**Accreditation Review Evaluation *Cycle #7***

**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 Health Care Services*

**Number of Accreditation Reviewers at the On-Site Review: \_\_\_\_\_**

**Number of LHD staff participating in this evaluation: \_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| 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. | 1 | 2 | 3 | 4 | 5 | NA |
| 2. Technical assistance offered met the needs of the LHD | 1 | 2 | 3 | 4 | 5 | NA |
| 3. Any program or tool changes were communicated well in advance of the review. | 1 | 2 | 3 | 4 | 5 | NA |
| 4. The reviewer(s) provided a clear overview of “what will occur” and “how the LHD will be evaluated” either on-site or in advance of the visit. | 1 | 2 | 3 | 4 | 5 | NA |
| 5. Reviewer(s) conduct was professional throughout visit. | 1 | 2 | 3 | 4 | 5 | NA |
| 6. The reviewer(s) maintained a quality improvement focus. | 1 | 2 | 3 | 4 | 5 | NA |
| 7. The reviewer(s) are knowledgeable on the subject of their section. | 1 | 2 | 3 | 4 | 5 | NA |
| 8. The reviewer(s) made judgments consistent with the current Accreditation tool. | 1 | 2 | 3 | 4 | 5 | NA |
| 9. The reviewer(s) allowed for an appropriate amount of interaction. | 1 | 2 | 3 | 4 | 5 | NA |
| 10. The reviewer(s) listened carefully to LHD responses to questions. | 1 | 2 | 3 | 4 | 5 | NA |
| **11. Reviewer(s) conducted an exit interview****(if no, or not requested, skip questions 10 & 11)** | **No** | **Yes** |
| 12. The reviewer(s) discussed program strengths and weakness. | 1 | 2 | 3 | 4 | 5 | NA |
| 13. The reviewer(s) made recommendations for improvement as necessary. | 1 | 2 | 3 | 4 | 5 | NA |
| 14. The written On-site Review Report made use of the “Special Recognition” and/or “Recommendations for Improvement” categories. | 1 | 2 | 3 | 4 | 5 | NA |
| 15. 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 |
| 16. Overall, the reviewer(s) did an excellent job. | 1 | 2 | 3 | 4 | 5 | NA |
| 17. The review findings were compatible with my agency’s self-assessment. | 1 | 2 | 3 | 4 | 5 | NA |

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| **Pre-Review Self-Assessment Processes**Please answer these questions if you utilized the pre-review self-review process offered by MDARD or MDEQ. |
|  | **Strongly Disagree** | **Disagree** | **Neutral** |  **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The Self-Assessment process was useful.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The Self-Assessment process was user-friendly.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. The Self-Assessment process helped my agency successfully prepare for our on-site review.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. Materials were provided in advance with sufficient time to conduct self-assessment activities.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I was satisfied with the Self-Assessment process.
 | 1 | 2 | 3 | 4 | 5 | NA |
| Please provide any additional feedback you have on the self-assessment process |

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| **Off-Site Review Processes**Please answer these questions regarding the off-site/virtual review process used by Communicable Disease, BCCCP, and/or the QIS. |
|  | **Strongly Disagree** | **Disagree** | **Neutral** |  **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The guidance for submitting documentation was clear.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I feel like the level of interaction with the reviewer(s) prior to and during the off-site/virtual review process was appropriate.
 | 1 | 2 | 3 | 4 | 5 | NA |
| 1. I am satisfied with the off-site/virtual review process.
 | 1 | 2 | 3 | 4 | 5 | NA |
| Please provide any additional feedback you have on the off-site/virtual review process |

1. List the strong points of the review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. List areas of the review in need of improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How helpful do you feel the On-site Review Process was in terms of providing information to improve your program and/or health department?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who may we contact for additional information? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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