

SOS Børnebyerne (SOS CV DK)

Maintenance Audit 1 – Report - 2026/06/03

1. General information and audit activities

Role / name of auditor	Lead Auditor / Joanne O’Flannagan	
Audit cycle	First cycle (CHS:2014)	
	Date / number of participants	Any substantive issues arising
Opening Meeting	4 th May 2026 / 3	None
Closing Meeting	8 th May 2026 / 4	None
	Position / level of interviewees	Number
Interviews	Management / Head Office	2
	Staff / Head Office	2

2. Actions and progress of organisation

2.1 Significant change or improvement since the previous audit

Since the Initial Audit (IA), SOS Children’s Villages Denmark (CV DK) is making progress against the identified areas of weakness and has initiated actions to address the nine open CARs. A Management Response Plan was developed after the IA (2025) setting out planned corrective measures to address the open CARs. The organisation has a dedicated Focal Point (FP) who was responsible for the development of planned actions in collaboration with colleagues across departments and who engages accordingly to monitor progress. The Board has been kept updated on audit findings and planned actions and the FP provides updates on request.

SOS CV DK continues to operate within the regulatory and procedural framework of the SOS Children’s Villages International (CVI) federation. Since SOS CV DK’s Initial Audit (IA), the federation has continued to undergo a period of organisational transition which is bringing changes to the governance of the federation, the General Secretariat (GSC) structure and associated operational model. The ‘transformation’ process was temporarily disrupted in 2025 by a series of complex governance and safeguarding challenges, but final structural reforms are currently being completed. The federation is continuing to implement institutional adjustments to update its global operations and accountability systems. These changes at a federation level mean that SOS CV DK has paused some of its own internal processes while it engages strategically with the federation to support the larger reform process.

SOS CV DK is broadly on track to deliver on the commitments set out in the Management Response although progress in relation to some CARs has been delayed due to the GSC transformation process. Oversight of the SOS CV DK Management Response is held by the International Director who line manages the audit FP.

As a member of the SOS CV Federation, SOS CV DK is bound by a number of policies, procedures and mechanisms for quality assurance and risk management of the federation and has an important degree of dependency on the application of policies, procedures and systems by SOS CVI for oversight of all SOS CV humanitarian programmes. The findings of the SOS CV DK IA were closely aligned with those of SOS CVI in terms of CARs and the resolution of some of these non-conformities is, at least in part, dependent on initiatives at the GSC level, and the Humanitarian Action Team (HAT) in particular.

Given this dependence, it is important that SOS CV DK proactively coordinates with relevant colleagues at federation level to maintain visibility of progress on initiatives that are relevant to its own open CARs, and to avoid duplicating processes that are already underway at federation level. Where federation-level initiatives are designed to benefit all members, SOS CV DK has an opportunity to contribute actively to development and implementation, enabling its own progress against open CARs and strengthening outcomes for the wider federation and its members.

At MA1, management and staff demonstrate genuine commitment to the audit process and to the application of the CHS more broadly, and the auditor acknowledges the complexity of the operating context during this period of federation transition. To maintain effective progress SOS CV DK is encouraged to strengthen the specific details of planned actions in its Management Response Plan to ensure they can fully and effectively address identified weaknesses.

2.2 Summary on corrective actions

Corrective Action Requests (CAR)	Type and resolution timeframe	Progress made to address the Corrective Action Request (CAR) and in response to the findings of the requirement.	Evidence (document no., Key Informant Interview etc)
2025-3.2: SOS CV DK does not use the results of any existing community hazard and risk assessments and preparedness plans to guide activities	Minor / By 2028 RA	<p>The Management Response of SOS CV DK identifies three actions to address this CAR:</p> <ul style="list-style-type: none"> Formalising the integration of preparedness plans and risk assessments into context analyses, baseline studies, risk analyses and results frameworks Include the development of Disaster Preparedness Plans to support community resilience during programme design where relevant and appropriate. Utilise risk registers and risk analyses as dynamic tools for continuously mitigating and managing risk and timely informing project evaluation and planning. <p>Progress at the time of this audit:</p> <p>At a federation level, SOS CVI launched the Disaster Preparedness (DPREP) project in 2025 which aims to strengthen the disaster preparedness and response capacities of 32 disaster-prone SOS Member Associations (MAs) over the three years (2025–2027). Seed funding was put in place to facilitate risk-based preparedness actions. A Disaster Preparedness online workspace has been established to provide access for MAs to relevant resources, and a range of tools have been developed (checklists, templates, etc.) to support MAs to operationalise disaster preparedness planning.</p> <p>At SOS CV DK level, work has been undertaken to update the risk analysis tool and provide guidance for staff and partners when undertaking risk analysis, including risks of disasters and hazards and on monitoring, mitigating risks. See also action on 3.6 below.</p> <p>SOS CV DK is also in the process of developing an Accountability to Affected People (AAP) Implementation Guide which will include guidance on the integration of Disaster Preparedness Planning (DPP) into Project Cycle Management (PCM).</p>	<p>SOSDKMA100 SOSDKMA102 SOSDKMA127-8 SOSXMA01</p> <p>Interviews with staff</p>
2025-3.6: SOS CV DK does not have	Minor / By 2028 RA	<p>The Management Response of SOS CV DK identifies four actions to address this CAR:</p>	<p>SOSDKMA101 SOSDKMA102</p>

<p>adequate guidance, systems or processes in place to identify and act on actual or potential negative effects in a timely and systematic manner.</p>		<ul style="list-style-type: none"> Integrate follow-up of CoC/PSHEA into the Guidance Note on Monitoring Visits and reviews and ensure that any negative effects to programme participants or partner staff are addressed by partners by using a structured approach. Introduce consultations with programme participants and partner staff during review and monitoring visits with the aim of identifying and addressing any negative effects of a given intervention. Mainstream gender, diversity and inclusion (GDI) considerations across the programme cycle to strengthen the identification of risks and potential/actual negative effects for community groups and individuals with specific vulnerabilities. Consistent inclusion of the perspective of the affected communities in a PESTLE (Political, Economic, Social, Technological, Legal, and Environmental) analysis to inform risk analysis. <p>Progress at the time of this audit:</p> <p>SOS DK is in the process of revising its Guidance Note on Monitoring Visits to support a standard procedure/agenda for monitoring visits that will include debrief meetings with partners. The guidance will introduce a review of partners' Feedback and Complaints Mechanism (FCM). Prompts will be added to include opportunities for gathering project participant reflections on unintended negative effects, the appropriateness of available FCMs, and the level of project participation information on partners' CoC and PSHEA commitments.</p> <p>The AAP Implementation Guide will include guidance on the application of customised, context relevant, and appropriate FCMs, in addition to guidance on the importance of actively gathering project participant feedback on an ongoing basis.</p> <p>In late 2025, SOS CV DK conducted three country-level GDI assessments. A subsequent evaluation provided the basis for the development of a standard methodology for GDI assessment. With support from SOS DK, GDI assessments have now been made mandatory in the updated SOS CVI Results-Based Project Management (RBPM) Regulation.</p> <p>Furthermore, the SOS Gender Equality Marker has been adapted to include an intersectional lens.</p> <p>SOS CV DK has begun reporting on the OECD-DAC gender and disability markers, as of April 2026.</p> <p>SOS CV DK is recognised as holding expertise on gender equality across the federation and the organisation shares its GDI expertise with partners, e.g. in the development of project design and proposals.</p>	<p>SOSDKMA103 SOSDKMA104 SOSDKMA113-123</p> <p>Interviews with staff</p>
<p>2025-4.1: SOS CV DK does not ensure</p>	<p>Minor / By 2028 RA</p>	<p>The Management Response of SOS CV DK recognises the critical role of SOS CVI as leading on actions to</p>	<p>SOSDKMA101</p>

<p>that information about its principles, Code of Conduct and expected behaviours of staff is systematically provided to communities.</p>		<p>address this non-conformity. In addition, SOS CV DK identifies one action to address this CAR:</p> <ul style="list-style-type: none"> Collaborate with partners to ensure that contextualised information is made accessible to the affected people and communities through the identification of customised activities and the resulting monitoring procedures <p>Progress at the time of this audit:</p> <p>At federation level, SOS CVI developed IEC materials to accompany the revised federation CoC (2023). A range of posters has been developed and disseminated to MAs. Training on the CoC was rolled out across the federation and is available in three languages.</p> <p>SOS CVI has also developed an adapted and abbreviated version of the CoC for Third Parties.</p> <p>The federation Safeguarding Action Plan Progress Report (Mar 2024 – Mar 2025) indicated that, based on MA reporting, 63% of children and young people in SOS Children’s Villages’ care were reported to have received information or training on the new Child and Youth Safeguarding Policy (2023), including through the use of age-appropriate methods to engage children on child safeguarding messages.</p> <p>At SOS CV DK level, the AAP Implementation Guide is intended to guide SOS DK and partner staff on customised dissemination of CoC and PSHEA information in project design and monitoring processes.</p> <p>The revised Guidance Note on Monitoring Visits will include a section detailing the requirement to review what CoC and PSHEA community sensitisation activities have been conducted as well as engaging project participants to confirm receipt of such information and feedback on same.</p>	<p>SOSDKMA102</p> <p>Interviews with staff</p>
<p>2025-4.4: SOS CV DK does not ensure that mechanisms are systematically in place to enable communities to provide feedback on their level of satisfaction with the quality and effectiveness of the assistance received, and that pay attention to the gender, age and diversity of those giving feedback.</p>	<p>Minor / By 2028 RA</p>	<p>The Management Response of SOS CV DK recognises the critical role of SOS CVI in leading on actions to address this non-conformity, while acknowledging that current systems and guidance at a federation level are not sufficiently robust to capture community feedback on the quality and effectiveness of the assistance received. In addition, SOS CV DK identifies three actions to address this CAR:</p> <ul style="list-style-type: none"> Further develop existing policies, systems and guidance to reflect the need for integrating community feedback to inform all relevant phases of the programme cycle and to adapt approaches and mechanisms accordingly. Ensure that Guidance Note on Monitoring Visits includes adequate opportunities for feedback and discussions with project participants and other stakeholders, including local and national authorities. This feedback will be recorded according to gender, age and diversity of those consulted. 	<p>SOSDKMA101 SOSDKMA102</p> <p>Interviews with staff</p>

		<ul style="list-style-type: none"> • Mainstream GDI considerations in programming to include the appropriateness and effectiveness of feedback and complaint mechanisms (FCM) from a GDI perspective. • Collaborate with partners to ensure that sufficient guidance is in place to establish appropriate FCMs. <p>Progress at the time of this audit:</p> <p>At a federation level, SOS CVI supports implementing MAs to adopt country level guidance for feedback and complaints mechanisms (FCM). At SOS CVI's MA1, it was noted that the mechanisms did not always take into consideration the specific needs of children and young people, however, since then, SOS CVI has been supported by SOS CV NL with the development of guidance and tools to support the development of child friendly FCMs, including consideration for children with disabilities. The toolkit is available and accessible to MAs via the dedicated Companion for Child Protection in Humanitarian Action online workspace.</p> <p>The Accountability to Affected Populations Toolkit, including guidance and tools for FCMs (SOPs, logs, guidelines) has been translated into French to make it accessible to more implementing MAs.</p> <p>The development of federation-level guidance or policy for Feedback and Complaints has not yet been achieved, SOS CVI continues to plan for the development of a policy that will apply to the whole federation and across all programmes but delays in progressing this action are linked to the completion of the federation transformation process.</p> <p>At SOS CV DK level, the AAP Implementation Guide will include principles for appropriate community feedback and complaint mechanisms. The Guidance Note on Monitoring Visits will provide guidance on how to ensure adequate opportunities for gathering feedback from project participants.</p> <p>The AAP Implementation Guide along with the increased focus on implementing partners' provision of FCMs is intended to support the development of standards for contextualised FCMs that are relevant and appropriate to the targeted categories of project participants.</p> <p>SOS CV DK aims to undertake an evaluation of existing FCMs in several programmes to support the alignment of appropriate and best-practice opportunities for project participants people to provide feedback and report concerns.</p>	
2025-5.1: SOS CV DK does not ensure that ensure that communities and people affected by crisis are consulted on the design, implementation and	Minor / By 2028 RA	<p>The Management Response of SOS CV DK recognises the critical role the organisation plays in ensuring guidance is available to support partner on the establishment and effective implementation of FCMs. SOS CV DK identifies one action to address this CAR:</p> <ul style="list-style-type: none"> • Collaborate with local partners to ensure the availability and accessibility of contextually 	<p>SOSDKMA101 SOSDKMA102</p> <p>Interviews with staff</p>

<p>monitoring of complaints-handling processes.</p>		<p>appropriate, effective FCMS established based on feedback from affected people and communities. ToR for monitoring visits will include an obligation to also monitor the presence and appropriateness of the mechanism.</p> <p>Progress at the time of this audit:</p> <p>At federation level, and as noted above, (ref. 4.4), SOS CVI has not yet developed or adopted federation-wide Feedback and Complaints guidelines.</p> <p>At SOS CV DK level, The AAP Implementation Guide and Guidance Note on Monitoring Visits include consideration of communities' preferred channels for feedback and complaints and monitoring of FCMs at the programme level.</p>	
<p>2025-5.6: SOS CV DK does not ensure that communities and people affected by crisis are fully aware of the federation's CoC, safeguarding and PSHEA commitments and of what behaviours they can expect from staff.</p>	<p>Minor / By 2028 RA</p>	<p>The Management Response of SOS CV DK recognises the critical role the organisation plays in ensuring project participants are aware of the federation's CoC, safeguarding and PSHEA. commitments and of what behaviours they can expect from staff. SOS CV DK identifies two actions to address this CAR:</p> <ul style="list-style-type: none"> • Ensure that ToRs for monitoring visits include an assessment of whether SOS CV's CoC, safeguarding and PSHEA commitments have been part of inclusive community sensitisation events. • Include the obligation to present PSHEA and CoC to communities, in partnership agreements <p>Progress at the time of this audit:</p> <p>At a federation level, SOS CVI disseminates awareness and training on the updated CoC and on PSHEA and to share information on expected behaviour of staff with projects participants.</p> <p>A draft Terms of Reference was developed to adapt SOS CVI's Ombuds Approach for Humanitarian Programmes with a view to adapting the framework to address specific requirements of humanitarian and emergency settings. The Ombuds approach is an independent, confidential and informal mechanism for children, young people, and adults to raise concerns about child protection and well-being within SOS CV programmes.</p> <p>SOS CVI launched a Community of Practice (2024) on incident management to support and connect relevant staff across the federation. The initiative aims to strengthens the federation's collective capacity to manage workplace misconduct, safeguarding and corruption concerns effectively.</p> <p>At SOS CV DK level, the Guidance Note on Monitoring Visits is being updated to include requirements for checking that CoC and PSHEA commitments have been shared with project participants. The planned action to include implementing partner's obligation to communicate PSHEA and CoC to communities in Partnership Agreements remains pending.</p>	<p>SOSDKMA101</p> <p>Interviews with staff</p>

<p>2025-8.2: SOS CV DK does not have adequate processes in place to ensure that staff adhere to the policies that are relevant to them and understand the consequences of not adhering to them.</p>	<p>Minor / By 2028 RA</p>	<p>The Management Response of SOS CV DK identifies two actions to address this CAR:</p> <ul style="list-style-type: none"> • At the compulsory introduction meeting with HR, all new staff will be informed that: <ul style="list-style-type: none"> ○ Federation training on the Code of Conduct as well as Child and Youth Safeguarding Policy are compulsory ○ Documentation of completed training must be submitted to HR. ○ HR will keep track of training and keep documentation on file ○ Non-adherence to federal policies can have employment-related legal consequences • HR will require all staff to undertake annual training (Code of Conduct, and Safeguarding) and to keep track by requesting documentation for course completion. <p>Progress at the time of this audit:</p> <p>SOS CV DK has established effective systems and processes to ensure that all staff are aware of core policies and understand the consequences of non-adherence as part of induction orientation and mandatory training. Awareness and understanding are also embedded within performance management processes (MUS) and will be used as an opportunity to ensure that staff have undertaken mandatory refresher training. SOS CV DK has achieved 90% staff completion rate of mandatory training. HR undertakes a check with staff three months after onboarding to ensure the relevant training has been completed.</p>	<p>SOSDKMA106 SOSDKMA107 SOSDKMA108 SOSDKMA109</p> <p>Interviews with staff</p>
<p>2025-9.4: SOS CV DK does not systematically consider the impact of its operations and projects on the environment.</p>	<p>Minor / By 2028 RA</p>	<p>The Management Response of SOS CV DK identifies three actions to address this CAR:</p> <ul style="list-style-type: none"> • Continue the ongoing introduction of voluntary ESG reporting (the EU CSR Directive) to support the setting up of mechanisms for tracking and measuring environmentally sustainable achievements in SOS DK administration and operations. • In collaboration with CVI and partners, identify and launch adequate tools for carrying out context-relevant environmental impact assessments (EIA) as a standard procedure in the programmes we facilitate. • Engage partners in a mutual exchange of ideas on how to reduce the environmental footprint of administration and operations to identify best practices. <p>Progress at the time of this audit:</p> <p>SOS CV DK has introduced annual voluntary Environmental, Social and Governance (ESG) reporting in line with the EU's Corporate Sustainability Reporting Directive (CSRD).</p>	<p>SOSDKMA105 SOSETMA101 SOSETMA102</p> <p>Interviews with staff</p>

		<p>SOS CV DK plans to engage with federation members to identify appropriate EIA tools; the organisation is currently engaged in reviewing one partner's use of an external consultancy to carry out EIA analysis using the NEAT+ tool.</p> <p>SOS CV DK plans to continue to engage with federation partners to share documented learning and practices to reduce harmful impacts of programming on the environment and to increase environmental benefits.</p>	
2025-9.6e: SOS CV DK does not have effective policies and processes in place to manage and mitigate risk on an ongoing basis.	Minor / By 2028 RA	<p>The Management Response of SOS CV DK identifies one action to address this CAR:</p> <ul style="list-style-type: none"> Introduce a risk assessment framework covering operational and organisational risks, which will be put on the board meeting agenda annually. <p>Progress at the time of this audit:</p> <p>SOS CV DK is in the process of finalising an organisational risk assessment and framework. The management team of SOS CV DK have discussed and jointly developed the risk framework with risks categorised under strategic, financial, organisational and reputational risks with a view to prioritising the major organisational risks for monitoring at management and board level. Once the framework is finalised, it will be shared with the Board for review and Risk Management will be established as an agenda item in the annual board meeting cycle.</p>	<p>SOSDKMA110</p> <p>Interviews with staff</p>

3. Summary of non-conformities

Corrective Action Requests (CAR)	Type	Status	Resolution timeframe
2025-3.2: SOS CV DK does not use the results of any existing community hazard and risk assessments and preparedness plans to guide activities	Minor	Open	By 2028 (RA)
2025-3.6: SOS CV DK does not have adequate guidance, systems or processes in place to identify and act on actual or potential negative effects in a timely and systematic manner.	Minor	Open	By 2028 (RA)
2025-4.1: SOS CV DK does not ensure that information about its principles, Code of Conduct and expected behaviours of staff is systematically provided to communities.	Minor	Open	By 2028 (RA)
2025-4.4: SOS CV DK does not ensure that mechanisms are systematically in place to enable communities to provide feedback on their level of satisfaction with the quality and effectiveness of the assistance received, and that pay attention to the gender, age and diversity of those giving feedback.	Minor	Open	By 2028 (RA)
2025-5.1: SOS CV DK does not ensure that ensure that communities and people affected by crisis are consulted on the design, implementation and monitoring of complaints-handling processes.	Minor	Open	By 2028 (RA)

2025-5.6: SOS CV DK does not ensure that communities and people affected by crisis are fully aware of the federation's CoC, safeguarding and PSHEA commitments and of what behaviours they can expect from staff.	Minor	Open	By 2028 (RA)
2025-8.2: SOS CV DK does not have adequate processes in place to ensure that staff adhere to the policies that are relevant to them and understand the consequences of not adhering to them.	Minor	Open	By 2028 (RA)
2025-9.4: SOS CV DK does not systematically consider the impact of its operations and projects on the environment.	Minor	Open	By 2028 (RA)
2025-9.6e: SOS CV DK does not have effective policies and processes in place to manage and mitigate risk on an ongoing basis.	Minor	Open	By 2028 (RA)
Total Number of open CARs		9	

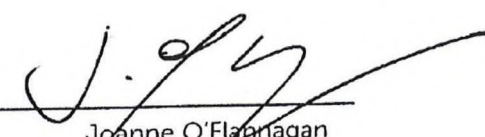
4. Claims Review

Claims Review conducted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------	---	---------------------------	---

5. Lead auditor recommendation

In my opinion, SOS CV DK has demonstrated that it is taking the necessary steps to address the CAR(s) identified in the previous audit(s) and continues to demonstrate no major non-conformities in its application of the Core Humanitarian Standard on Quality and Accountability.

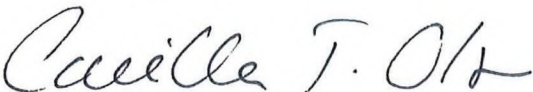
I recommend maintenance of certification.

<p>Name and signature of lead auditor:</p> <div style="text-align: center;">  <hr style="width: 20%; margin: 0 auto;"/> <p>Joanne O'Flanagan</p> </div>	<p>Date and place:</p> <p>19th May 2026 Belfast, Northern Ireland</p>
--	---

6. HQAI decision

<input checked="" type="checkbox"/> Certificate maintained <input type="checkbox"/> Certificate suspended	<input type="checkbox"/> Certificate reinstated <input type="checkbox"/> Certificate withdrawn
Surveillance audit before: 2027/06/03	
<p>Name and signature of HQAI Executive Director:</p> <div style="text-align: center;">  <hr style="width: 20%; margin: 0 auto;"/> <p>Désirée Walter</p> </div>	<p>Date and place:</p> <p>Geneva, 03 June 2026</p>

7. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team: If yes, please give details:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and signature of the organisation's representative: Head of International Department, SOS Børnebyerne Camilla Torp Olsen 	Date and place: 09.06.2026, Copenhagen

Appeal

In case of disagreement with the quality assurance decision, the organisation can appeal to HQAI within 14 workdays after being informed of the decision.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will confirm that the basis for the appeal meets the appeals process requirements. The Chair will then constitute an appeal panel made of at least two experts who have no conflict of interest in the case in question. The panel will strive to come to a decision within 45 workdays.

The details of the Appeals Procedure can be found in document PRO049 – Appeals Procedure.

Annex 1: Explanation of the scoring scale*

Scores	Meaning for all verification scheme options, including self-assessment and third-party audits	Guidance for scoring requirements
0	<p>Your organisation does not currently meet the requirement and indicates a major issue that is so significant that the organisation's ability to meet the commitment is compromised.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: A major weakness.</p> <p>Certification: A major non-conformity that compromises the integrity of the commitment which leads to a major corrective action request (CAR).</p>	<p>To give a score 0, not all of the measurable components of the requirement are verified to be in place and the issue(s) identified are so significant that the organisation's ability to meet the commitment is compromised.</p>
1	<p>Your organisation does not currently meet the requirement.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: A minor weakness.</p> <p>Certification: A minor non-conformity that compromises the integrity of the requirement which leads to a minor corrective action request (CAR).</p>	<p>To give a score 1, not all of the measurable components of the requirement are verified to be in place.</p>
2	<p>Your organisation currently meets the requirement, but there is an opportunity for improvement that deserves attention so that the requirement is not compromised in the future.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: Requirement is met with an observation.</p> <p>Certification: Conformity with an observation.</p>	<p>To give a score 2, all measurable components of a requirement are verified to be in place, however, one or more opportunities for improvement are observed which deserve attention so that the requirement is not compromised in the future.</p>

3	<p>Your organisation meets the requirement,-with organisational systems ensuring it is being met consistently throughout the organisation.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: Requirement is met.</p> <p>Certification: Conformity.</p>	<p>To give a score 3, all measurable components of a requirement are verified to be in place.</p>
4	<p>Your organisation meets the requirement in an exemplary way, demonstrating innovation and/or special recognition of performance, and organisational systems ensure this high quality throughout the organisation.</p> <p>For third-party auditing schemes:</p> <p>Independent verification: Requirement is met in an exemplary way.</p> <p>Certification: Conformity in an exemplary way.</p>	<p>To give a score 4, all measurable components of a requirement are verified to be in place.</p> <p>In addition, the following must be verified:</p> <ul style="list-style-type: none"> • An organisational system (or systems) that demonstrate an innovative approach to meeting the requirement at a high standard throughout the organisation are in place. <p>and/or</p> <ul style="list-style-type: none"> • The organisation has been awarded special recognition of performance in relation to meeting the requirement at a high standard, and this is built into organisational systems so that the high quality is ensured throughout the organisation.
	<p>Guidance notes for scoring commitments:</p> <ul style="list-style-type: none"> • Commitments are scored by taking the mean average score of the requirements, i.e. the sum of all the requirement scores in a commitment divided by the number of requirements in that commitment. • Except when a major non-conformity/weakness is issued, in this case the overall score for the Commitment is 0. 	

* Scoring Scale from the CHSA Verification Framework 2024