards. Facilities are encouraged to go beyond these focus areas.

Animal Collection: *[Required for certification]* A facility must comply with all wildlife laws. In developing its certification program, AZA has been especially concerned with the need for assuring the highest standards of animal management and husbandry. It is our belief that this objective is paramount in the operation of collections of living creatures and that good conscience permits no higher priority. Among the things we will closely examine are:

1. The animal collection
2. Institutional Collection Plan
3. *All* animal facilities, including those that may be located off-site
4. Whether the collection is protected from excessive heat and cold
5. Whether the collection is provided sufficient shade in outdoor exhibits
6. Whether the collection has access to potable water both on and off exhibit.
7. Whether each animal is maintained in numbers sufficient to meet their social and behavioral needs (display of single animals should be avoided unless biologically correct for that species)
8. Whether the facility has a sufficient *written* enrichment program
9. Whether the entire collection is being provided with appropriate enrichment on a regular and frequent basis
10. Whether enclosures are of sufficient size and nature to provide for the psychological *and* physical well-being of each animal
11. The written policy for animal and public safety in animal contact areas
12. The animals used in public contact areas
13. The animals used in education programs
14. The animals used in off-premises programs
15. Whether animal records are current and accurate
16. Records for collections *not* on ISIS (i.e., fish, insects, etc.)

17. Animal diets, food coolers, freezers, etc.
18. Whether there are noticeable signs of pests, and pest control solutions being utilized
19. SSP and endangered species designations on graphics and signs
20. Whether staff is aware of the facility's euthanasia policy
21. Whether the facility's acquisition/disposition policy incorporates, at minimum, *all* requirements contained in AZA's Acquisition And Disposition Policy
22. Whether acquisition and disposition records are up-to-date
23. How verification is made that collection procedures used by the collector do not cause environmental abuse [for facilities utilizing aquatic collectors and dealers]
24. How verification is made that commercial collectors are properly permitted to legally collect animals from the wild [for facilities dealing with commercial collectors taking animals from the wild]

Facilities Maintaining Elephants: Among the things we will closely examine are:

1. Whether there is compliance with the AZA Standards For Elephant Management And Care
2. The written elephant management protocol, which must include: ·management policies, ·staff responsibilities, ·proper training techniques if in a protected contact style of management or proper use of an ankus if in a free contact system, ·behavioral profiles on each elephant, ·incident reports, ·acceptable discipline methods, ·chaining practices, ·staff training protocols for new elephant handlers, ·foot care schedules, etc.
3. The responsibilities of the Elephant Manager
4. Whether the Elephant Manager has completed the AZA Principals of Elephant Management training course
5. Whether there are a minimum of two *qualified* elephant keepers present during any contact with elephants.
6. Whether continuing education and training are supported by management
7. Whether elephant staff are aware of, or involved in, AZA, EMA, AAZK or the elephant TAG
8. Whether the elephants have access to natural substrate for dusting
9. Whether the elephants have shade provided during the heat of the day in a sufficient amount to accommodate *every* animal
10. The most recent incident report

Veterinary Care: [*Required for certification*] The facility's animal health care program must be under the direction of a licensed veterinarian. Among the things we will closely examine are:

1. Whether the facility follows the guidelines of the American Association of Zoo Veterinarians
2. The animal record-keeping system
3. Whether medical records are up-to-date
4. Whether an adequate number of persons are employed in the animal health care program
5. Whether the extent of veterinary services provided the collection is adequate
6. USDA reports, and what is being done to correct concerns
7. Quarantine procedures and their implementation
8. The alarm system and emergency procedures
9. Drug emergency protocols
10. Whether the veterinarian's response time from home is adequate in an emergency
11. Whether adequate policies and procedures are in place for the safe handling of venomous animals
12. Whether adequate sera is available
13. Whether drugs used in aquariums or aquatic exhibits comply with FDA guidelines
14. Whether animal food, especially seafood products, are purchased from sustainable or well

managed sources

Conservation: *[Required for certification]* The scope of the facility's participation in conservation programs is important. Consideration will be given to the size, budget, and other areas affecting these programs. Each facility is required to participate in every SSP that pertains to an animal in its collection, although it may decide at what level. Among the things we will closely examine are:

1. The number of staff dedicated to conservation programming
2. Whether the facility is contributing sufficiently to AZA conservation programs based upon budget and/or staff size
3. Whether there are any Studbooks published by the facility
4. Whether all SSP animals are registered with the appropriate SSP
5. Participation in field conservation programs
6. Staff attendance at AZA conferences, SSP, and TAG meetings, etc.
7. Efforts undertaken for energy and natural resource conservation (i.e., recycling, water conservation initiatives, etc.)
8. Local and national program literature
9. Level of participation in conservation programs with colleges and universities
10. The facility's Annual Report on Conservation and Science (ARCS reports) for the previous five years.

Education and Interpretation: *[Required if the facility has a regular flow of public visitors and/or school groups.]* Education need *not* be an element in the mission statement of the facility. Facilities that occasionally host a small number of visitors by appointment only need not have an education program. However, facilities that have a *regular* flow of public visitors and/or school groups (whether by appointment or not) must have an education program that meets accreditation standards. Among the things we will examine are:

1. The number of staff dedicated to education programming
2. That one paid staff member is dedicated to education on (at least) a part-time basis
3. How the education message is conveyed to the casual visitor
4. Publications, brochures, or other printed material
5. Classrooms and teaching areas
6. The availability of funds allocated for education programs
7. Whether exhibit signage contains appropriate information
8. The level of education department contact with local schools, colleges, and other academia
9. The volunteer, docent, and outreach programs
10. The level of outreach programming and whether appropriate animals are being used
11. How graphics are developed and designed

Research: *[Required for certification.]* Consideration will be given to the size, budget, and other areas affecting these programs. Among the things we will closely examine are:

1. The protocol for evaluating potential research projects
2. How research projects are coordinated
3. How research is viewed by staff
4. Whether research information is published in appropriate journals
5. The level of involvement with local and regional academia

Governing Authority: *[Required for certification]* The governing authority must be supportive of the facility's decision to abide by the AZA Code of Ethics, Acquisition & Disposition Policy, Accreditation Standards, and Charter & Bylaws, and must recognize and support the facility's goals and objectives. Among the things we will closely examine are:

1. The governing authority's perception of what the Director's role is in the decision making process
2. The process of hiring and firing personnel
3. The lines of authority for acquisition and disposition of animals
4. The relationship between the governing authority and the Director
5. The levels of control on the part of the governing authority, and whether they are appropriate or inappropriate
6. The governing authority's role in the day-to-day management of the facility, including staff and programs

Staff: *[Required for certification]* A key element of a facility's successful operation is maintaining a staff sufficient in qualification and number. Effective communication, working relationship, and training are also important. Among the things we will closely examine are:

1. Job descriptions and the *qualifications* of staff in those positions
2. How familiar staff are with their responsibilities
3. Management's relationship with staff, including problems and proposed solutions
4. Staff's relationship with management, including problems and proposed solutions
5. Keeper's roles and responsibilities, and relationship with management, including problems and proposed solutions
6. Clarity of lines of authority for staff
7. Staff training frequency, appropriateness, detail, etc.
8. Staff involvement with AZA, SSPs, TAGs, etc.
9. Funding for staff travel and participation in meetings, and which staff members are eligible to participate
10. Staff salaries to determine if levels are appropriate

Support Organization: *[Evaluated if one exists]* A support organization must share a facility's goals and objectives, and have a good working relationship with the facility. Among the things we will closely examine are:

1. The society representatives' roles at the facility
2. The society's support and fund-raising efforts
3. How funds are allocated and distributed
4. Financial reports and how funds benefit the facility
5. The relationship between the society board and staff
6. Whether having a support organization might be helpful, if one does not exist

Finance: *[Required for certification]* A facility must provide sufficient evidence of its financial stability, including contingency plans, and funding for capital improvements and maintenance. Among the things we will closely examine are:

1. Whether the facility will be solvent for the five-year certification cycle, including long-term funding, contingency plans, emergency funds, etc.
2. Whether budget cuts or other financial problems are anticipated in the future
3. All financial records
4. The budgeting process, including who has control, how do requests originate, what is the role of the governing authority in the process, what are your in-house controls on spending, and is

there an audit process, etc.

Physical Facilities: *[Aesthetics and amenities evaluated in terms of how often the public is present]* While the Commission is interested in a facility's future plans, *certification will be based upon its operations and facilities at the time of inspection and review.* Among the things we will closely examine are:

1. Facilities and conditions that exist at the time of the inspection and review
2. Overall aesthetics of the buildings and grounds
3. Adequacy of maintenance
4. Condition of habitats
5. Adequacy of furniture in habitats
6. Appropriateness of habitat groupings
7. Adequacy of ventilation in buildings and holding areas
8. Whether the animal facilities meet or exceed all relevant federal and state requirements
9. Whether all service areas have sufficient space for safety
10. Program of water quality monitoring for *all* animals, including written records

Safety/Security: *[Required for certification]* The security program employed by a facility should be sufficient to provide appropriate protection for the animal collection, its employees, and the visiting public. Adequacy will be based on the operation, location, size, and physical facilities. Among the things we will closely examine are:

1. How often animal escape drills are conducted, and when the most recent drill took place
2. Location of escape procedures throughout the facility
3. Files on safety incidents over the past five years (i.e., escapes, accidents, injuries, attacks, public problems)
4. Whether staff know the process of treating an injury to a visitor, and where the nearest first-aid station is located *NOTE: facilities not open to the public will not be judged in this area.*
5. Whether exhibits are safe for the animals, the staff, and the public
6. Whether walkways, steps, and other areas are free of debris and in good repair
7. Whether work areas are free of clutter and safe work environments for employees
8. How flammables and other hazardous solutions are stored
9. Whether adequate safety procedures are in place for potentially dangerous animals
10. The alarm systems and emergency procedures
11. Whether minimum operational safety standards for diving are being met [for facilities using underwater diving with compressed air]
12. Whether adequate security is provided for the animal collection both day and night
13. Whether incidents of vandalism have occurred, how prevalent the problem is, and how it is being addressed
14. Security personnel routines for nightly rounds, emergencies, etc.
15. Firearms storage
16. Whether the perimeter fence is of sufficient height and construction, and is separate from all exhibit fencing

Guest Services: While the Commission is interested in a Related Facility's future plans, *certification will be based upon its operations and facilities at the time of inspection and review.* Among the things we will closely examine are:

1. Facilities and conditions that exist at the time of the inspection and review

2. The public's overall experience [examples: the entrance; parking; the restrooms (cleanliness and convenience); drinking fountains (cleanliness and convenience); refreshment stations (number and convenience); quality of food being sold; benches and rest areas (number and convenience); ADA compliance; etc.]
3. Way-finding: availability of maps and signs
4. Overall aesthetics of the exhibits, buildings, and grounds
5. Adequacy of maintenance and trash collection
6. Adequacy of ventilation in public buildings

Other Programs/Activities: *[Required for certification]* A facility should have a strategic and/or master plan to guide the facility in its development. Among the things we will closely examine are:

1. The master plan and whether it is on schedule
2. The strategic plan
3. Other programs being developed or already in place

AN IMPORTANT NOTE:

The criteria and procedures of the certification program are under continuous review by the Commission and Board of Directors. Constructive comments and suggestions are welcome and will receive careful attention.

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