

## ACCREDITATION REVIEW EVALUATION    Cycle #5

**Local Health Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Section Evaluated:** \_\_\_\_\_

Sections include: **I**=Local Health Department Powers and Duties, **II**=Food Service Sanitation, **III**=General Communicable Disease Control, **IV**=Hearing, **V**=Immunization, **VI**=On-Site Sewage Treatment Management, **VII**= HIV/AIDS and Sexually Transmitted Disease, **VIII**=Vision, **IX**=Breast and Cervical Cancer Control Program, **X**=Family Planning, **XI**=Women, Infants, and Children Administration, and **XII**= Children’s Special Healthcare Services

**Number of Reviewers:** \_\_\_\_\_ (just use one evaluation form for all reviewers in this section)

Directions: Circle the number that corresponds to your response, using the following scale: 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree NA = Does not apply or leave blank if you prefer not to answer	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. Technical assistance was offered to LHD prior to On-site Review and met need	1	2	3	4	5	NA
2. A clear overview of “what will occur” and “how the LHD will be evaluated” was provided by the reviewer(s) either on-site or in advance of the visit.	1	2	3	4	5	NA
3. Reviewer(s) conduct was professional throughout visit.	1	2	3	4	5	NA
4. The reviewer(s) maintained a quality improvement focus.	1	2	3	4	5	NA
5. The reviewer(s) are knowledgeable on the subject of their section.	1	2	3	4	5	NA
6. The reviewer(s) made judgments consistent with the current Accreditation tool.	1	2	3	4	5	NA
7. The reviewer(s) allowed for an appropriate amount of interaction.	1	2	3	4	5	NA
8. The reviewer(s) listened carefully to LHD responses to questions.	1	2	3	4	5	NA
<b>9. Reviewer(s) conducted an exit interview (if no, or not requested, skip 10 – 13)</b>	<b>No</b>			<b>Yes</b>		
10. The exit interview was scheduled in advance.	1	2	3	4	5	NA
11. Program strengths and weakness were discussed.	1	2	3	4	5	NA
12. Recommendations for improvement were made as necessary.	1	2	3	4	5	NA
13. The written On-site Review Report made use of the “Special Recognition” and “Recommendations for Improvement” categories.	1	2	3	4	5	NA
14. The On-site Review Report provided for this section is very helpful to use to improve the quality of this program.	1	2	3	4	5	NA
15. Overall, the reviewer(s) did an excellent job.	1	2	3	4	5	NA
16. The review findings were compatible with my agency’s self assessment.	1	2	3	4	5	NA

1. List the strong points of the review:

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2. List areas of the review in need of improvement:

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3. Who may we contact for additional information?

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**Note: if you would like to be contacted about your responses, please include name and telephone number below.**

Survey Respondent Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**Return within 30 days from notification of On-Site Review Report completion to:  
Michigan Association for Local Public Health (MALPH)  
P.O. Box 13276  
Lansing, MI 48901**