

ACCREDITATION SITE VISIT EVALUATION Cycle #8

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=Family Planning, X=Women, Infants, and Children Administration, and XI=Children’s Special Health Care Services

Number of Accreditation Reviewers at the Site Visit: _____

Number of LHD staff participating in this evaluation: _____

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 the Site Visit.	1	2	3	4	5	NA
2. Technical assistance offered prior to the Site Visit met the needs of the LHD.	1	2	3	4	5	NA
3. Reviewer(s) conduct was professional throughout the visit.	1	2	3	4	5	NA
4. The reviewer(s) maintained a needs assessment focus during the site visit.	1	2	3	4	5	NA
5. The reviewer(s) worked with the LHD to identify needed supports.	1	2	3	4	5	NA
6. The reviewer(s) discussed current LHD capacity in alignment with MPRs/Indicators.	1	2	3	4	5	NA
7. The reviewer(s) provided information about available capacity building assistance opportunities as necessary.	1	2	3	4	5	NA
8. The reviewer(s) maintained a quality improvement focus during the site visit.	1	2	3	4	5	NA
9. The reviewer(s) provided quality improvement recommendations as necessary.	1	2	3	4	5	NA
10. Recommendations provided by the reviewer(s) are actionable.	1	2	3	4	5	NA
11. The reviewer(s) were knowledgeable on the subject of their section.	1	2	3	4	5	NA
12. The reviewer(s) listened carefully to LHD responses to questions.	1	2	3	4	5	NA
13. The reviewer(s) worked with the LHD to identify program strengths.	1	2	3	4	5	NA
14. The reviewer(s) worked with the LHD to identify program challenges.	1	2	3	4	5	NA
15. The written Site Visit Report made use of the “Areas of Strength” category.	1	2	3	4	5	NA
16. The written Site Visit Report made use of the “Needed Supports” category.	1	2	3	4	5	NA
17. The Site Visit Report provided for this section is very helpful to use to improve the quality of this program.	1	2	3	4	5	NA
18. Overall, the reviewer(s) did an excellent job.	1	2	3	4	5	NA
19. The Cycle 8 Accreditation Site Visit process has assisted the LHD in assessing local needs and preparing for the next Accreditation Cycle.	1	2	3	4	5	NA
20. Our LHD knows who to reach out to for further assistance for this program.	1	2	3	4	5	NA

Complete this survey online at: <https://chc.mphi.org/surveys/?s=CM7MDWXAAEF934WK>

1. List the strong points of the site visit:

2. List areas of the site visit in need of improvement:

3. Any additional comments, concerns, or suggestions.

4. 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: (____) _____