



Michigan Local Public Health Accreditation Program Tool Local Health Department Pre-Materials Guide

Scheduling Guidance

1. Section I (Local Health Department Powers and Duties) is a one-day On-Site Review (OSR), typically scheduled on Mondays.
 - a. The optional Quality Improvement Supplement (QIS) will occur remotely. To participate in the QIS, please select the checkbox at the top of the On-Site Review Schedule page in the Accreditation Web Module. Reviewer(s) will contact you to schedule the date and time of your review.
2. Section II (Food Service Sanitation Program) will be a one to five day in-person On-Site Review. Reviewer(s) will contact the LHD before the scheduled On-Site Review to verify the exact start day and time and estimated number of days the review will take.
3. Section III (General Communicable Disease) On-Site Review will take place remotely. Please be sure to indicate a day and time for the Reviewers to contact your health department to discuss their review of your materials. Your Reviewer will verify the day and time selected prior to conducting the Exit Conference.
4. Section IV (Hearing) will be a half-day On-Site Review. The review can be scheduled concurrently with Vision, if LHD prefers. Please avoid scheduling on Fridays.
5. Section V (Immunization) will be a one-day On-Site Review at the main local health department clinic (no visits to off-site clinics) on a day when the IAP Coordinator, the Immunization Clerk, and other involved Immunization staff are available for interaction with the Reviewer.
6. Section VI (Onsite Wastewater Treatment Management) requests a minimum of two (2) days for the On-Site Review (OSR) of a single county health department. District health departments typically require additional days. Consultation with the Reviewer is suggested for confirmation of the actual number of days that are needed to complete the OSR.
7. Section VII (HIV/STI) requests half-day for the On-Site Review of a county health department. Please avoid scheduling this review on a Friday.
8. Section VIII (Vision) is a single half-day On-Site Review. Please contact the Reviewer to arrange for scheduling of the OSR prior to completing the On-Site Review Schedule in the Accreditation Web Module.
9. Section IX (Family Planning Program) is a two-day On-Site Review. FP requests LHDs schedule a family planning clinic on the first day of the visit. LHDs should schedule a full clinic with a range of visit types including initial, annual, and adolescent visits.
10. Section X (Women, Infants, and Children Program) does not require an On-Site Review. Accreditation report is based on the findings from the last WIC Management Evaluation.



Michigan Local Public Health Accreditation Program Tool
Local Health Department Pre-Materials Guide

11. Section XI (Children’s Special Health Care Services) is a one-day On-Site Review. Please avoid scheduling on the fourth Thursday of the month.

SECTION	TIME REQUIRED
Section I – Local Health Department Powers and Duties and optional Quality Improvement Supplement (if applicable)	1 day
Section II – Food Service Sanitation Program	1-5 days
Section III - General Communicable Disease Control	½ day (remote)
Section IV – Hearing	½ day (Mornings 9:00 AM - 12:00 PM, or afternoons 1:00 - 4:00 PM)
Section V – Immunization	1 day
Section VI – Onsite Wastewater Treatment Management	2 days
Section VII – HIV/AIDs and STI	½ day
Section VIII – Vision	½ day
Section IX – Family Planning	2 days
Section X – Women, Infant, and Children (WIC)	N/A – no On-Site Review required
Section XI – Children’s Special Health Care Services (CSHCS)	1 day



How to Submit Pre-Materials to MPHI:

To facilitate the flow of information between the local health department and MPHI during all phases of the Accreditation process, the local health department should appoint an Accreditation Coordinator and identify that person to MPHI on the **Profile Information area of the Accreditation Web Module and/or on the Module User Account Request form**. This form is submitted to the MPHI Program Assistant via email at least two weeks prior to the pre-materials due date. Unless otherwise notified, MPHI will consider this person the single point of contact during the process.

There are several important pieces that need to be completed by the local health department and delivered to MPHI to officially complete pre-materials. All materials will be submitted via the **Accreditation Web Module** (<https://webreport.accreditation.localhealth.net/>). These pre-materials (Profile Information, On-Site Review Schedule, and Exit Conference information) are due to MPHI two (2) months prior to the On-Site Review. More information on how to navigate the pre-material submission can be found further down in this document.

The local health department will create the schedule for the 5-day On-Site Review while adhering to the Scheduling Guidelines provided on pages 1 & 2 of this document. It is understood that staff members will often be responsible for multiple programs. This and other factors should be taken into consideration as the schedule is being prepared. MPHI and the Accreditation Reviewers will receive the local health department's schedule as final. In the event that either a Reviewer or the local health department needs to make changes to this schedule after it is submitted to MPHI due to extenuating circumstances or unforeseen events, it is critical that MPHI be contacted as soon as it is evident that a change to the schedule is needed. The Reviewer and local health department should work together to find a mutually acceptable new date within one week before or after the scheduled On-Site Review week to complete the review, then contact MPHI staff to inform them of the new date. Upon submission, MPHI will review and publish the schedule for LHD staff and Reviewers to see.

The three-year On-Site Review calendar has been established well in advance. Due to the complex nature of the Accreditation cycle, changes to the review dates will not typically be considered. However, in unusual instances the local health department may request a schedule change.

If a local health department needs to reschedule its On-Site Review, they must request a scheduling change, in writing, at least three months prior to the start of the scheduled Self-Assessment period. The request must be e-mailed to MPHI and include the rationale for the schedule change. MPHI will collaborate with MDHHS, MDARD, EGLE, and the MLPHAP Accreditation Commission regarding the feasibility of accommodating the request. All parties will be notified of the outcome.



Michigan Local Public Health Accreditation Program Tool Local Health Department Pre-Materials Guide

Navigating the Accreditation Web Module

Open your Internet browser and follow this link by holding the Ctrl Key and clicking this underlined link: <https://Accreditation.localhealth.net/> or by copying it into the address bar of the browser.

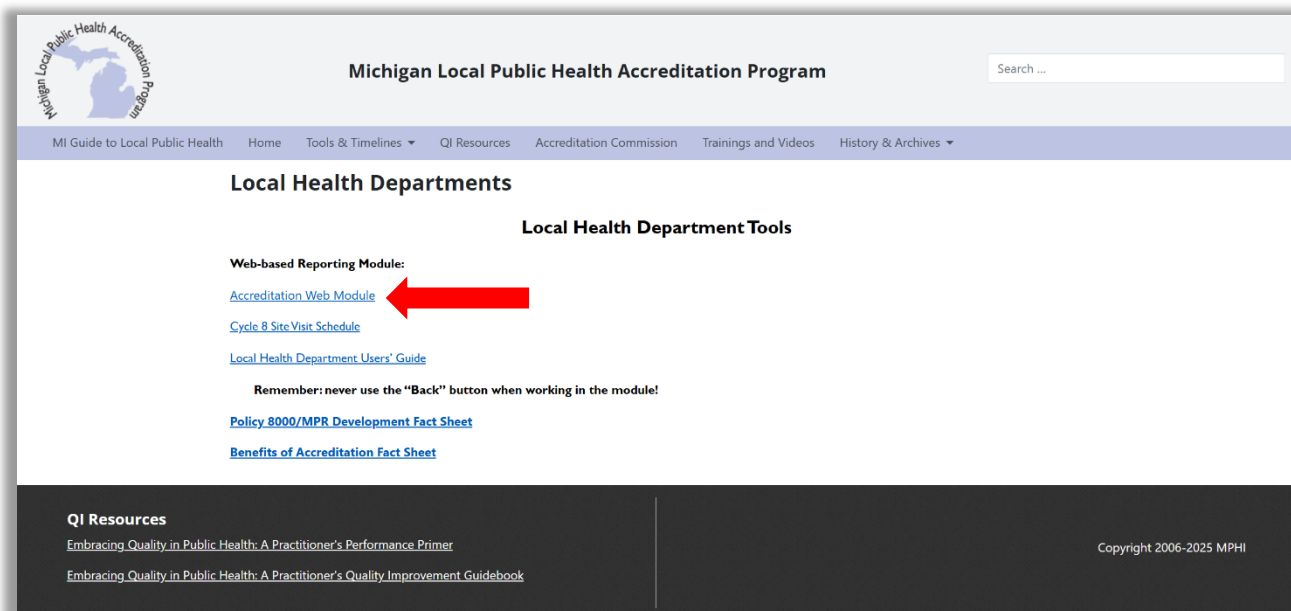
On the Home screen, click the “Local Health Departments” picture.



You may want to create a bookmark for this website so that you can easily access it in the future without having to remember the text you would need to type in the address bar. Follow your browser’s directions to add the website to your favorites.

On the Local Health Department Tools page, click the “Accreditation Web Module” link.

Logging into the Accreditation Web Module





Michigan Local Public Health Accreditation Program Tool Local Health Department Pre-Materials Guide

A form to request Accreditation Web Module user accounts is sent with your local health department's Tool letter.

Please submit this form by email to Jessica Nash jnash@mphi.org **no later than 2 weeks prior to your pre-materials due date.** MPHI will create user accounts for each person listed on the form when it is submitted. The first time a new user logs in to the Accreditation Web Module they will be required to set a password.

Health Officers' accounts have special permissions that allow them to see all reports for the health department and provide signoffs on materials as needed. All other accounts will have standard local health department access to the Accreditation Web Module.

A screenshot of the Accreditation Web Module login page. The page has a purple header with the Michigan Local Public Health Accreditation Program logo on the left and the tagline "Assuring and enhancing the quality of local public health in Michigan" on the right. Below the header is a "Home" link. The main content area is titled "Login" and contains the instruction "Please enter your email address and password." There are two input fields: "Email Address" and "Password". Below the fields is a purple "Login" button and a blue link for "Forgot Password?". At the bottom left of the page, there is a copyright notice: "© 2017 - MPHI".

Important!

Please refrain from using your browser's "Back" button to navigate within the Web Module. Because of the dynamic nature of web programming, the system does not function as ordinary websites do. Using the "Back" button at any time instead of using the navigational links provided within the module can cause multiple issues with reading or printing your reports. In short, **never use the "Back" button; always use the navigational links that are available throughout the module.**

Changing Your Password

Forgot Password

When a user has forgotten their account password, the user can reset it on the Forgot Password page. Users can access the Forgot Password page by selecting the “Forgot Password?” link on the Login page. A user can complete the Forgot Password process by following the steps listed below:

Step 1: Select the “Forgot Password?” link on the Login page

Step 2: Enter the email address associated to your account in the “Email Address” field

Step 3: Select the “Email Link” button to send yourself a reset password email

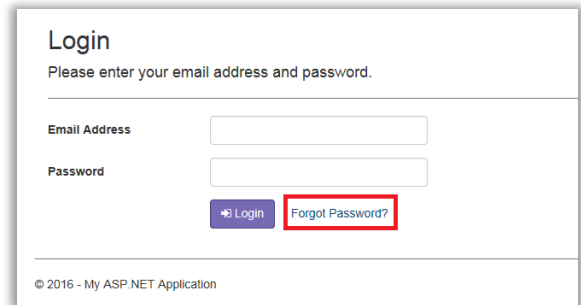
Step 4: Follow the URL provided in the email

Step 5: Enter your new password in both the “Password” and “Confirm Password” fields. The new password must be different than your current password, be a minimum of 8 characters, and include:

- An uppercase letter
- A lowercase letter
- A number
- A symbol

Step 6: Select the “Set Password” button

Note: A user’s password will expire every 120 days. Upon login, a user with an expired password will be prompted to create a new one.



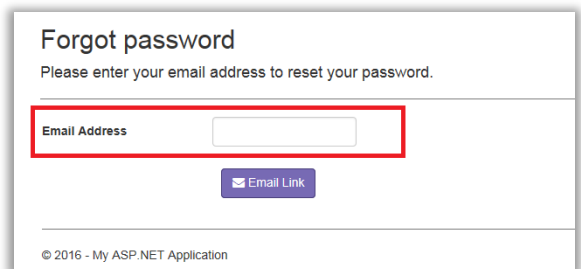
Login
Please enter your email address and password.

Email Address

Password

[Login](#) [Forgot Password?](#)

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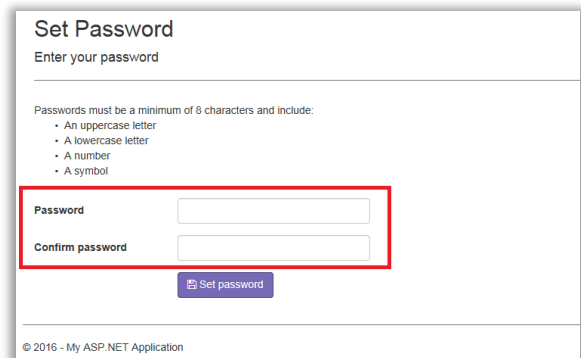


Forgot password
Please enter your email address to reset your password.

Email Address

[Email Link](#)

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Set Password
Enter your password

Passwords must be a minimum of 8 characters and include:

- An uppercase letter
- A lowercase letter
- A number
- A symbol

Password

Confirm password

[Set password](#)

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Change Password

When a user would like to change their account password, the user can do so on the Change Password page by following the steps listed below:

Step 1: Select the “Change Password” link on the Home page

Step 2: Enter your current password in the “Current Password” field

Step 3: Enter your new password in both the “New Password” and “Confirm New Password” fields. The new password must be different than your current password, be a minimum of 8 characters, and include:

- An uppercase letter
- A lowercase letter
- A number
- A symbol

Step 4: Select the “Change Password” button

Note: A user’s password will expire every 120 days. Upon login, a user with an expired password will be prompted to create a new one.

The screenshot shows a web interface titled "Activities". Under the heading "Health Department Information", there are two links: "Profile" and "Review Schedule". Below these links, a "Change Password" button is highlighted with a red rectangular box.

The screenshot shows the "Change Password" form. It includes a heading "Change Password" and a list of password requirements: "Passwords must be a minimum of 8 characters and include: An uppercase letter, A lowercase letter, A number, A symbol". Below the requirements are three input fields: "Current password", "New password", and "Confirm new password". The "Current password" field is highlighted with a red rectangular box. At the bottom of the form are two buttons: "Change Password" and "Cancel". A footer note reads "© 2016 - My ASP.NET Application".

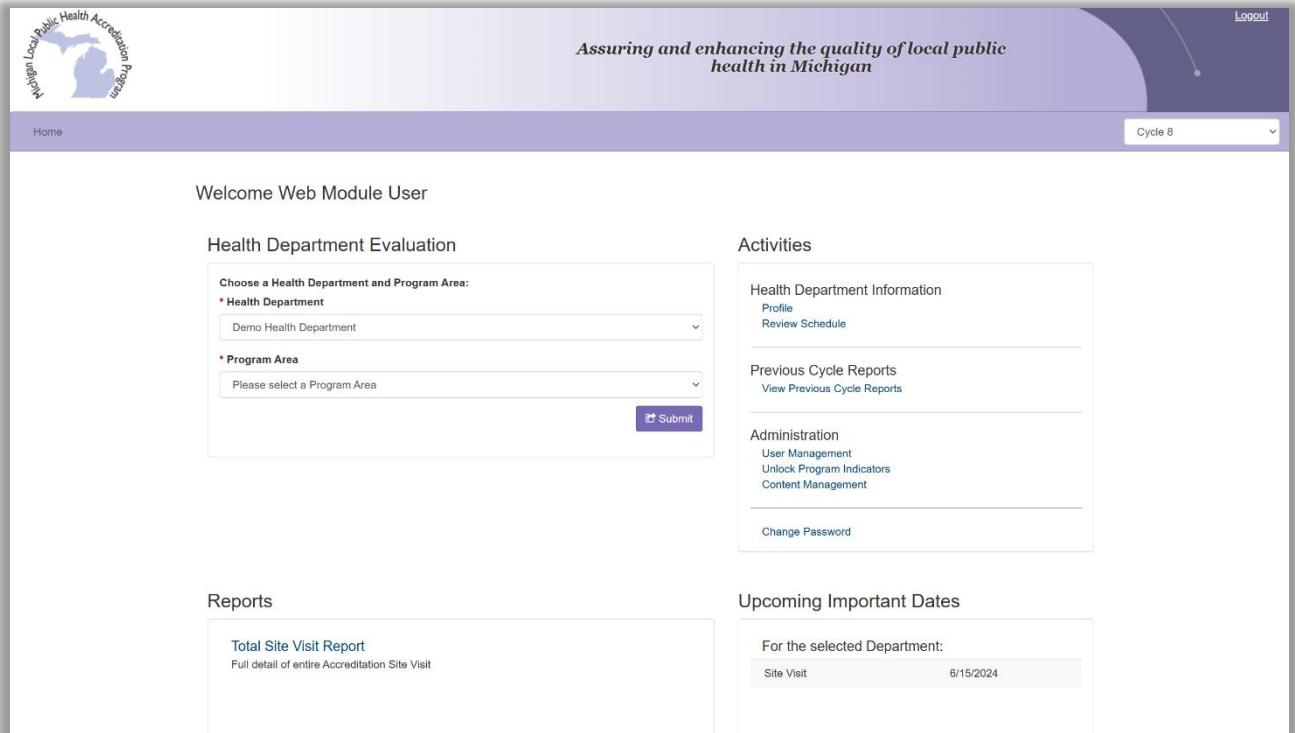
This screenshot is identical to the previous one, showing the "Change Password" form. In this version, the "Change Password" button at the bottom of the form is highlighted with a red rectangular box.



Michigan Local Public Health Accreditation Program Tool Local Health Department Pre-Materials Guide

Home Page

The Home page is the default landing page for users when they first log into the Accreditation Web Module. There are 4 sections on the Home page: Health Department Evaluation, Activities, Reports, and Upcoming Important Dates.



Submitting Pre-materials in the Accreditation Web Module

All local health department pre-materials are submitted via the Accreditation Web Module, including the On-Site Review Schedule, Exit Conference requests, and updating the LHD’s profile. Some programs require materials to be sent in advance of the On-Site Review. Please see Appendix II – VI of the LHD User’s Guide for further information.

Review Schedule

To enter your schedule, click the “Review Schedule” under the Activities menu on the Accreditation Web Module Home page. You will be taken to a screen that looks like this:



Michigan Local Public Health Accreditation Program Tool Local Health Department Pre-Materials Guide

Michigan Local Public Health Accreditation Local Health Department On-Site Review Schedule

Demo Health Department
On-site Review Week of: 2/16/2026
Reports: [On-site Review Schedule Report](#)
[Complete Pre-materials Report](#)

Please place a check mark in this box if your LHD will be participating in the optional Quality Improvement Supplement (QIS)

Schedule Programs

Program Area

Please select a Program Area ▼

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Schedule Outside of Scheduled Review Week

Date AM PM

First, place a checkmark in the box on top of the page if your local health department will be participating in the optional Quality Improvement Supplement (QIS).

Quality Improvement Supplement (QIS) selection updated ×

Michigan Local Public Health Accreditation Local Health Department On-Site Review Schedule

Demo Health Department
On-site Review Week of: 2/16/2026
Reports: [On-site Review Schedule Report](#)
[Complete Pre-materials Report](#)

Please place a check mark in this box if your LHD will be participating in the optional Quality Improvement Supplement (QIS) ←

To schedule a program, scroll down on the Review Schedule page. Below the “Submit” button, you will see a table outlining each of the Accreditation programs. Each program has already been added for your LHD and should list the Reviewer(s) who will be conducting your On-Site Reviews for each program area. Your LHD will need to add in the dates and times of the reviews, as well as the LHD staff that will be participating in each review. This will also be the place to indicate if your LHD would like Reviewers to conduct and Exit Conference, and who needs to be in attendance.



Michigan Local Public Health Accreditation Program Tool Local Health Department Pre-Materials Guide

To add the date and time for a program’s review, scroll down to the program you wish to update and click the “Edit” button.

Program Area	Scheduled	Actions
Powers and Duties		Edit Delete Add Reviewer Add LHD staff Add exit attendee
	Reviewer Name	Phone Email Actions
	State Reviewer	
		sreview@test.com Remove
Food Service		Edit Delete Add Reviewer Add LHD staff Add exit attendee
	Reviewer Name	Phone Email Actions
	State Reviewer	
		sreview@test.com Remove
General Communicable Disease Control		Edit Delete Add Reviewer Add LHD staff Add exit attendee
	Reviewer Name	Phone Email Actions
	State Reviewer	
		sreview@test.com Remove

This will allow you to select the date and time of the On-Site Review during your scheduled Accreditation review week by checking the appropriate boxes (e.g., Monday AM, Friday PM, etc.). Refer to pages 1 & 2 of this document for scheduling guidance.

Schedule Programs

Program Area

Powers and Duties ▼

Monday	Tuesday	Wednesday	Thursday	Friday
<input checked="" type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input checked="" type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Schedule Outside of Scheduled Review Week

Date AM PM

If you and your Reviewer(s) cannot meet during the scheduled review week, you are allowed to schedule the On-Site Review within the week prior or week after the scheduled Accreditation review week. To do so, check the box next to “Schedule Outside of Scheduled Review Week” and select the date of the Review.

Schedule Programs

Program Area

Powers and Duties

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Schedule Outside of Scheduled Review Week

Date AM PM

05/10/2026

June 2026

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

[Submit](#)

After you have made your selections, click the “Submit” button and the updates will be added to the schedule. Next, click the “Add LHD staff” to input the information of staff who will be involved in the review process.

Program Area	Scheduled	Actions								
Powers and Duties		Edit Delete Add Reviewer Add LHD staff Add exit attendee								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Reviewer Name</th> <th>Phone</th> <th>Email</th> <th>Actions</th> </tr> </thead> <tbody> <tr> <td>State Reviewer</td> <td></td> <td>sreview@test.com</td> <td>Remove</td> </tr> </tbody> </table>	Reviewer Name	Phone	Email	Actions	State Reviewer		sreview@test.com	Remove	
Reviewer Name	Phone	Email	Actions							
State Reviewer		sreview@test.com	Remove							

Add LHD Staff ✕

Which LHD staff will be involved in the review?

Name:

Title:

Email Address:

Phone Number:

[Submit](#)

[Close](#)



Michigan Local Public Health Accreditation Program Tool Local Health Department Pre-Materials Guide

Update Your Local Health Department's Contact Information

To edit your local health department's contact information, click the "Profile" link on the Home page.

Welcome Web Module User

Health Department Evaluation

Choose a Health Department and Program Area:

* **Health Department**
Demo Health Department

* **Program Area**
Please select a Program Area

Submit

Activities

Health Department Information
Profile
Review Schedule

Previous Cycle Reports
View Previous Cycle Reports

Administration
User Management
Unlock Program Indicators
Content Management

Change Password

A red arrow points from the "Profile" link in the "Health Department Information" section to the "Submit" button in the "Health Department Evaluation" section.

On the bottom of the Local Health Department Contact Information page, click the "Edit" button.

Accreditation Coordinator

Accreditation Coordinator: Demo

Phone: (989) 754-1234 **Extension:**

Email: demo2@mphitest.org

LHD Local Governing Entity

LHD Local Governing Entity: Demo Health Department

LGE Chairperson: demo

LGE Chairperson Mailing Address: 123 test

LGE Chairperson Email Address: demotest@mphitest.org

Date Chairs Appointment Ends: 4/15/2023

Onsite Review

Onsite Review Week: 6/15/2024

Final Report Date: 7/15/2024

Back Edit

A red arrow points to the "Edit" button.



Michigan Local Public Health Accreditation Program Local Health Departments – Pre-Material Guide

Clicking the “Edit” button will allow you to complete and update any information about your health department.

Local Health Department Contact Information – This section includes the Local Health Department’s name, address, phone number, and website.

Health Officer – The Health Officer section includes the Local Health Department’s Health Officer’s name, phone number, and email address.

Local Health Department Contact Information	
LHD Name:	<input type="text"/>
Street Address:	<input type="text"/>
Mailing Address (if different):	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="Michigan"/>
Zip:	<input type="text"/>
Phone:	<input type="text"/>
Extension:	<input type="text"/>
LHD Website (if applicable):	<input type="text"/>
Health Officer	
Health Officer:	<input type="text"/>
Phone:	<input type="text"/>
Extension:	<input type="text"/>
Email:	<input type="text"/>



Michigan Local Public Health Accreditation Program Local Health Departments – Pre-Material Guide

Accreditation Coordinator – The Accreditation Coordinator section includes the local health department’s Accreditation Coordinator’s name, phone number, and email address.

LHD Local Governing Entity – This section includes the local health department’s Local Governing Entity’s (LGE) name, the name of the LGE’s Chairperson, when the Chairperson’s appointment ends, and the Chairperson’s mailing and email addresses.

A screenshot of a web form titled "Accreditation Coordinator" and "LHD Local Governing Entity". The form is divided into three main sections: "Accreditation Coordinator", "LHD Local Governing Entity", and "Onsite Review".
1. **Accreditation Coordinator**:
- Accreditation Coordinator: [Text input field]
- Phone: [Text input field] Extension: [Text input field]
- Email: [Text input field]
2. **LHD Local Governing Entity**:
- LHD Local Governing Entity: [Text input field]
- LGE Chairperson: [Text input field]
- LGE Chairperson Mailing Address: [Text input field]
- LGE Chairperson Email Address: [Text input field]
- Date Chairs Appointment Ends: [Text input field with value "1/1/0001"]
3. **Onsite Review**:
- Onsite Review Week: [Text input field with value "8/8/2016"]
- 1 Year Post-Review Deadline: [Text input field with value "8/8/2017"]
- Final Report Date: [Text input field with value "9/12/2016"]
At the bottom of the form are two buttons: "Update Profile" and "Cancel".

On-Site Review – The On-Site Review section lists important dates for the selected local health department. The date in the Onsite Review Week field indicates the first day of the week that the local health department’s On-Site Review will take place. The date in the **1 Year Post-Review Deadline for CPA Implementation** field indicates the date Corrective Plans of Action (CPAs) are due, any re-reviews that are scheduled and CPAs need to be implemented by the local health department. The Final Report Date field indicates when the final report will be available for the local health department.

Once you have entered your local health department’s current contact information, click the “Update Profile” button.

The most crucial piece of information to capture accurately is the Accreditation Coordinator’s e-mail address, as this person will be receiving auto-generated e-mails from the website related to Corrective Plans of Action responses.



Michigan Local Public Health Accreditation Program Local Health Departments – Pre-Material Guide

Completed Pre-material Reports

Once you have finished entering your pre-materials, MPH staff will review them for accuracy of scheduling and contact you with any questions. You will receive an automatic email when pre-materials are published.

To view the completed pre-materials, click the “Review Schedule” link on the Home page. On the Review Schedule page, click the “Complete Pre-materials Report” link to view a PDF of your health department’s pre-materials. If you wish to access a PDF of the schedule only, click the “On-Site Review Schedule Report” link.

A screenshot of a web interface titled "Michigan Local Public Health Accreditation" and "Local Health Department On-Site Review Schedule". Under the heading "Demo Health Department", it shows "On-site Review Week of: 6/15/2024". Below this, there are two links: "On-site Review Schedule Report" and "Complete Pre-materials Report". A red arrow points to the "Complete Pre-materials Report" link. At the bottom, there is a checkbox with the text "Please place a check mark in this box if your LHD will be participating in the optional Quality Improvement Supplement (QIS)".

Uploading Documents in the Web Module

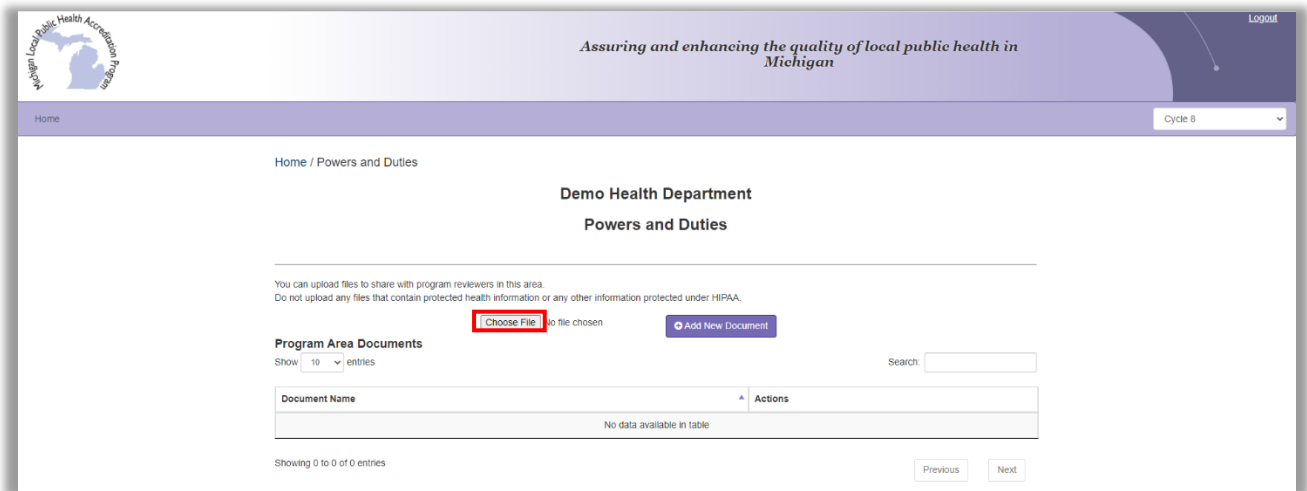
Some programs request that documents be submitted ahead of the On-Site Review via the Accreditation web module. To do so, on the homepage select the Program Area you wish to upload documents for by utilizing the dropdown box. Once you have selected the desired Program Area, click the “Submit” button.

A screenshot of a web form titled "Health Department Evaluation". It contains a section "Choose a Health Department and Program Area:" with two dropdown menus. The first dropdown menu is labeled "* Health Department" and has "Demo Health Department" selected. The second dropdown menu is labeled "* Program Area" and has "Powers and Duties" selected. A red box highlights the "Powers and Duties" dropdown menu. Below the dropdown menus is a blue "Submit" button.

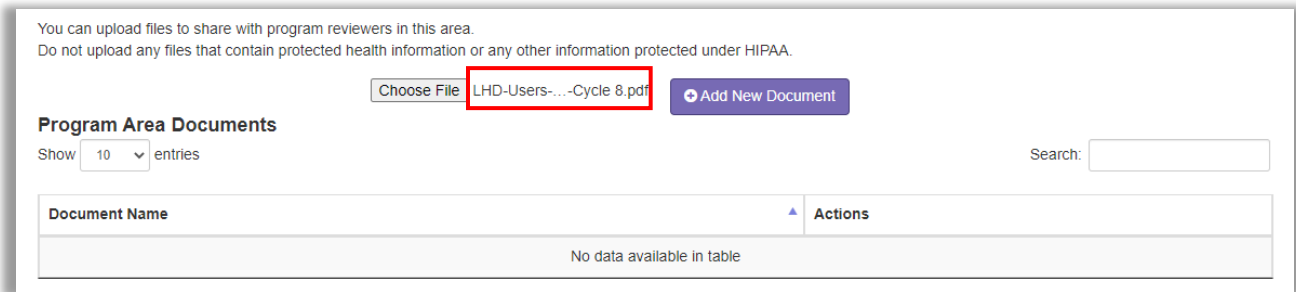


Michigan Local Public Health Accreditation Program Local Health Departments – Pre-Material Guide

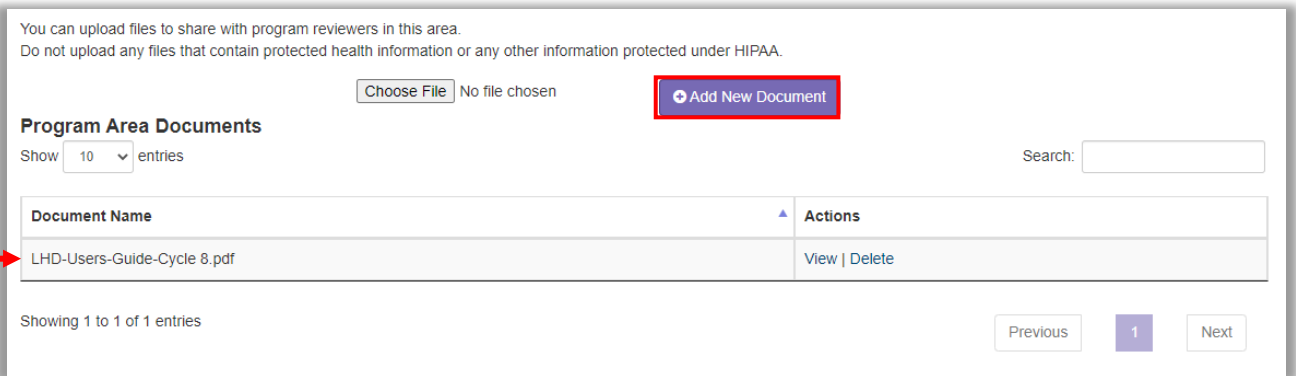
This will take you to the Program Area page. From here you will select the “Choose File” button, which will bring up your computer’s files.



Select the document you wish to upload from your files and click “Open”. The name of the selected file should appear next to the Choose File button.



Select the “Add New Document” button to upload your file for Reviewers to access. The document will show up below in the documents table.



Repeat this process as necessary to add additional documents.



Michigan Local Public Health Accreditation Program Local Health Departments – Pre-Material Guide

Exiting the Accreditation Web Module

Important! A “Log Out” hyperlink is located at the bottom of the main local health department home page. Please use this hyperlink to exit the Accreditation Web Module before closing your Internet browser to ensure you are fully logged out of the system. When you simply close your Internet browser, the website cannot detect this type of exit and thinks that you are still logged into the Web Module.

