

**Southern Piedmont Partnership for Public Health**  
**The NC Public Health Incubator Collaboratives**

**CHECKLIST FOR ACCREDITATION PROCESS**

<b>Activity</b>	<b>Assigned Staff</b>	<b>Completed / Date</b>
<b>I. Roles</b>		
<b>Assemble</b> Accreditation Management Team (AMT)		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Designate</b> Agency Accreditation Coordinator (AAC)		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Assign</b> roles among AMT members		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Assign</b> responsibility for management support functions required by process		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Set</b> meeting schedule for AMT		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>II. Health Department Self-Assessment Instrument (HDSAI)</b>		
<b>Develop</b> or adapt worksheet to keep track of staff assigned to secure or produce documentation for each benchmark/activity, names of documents, and comments		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Review</b> worksheet with AMT and entire management team for adequate representation of all agency programs and appropriateness of evidence		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Select</b> or create relevant documents for each benchmark/activity		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Assemble</b> appropriate number of notebooks or files with most relevant documents indexed by benchmark/activities (maintain at least 2 notebooks or files for local use; submit or electronic version of completed Health Department Self-Assessment Instrument (HDSAI) as required by Accreditation Administrator)		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Develop</b> a repository of other supporting documents (drop file or resource file) and manuals that will be used for site visit and label with relevant benchmark/activity numbers		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Secure</b> other documents required to be submitted with the HDSAI : Mission Statement, Strategic Plan, organizational chart, roster of agency's management team, roster of all staff, copy of Comprehensive Community Health Assessment, copy of SCOTCH report, Narrative related to Agency and the community		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Complete</b> HDSAI cover page		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Complete</b> HDSAI Summary Checklist		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___

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<b>III. Staff Orientation and Training</b>		
<b>Conduct</b> Orientation of Leadership Team		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Conduct</b> weekly or more frequent meetings of AMT to track progress of HDSAI preparation and site visit preparation		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Conduct</b> “dress rehearsal” of site visit with AMT, management team, and staff selected for interviews		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Conduct</b> Staff Training – General Overview for all Staff		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Conduct</b> Staff Training – Specific Training for staff selected for interviews		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Develop</b> and <b>distribute</b> handouts and posters as adjunct to staff training sessions		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>IV. Preparation for Site Visit</b>		
<b>Set</b> site visit schedule		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Check</b> personnel files for current job descriptions, performance appraisals, licensing, certifications & education required for current position		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Check</b> Board minute files for completeness		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Update</b> Strategic Plan if needed		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Gather</b> examples of compliance with Title VI of Civil Rights Act		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Organize</b> and update media files with examples of publicity/news articles regarding agency		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Update</b> policy and procedure manuals; create policy or procedure if necessary to meet benchmarks		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Gather</b> past site review documentation		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Organize</b> readily accessible service statistics		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Develop</b> information packets for SVT – e.g., map of LHD facility/facilities, phone extensions of key staff, instructions regarding how to place local and long distance phone calls, maps of community, list of restaurants and shopping malls, Chamber of Commerce Welcome Packet.		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Develop</b> and provide SVT directions and maps for travel to local health department offices		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Select</b> community leaders and schedule interview times		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Schedule</b> rooms (dedicated room for Site Visit Team (SVT) and interview rooms)		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___

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<b>Assign</b> staff to functions such as transport of SVT to and from hotel, tour of satellite facilities, escort of SVT members to and from on-site group or individual interviews		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Assign</b> staff member to do opening Walk Through		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Arrange</b> entrance and exit conference sites and determine which staff will attend		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Assign</b> staff member(s) to “gopher” responsibility		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>V. Board Role</b>		
<b>Schedule</b> meeting of Board members with SVT		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Confirm</b> meeting in writing with board members		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Send</b> information packet regarding NC Local Health Department Accreditation to Board members		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Assign</b> staff member to greet board members and introduce them to SVT		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>VI. Selection and Orientation of Community Leaders</b>		
<b>Select</b> and invite participation from appropriate community leaders		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Provide</b> written information packet about NCLHDA to community leaders		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Confirm</b> interview appointments in writing		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Phone or email</b> to verify appointments 48-hours before interviews		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Assign</b> greeter/escort for community leader interviews		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>VII. Preparation of Facilities</b>		
<b>Arrange</b> thorough cleaning of all facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Check</b> facilities for compliance with OSHA, HIPAA and fire & safety benchmarks, and signs are posted		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Check</b> facilities for appropriate bilingual signage and add where necessary		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>VIII. Follow-Up to Site Visit</b>		
<b>Send</b> thank you letters to community leaders and Board members		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Maintain</b> all files and documentation intact in event of appeal		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___

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<b>IX. Follow-Up to Notification of Accreditation Boards Decision</b>		
<b>Review</b> Accrediting Board’s decision regarding accreditation status and prepare appeal if appropriate		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Communicate</b> results to Staff, Board, community leaders		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Communicate</b> results to Media		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Follow-up</b> on any deficiencies (e.g., write policies, change processes, improve documentation and record keeping)		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Maintain</b> key documentation intact as basis for next accreditation cycle		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___
<b>Celebrate!!</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No ___/___/___

***Glossary of Terms:***

- (AA) Accreditation Administrator
- (AAC) Agency Accreditation Coordinator
- (AB) Accrediting Board
- (AMT) Accreditation Management Team
- (HDSAI) Health Department Self-Assessment Instrument
- (LHD) Local Health Department
- (NCLHDA) North Carolina Local Health Department Accreditation
- (SCOTCH) State of the County’s Health
- (SVT) Site Visit Team