

ROCK COUNTY BOARD OF HEALTH
WEDNESDAY, AUGUST 3, 2011 – 6:00 P.M.
HEALTH DEPARTMENT – 3328 N. U.S. HIGHWAY 51
JANESVILLE, WI 53545
(ACROSS FROM SPORTSMAN’S PARK)

AGENDA

1. Call to Order
2. Adopt Agenda
3. Approval of Minutes – July 6, 2011
4. Citizen Participation
5. Unfinished Business
6. New Business
 - A. Environmental Health
 - (1) Holding Tank Variance Request – Rock Road/Lathers, LLC
 - (2) Administrative Appeal on the Denial to Issue a Rock County Sanitary Permit to Bruce and Anita Prinner
 - B. Administrative Division
 - (1) Approval of Bills/Transfer of Funds
 - (2) Resolution – Accepting Books for Babies Grant from Target Stores and Amending the 2011 Rock County Health Department Budget
 - (3) Resolution – Accepting Anonymous Contribution and Amending the 2011 Rock County Health Department Budget
 - (4) Resolution – Accepting Contribution from Wal-Mart Foundation and Amending the 2011 Rock County Health Department Budget
 - (4) Resolution – Commending Richard Jacobson, R.S. for Service to Rock County
 - (5) Semi-Annual Report – Attendance at Conventions/Conferences
 - (6) Health Department Report
 - C. Public Health Nursing
 - (1) Solanine Toxicity
7. Communications and Announcements
8. Adjournment

If you are unable to attend the Board of Health meeting, **please** contact the Public Health Department (757-5442) or Ms. Kraft at (608) 884-4761. Thank you.

ROCK COUNTY HEALTH DEPARTMENT
LIST OF BILLS FOR 8/3/11 BOARD OF HEALTH MEETING

<u>Account Number</u>	<u>Vendor Name</u>	<u>Item(s) Description</u>	<u>\$ Amount</u>
62119	Mercy Hospital OB Dept Beloit Memorial Hospital	prenatal classes for client prenatal classes for clients (4)	35.00 100.00
62503	SWITS Belem Gonzalez Belem Gonzalez Belem Gonzalez	interpreter services 6/13/11 interpreter services 5/23 – 6/24/11 interpreter services 6/24-7/5/11 interpreter services 7/5 – 7/15/11	135.00 405.00 465.00 370.00
64000	School Health Occupational/Travel Medicine Supplies Dept of Health Services Medline Industries Crucell Vaccines McKesson	pediatric kleenspec ear tips international certificates of vaccination forms Rock Co. infant birth/death records medium & large nitrile gloves oral typhoid vaccine safety glide needles, facial tissue, bandaids	10.75 51.95 127.58 322.87 640.00 318.17
64010	Culligan	deionizer rent and tank exchange	175.00
64200	Western Wis. PH Educ.	3 registrations for Public Health Nursing conference (\$45 each)	135.00
64203	Jones & Bartlett Publ.	Maternal newborn nursing care plans	89.86
64904	Dept of Health Services	Rock Co. infant birth/death records	2,000.00

Account Number	Name	Yearly Prct Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
3130000000-62119	OTHER SERVICES	15,000.00 75.0%	6,755.14	4,506.13	3,738.73		
	P1101229-PO# 08/01/11 -VN#021628			MERCY HOSPITAL		35.00	
	P1101535-PO# 08/01/11 -VN#027256			BELOIT MEMORIAL HOSPITAL		100.00	
				CLOSING BALANCE	3,603.73		135.00
3130000000-62503	INTERPRETER FEES	19,000.00 48.8%	9,285.70	0.00	9,714.30		
	P1100367-PO# 08/01/11 -VN#017809			GONZALEZ, BELEM		1,240.00	
	P1102402-PO# 08/01/11 -VN#043260			SWITS LTD		135.00	
				CLOSING BALANCE	8,339.30		1,375.00
3130000000-64000	MEDICAL SUPPLIES	91,000.00 57.2%	25,226.09	26,890.06	38,883.85		
	P1100370-PO# 08/01/11 -VN#042626			MC KESSON MEDICAL SURGICAL COR		318.17	
	P1100374-PO# 08/01/11 -VN#047555			CRUCCELL VACCINES INC		640.00	
	P1101926-PO# 08/01/11 -VN#047451			OCCUPATIONAL AND TRAVEL MEDICI		51.95	
	P1102585-PO# 08/01/11 -VN#028158			DEPARTMENT OF HEALTH SERVICES		127.58	
	P1102598-PO# 08/01/11 -VN#014513			MEDLINE INDUSTRIES INC		172.87	
	P1102599-PO# 08/01/11 -VN#014513			MEDLINE INDUSTRIES INC		150.00	
	P1102600-PO# 08/01/11 -VN#019293			SCHOOL HEALTH CORPORATION		10.75	
				CLOSING BALANCE	37,412.53		1,471.32
3130000000-64010	LAB SUPPLIES	6,500.00 59.7%	3,881.75	0.00	2,618.25		
	P1100359-PO# 08/01/11 -VN#010140			CULLIGAN WATER CONDITIONING IN		175.00	
				CLOSING BALANCE	2,443.25		175.00
3130000000-64200	TRAINING EXP	10,000.00 34.6%	3,396.49	70.00	6,533.51		
	P1102692-PO# 08/01/11 -VN#048528			WESTERN WISCONSIN PUBLIC HEALT		135.00	
				CLOSING BALANCE	6,398.51		135.00
3130000000-64203	EDUC MAT & SUPPL	4,000.00 69.2%	1,523.37	1,244.70	1,231.93		
	P1102583-PO# 08/01/11 -VN#047266			JONES AND BARTLETT PUBLISHERS		89.86	
				CLOSING BALANCE	1,142.07		89.86
3130000000-64904	SUNDRY EXPENSE	3,500.00 28.5%	999.30	0.00	2,500.70		
	P1102585-PO# 08/01/11 -VN#028158			DEPARTMENT OF HEALTH SERVICES		2,000.00	
				CLOSING BALANCE	500.70		2,000.00

Account Number	Name	Yearly Prcnt Appropriation Spent	YTD Expenditure	Encumb Amount	Unencumb Balance	Inv/Enc Amount	Total
		HEALTH DEPT.	PROG-TOTAL-PO			5,381.18	

I HAVE EXAMINED THE PRECEDING BILLS AND ENCUMBRANCES IN THE TOTAL AMOUNT OF \$5,381.18 INCURRED BY HEALTH DEPARTMENT. CLAIMS COVERING THE ITEMS ARE PROPER AND HAVE BEEN PREVIOUSLY FUNDED. THESE ITEMS ARE TO BE TREATED AS FOLLOWS

- A. BILLS AND ENCUMBRANCES OVER \$10,000 REFERRED TO THE COUNTY BOARD.
- B. BILLS UNDER \$10,000 TO BE PAID.
- C. ENCUMBRANCES UNDER \$10,000 TO BE PAID UPON ACCEPTANCE BY THE DEPARTMENT HEAD.

BOARD OF HEALTH COMMITTEE APPROVES THE ABOVE. COM-APPROVAL _____ DEPT-HEAD

AUG 03 2011

DATE _____ CHAIR

RESOLUTION NO. _____

AGENDA NO. _____

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Board of Health
INITIATED BY _____



Gerri Waugh, Account Clerk II
DRAFTED BY _____

Board of Health
SUBMITTED BY _____

July 26, 2011
DATE DRAFTED _____

Accepting Books for Babies Grant from Target Stores and Amending the 2011 Rock County Health Department Budget

1 WHEREAS, the Rock County Health Department applied for and was awarded a \$2,000 Books for
2 Babies Grant from Target Stores; and
3

4 WHEREAS, the purpose of this grant from Target Stores is to purchase books that will be presented
5 to mothers of newborns in Rock County at the initial home visit by a public health nurse, to encourage
6 and support literacy for babies.
7

8 NOW, THEREFORE BE IT RESOLVED, that the Rock County Board of Supervisors duly
9 assembled on this _____ day of _____, 2011 does hereby authorize the Rock
10 County Health Department to accept the \$2,000 Books for Babies grant from Target Stores, and amend
11 the 2011 Rock County Health Department Budget as follows:
12

<u>Account/Description</u>	<u>Budget</u>	<u>Increase</u>	<u>Amended</u>
<u>Source of Funds</u>	<u>7/26/11</u>	<u>(Decrease)</u>	<u>Budget</u>
16 31-3000-0000-46000			
17 Health Dept. Contributions	\$3,500	\$2,000	\$5,500
18			
19 <u>Use of Funds</u>			
20 31-3000-0000-64904			
21 Health Dept. Sundry Expense	\$3,500	\$2,000	\$5,500

Respectfully submitted,

BOARD OF HEALTH

Sandra Kraft, Chair

Louis Peer, Vice Chair

Richard Bostwick

Jane Thompson

Dr. Aaron Best, M.D.

Dr. Dean Peterson, DVM

Dr. Connie Winter, DDS

Judith Wade, WHNP

James Rooney, RPh

Accepting Books for Babies Grant from Target Stores and Amending the 2011 Rock County Health Department Budget

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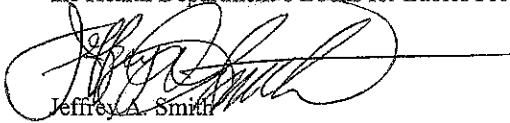
FINANCE COMMITTEE ENDORSEMENT

Reviewed and approved on a vote of _____.

Mary Mawhinney, Chair

FISCAL NOTE:

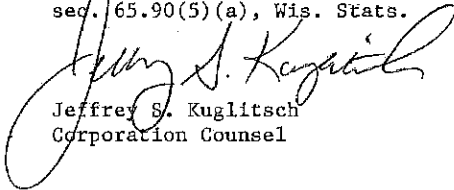
This resolution authorizes the acceptance and expenditure of a \$2,000 contribution from Target for the Health Department's Books for Babies Program. No County matching funds are required.



Jeffrey A. Smith
Finance Director

LEGAL NOTE:

The County Board is authorized to accept grant funds pursuant to sec. 59.52(19), Wis. Stats. As an amendment to the adopted 2011 County Budget, this Resolution requires a 2/3 vote of the entire membership of the County Board pursuant to sec. 65.90(5)(a), Wis. Stats.



Jeffrey S. Kuglitsch
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.



Craig Knutson
County Administrator

**ACCEPTING BOOKS FOR BABIES GRANT FROM TARGET STORES AND
AMENDING THE 2011 ROCK COUNTY HEALTH DEPARTMENT BUDGET**

EXECUTIVE SUMMARY

The Rock County Health Department applied for and has been awarded a \$2,000 Books for Babies Grant from Target Stores.

For three years, the Rock County Health Department has conducted the Books for Babies program. The main goal of this program is to encourage and promote literacy in families. Studies show that children are much more successful in school if they develop a love for reading early in life.

In this program, the health department's public health nurses give a quality book to the parents of at-risk newborns in Rock County. The book is given during the initial visit after the baby comes home from the hospital. The purpose of the program is two-fold. The provision of the book not only promotes and encourages literacy, but it also provides an opening for the nurses to discuss the baby's health needs.

RESOLUTION NO. _____

AGENDA NO. _____

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Board of Health
INITIATED BY _____



Geri Waugh, Account Clerk II
DRAFTED BY _____

Board of Health
SUBMITTED BY _____

July 14, 2011
DATE DRAFTED _____

Accepting Anonymous Contribution and Amending the 2011 Rock County Health Department Budget

1 WHEREAS, the Rock County Health Department received an anonymous contribution of \$1,000; and

2
3 WHEREAS, there is a number of clients of the Rock County Health Department in Beloit who
4 cannot afford to purchase a safe place for their infants to sleep; and

5
6 WHEREAS, the stipulation associated with this contribution is that the money is to be used toward
7 the purchase of pack-n-plays for families in Beloit, hoping this may help reduce the number of
8 incidences of infant deaths due to parents co-sleeping with their babies.

9
10 NOW, THEREFORE BE IT RESOLVED, that the Rock County Board of Supervisors duly assembled
11 on this _____ day of _____, 2011, does hereby authorize the Rock County Health
12 Department to accept this \$1,000 anonymous contribution, and amend the 2011 Rock County Health
13 Department Budget as follows:

<u>Account/Description</u>	<u>Budget</u> <u>7/14/11</u>	<u>Increase</u> <u>(Decrease)</u>	<u>Amended</u> <u>Budget</u>
<u>Source of Funds</u>			
18 31-3000-0000-46000			
19 Contributions	\$1,500	\$1,000	\$2,500
<u>Use of Funds</u>			
22 31-3000-0000-64904			
23 Sundry Expense	\$1,500	\$1,000	\$2,500

Respectfully submitted,

BOARD OF HEALTH

Sandra Kraft, Chair

Louis Peer, Vice Chair

Richard Bostwick

Jane Thompson

Dr. Aaron Best, M.D.

Dr. Dean Peterson, DVM

Dr. Connie Winter, DDS

Judith Wade

James Rooney

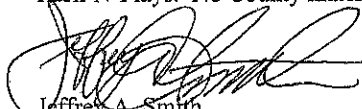
FINANCE COMMITTEE ENDORSEMENT

Reviewed and approved on a vote of _____.

Mary Mawhinney, Chair

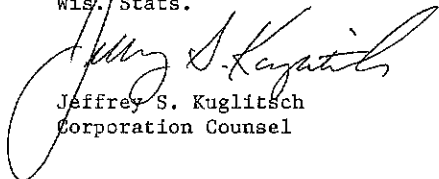
FISCAL NOTE:

This resolution authorizes the acceptance and expenditure of a \$1,000 contribution for the purchase of Pack-N-Plays. No County matching funds are required.


Jeffrey A. Smith
Finance Director

LEGAL NOTE:

As an amendment to the adopted 2011 County Budget, this Resolution requires a 2/3 vote of the entire membership of the County Board pursuant to sec. 65.90(5)(a), Wis. Stats.


Jeffrey S. Kuglitsch
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.


Craig Knutson
County Administrator

**Accepting Anonymous Contribution and
Amending the 2011 Rock County Health Department Budget**

EXECUTIVE SUMMARY

The Rock County Health Department is a strong advocate for the safe sleeping habits of infants, and the department's public health nurses continually strive to educate the families of Rock County to ensure safe sleeping habits for their infants. Safe sleeping for infants is not possible without a safe sleeping environment for them.

The Rock County Health Department recently received a \$1,000 contribution from a concerned, anonymous citizen who made the stipulation that these funds are to be used solely for the purpose of purchasing pack-n-plays for needy families in Beloit. This generous citizen made this contribution to the health department in the hopes of reducing the number of incidences of infant deaths due to parents co-sleeping with their babies.

In accordance with the wishes of the citizen, this \$1,000 contribution will be used to purchase pack-n-plays for needy families in the city of Beloit.

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Board of Health
INITIATED BY



Geri Waugh, Account Clerk II
DRAFTED BY

Board of Health
SUBMITTED BY

July 18, 2011
DATE DRAFTED

Accepting Contribution from Wal-Mart Foundation and Amending the 2011 Rock County Health Department Budget

1 WHEREAS, the Rock County Health Department works with families with young children to ensure
2 child safety; and

3
4 WHEREAS, the Rock County Health Department applied for and was awarded a \$500 one-time
5 contribution from the Wal-Mart Foundation; and

6
7 WHEREAS, these funds will be utilized for the purchase of supplies for Healthy Homes home visits
8 conducted by the Rock County Health Department.

9
10 NOW, THEREFORE BE IT RESOLVED, that the Rock County Board of Supervisors duly
11 assembled on this _____ day of _____, 2011 does hereby authorize the Rock County
12 Health Department to accept this contribution from the Wal-Mart Foundation in the amount of \$500,
13 and amend the 2011 Rock County Health Department Budget as follows:

<u>Account/Description</u>	<u>Budget</u>	<u>Increase</u>	<u>Amended</u>
<u>Source of Funds</u>	<u>7/18/11</u>	<u>(Decrease)</u>	<u>Budget</u>
18 31-3000-0000-46000			
19 Contributions	\$2,500	\$500	\$3,000
20 <u>Use of Funds</u>			
21 31-3000-0000-64904			
22 Sundry Expense	\$2,500	\$500	\$3,000

Respectfully submitted,

BOARD OF HEALTH

Sandra Kraft, Chair

Louis Peer, Vice Chair

Richard Bostwick

Jane Thompson

Dr. Aaron Best, MD

Dr. Dean Peterson, DVM

Dr. Connie Winter, DDS

Judith Wade

James Rooney

Accepting Contribution from Wal-Mart Foundation and
Amending the 2011 Rock County Health Department Budget

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FINANCE COMMITTEE ENDORSEMENT

Reviewed and approved on a vote of _____.

Mary Mawhinney, Chair

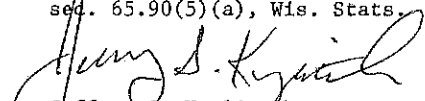
FISCAL NOTE:

This resolution authorizes the acceptance and expenditure of a \$500 contribution for the Health Department's Healthy Homes program. No County matching funds are required.


Jeffrey A. Smith
Finance Director

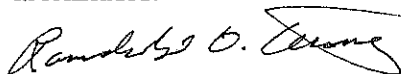
LEGAL NOTE:

The County Board is authorized to accept grant funds pursuant to sec. 59.52(19), Wis. Stats. As an amendment to the adopted 2011 County Budget, this Resolution requires a 2/3 vote of the entire membership of the County Board pursuant to sec. 65.90(5)(a), Wis. Stats.


Jeffrey S. Kuglitsch
Corporation Counsel

ADMINISTRATIVE NOTE:

Recommended.


Randolph Terronez
Acting County Administrator

**Accepting Contribution from Wal-Mart Foundation and
Amending the 2011 Rock County Health Department Budget**

EXECUTIVE SUMMARY

As part of the Rock County Health Department's work with families with young children, the department sends public health nurses and environmental health specialists out to visit homes in the community and assess the risk for child safety/injury as part of our Healthy Homes program.

The Rock County Health Department applied for a contribution from the Wal-Mart Foundation's Local Community Contribution Program, and the health department was awarded a \$500 one-time contribution.

These funds will be used to purchase safety supplies such as door/cabinet locks, safety gates, smoke alarms, etc. to assist families in complying with the recommendations made by health department staff during Healthy Homes visits.

In 2010, the Rock County Health Department was able to complete over 70 home visits in our Healthy Homes program.

RESOLUTION NO. _____

AGENDA NO. _____

RESOLUTION

ROCK COUNTY BOARD OF SUPERVISORS

Board of Health
INITIATED BY _____



Karen Cain, Health Officer
DRAFTED BY _____

Board of Health
SUBMITTED BY _____

July 25, 2011
DATE DRAFTED _____

Commending Richard Jacobson, R.S. for Service to Rock County

- 1 **WHEREAS**, Richard Jacobson has worked for the Rock County Health Department since July 2, 1975; and,
- 2
- 3 **WHEREAS**, Richard Jacobson will be resigning on August 22, 2011, after 36 years and 1 month of dedicated
- 4 service to Rock County and its citizens; and,
- 5
- 6 **WHEREAS**, Richard Jacobson has made a significant contribution to the development, implementation, and
- 7 evaluation of the Private Sewage Disposal Program; and,
- 8
- 9 **WHEREAS**, Richard Jacobson's contributions have helped to improve the quality of life for many Rock County
- 10 citizens.
- 11
- 12 **NOW, THEREFORE, BE IT RESOLVED** that the Rock County Board of Supervisors duly assembled on this
- 13 _____ day of _____, 2011, does hereby thank Richard Jacobson for his dedication and contributions
- 14 to the citizens of Rock County; and,
- 15
- 16 **BE IT FURTHER RESOLVED**, that a copy of this resolution be presented to Richard Jacobson with the Rock
- 17 County Board of Supervisors' best wishes for his future endeavors.

Respectfully submitted,

BOARD OF HEALTH

COUNTY BOARD STAFF COMMITTEE

Sandra Kraft, Chair

J. Russell Podzilni, Chair

Louis Peer, Vice Chair

Sandra Kraft, Vice Chair

Richard Bostwick

Eva Arnold

Jane Thompson

Henry Brill

Dr. Aaron Best, M.D.

Betty Jo Bussie

Dr. Dean Peterson, DVM

Ivan Collins

Dr. Connie Winter, DDS

Marilynn Jensen

Judith Wade, WHNP

Louis Peer

James Rooney, RPh

Kurtis L. Yankee

ROCK COUNTY, WISCONSIN



Rock County Health Department

North Office

P.O. Box 1143
Janesville, WI 53547-1143
608-757-5440 Public Health Nursing
608-757-5441 Environmental Health
608-757-5442 Administration
608-758-8423 (fax)

South Office

61 Eclipse Center
Beloit, WI 53511
608-364-2010
608-364-2011 (fax)

www.co.rock.wi.us

TO: Rock County Board of Health
FROM: Karen Cain, Health Officer
DATE: July 5, 2011
SUBJECT: Semi-Annual Report – Attendance at Conventions/Conferences

For the period of January 1, 2011 through June 30, 2011, there was no Rock County Health Department staff person that attended a training, convention, or conference in which costs exceeded \$1,000.00 per event, per employee, whether in-state or out-of-state.

KC:gw

cc: Craig Knutson, County Administrator

ROCK COUNTY HEALTH DEPARTMENT

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Beloit, WI 53511
608-364-2010
608-364-2011 (fax)

“Healthful Hints” Monthly Health News Column

The Importance of Prevention

No matter how old you are, there are many steps you can take to be healthy. Of course, you should exercise, eat healthy foods and avoid being overweight or using tobacco. One way to stay healthy that may not be as obvious is to get regular preventive screenings, like mammograms and prostate exams, based on the recommendations of your doctor and national health organizations like the CDC. Screenings are important because the prevention of a disease is less costly than the treatment of one after it occurs.

Clinical preventive services are extremely effective in preventing disease and detecting disease early, when treatment is likely to work best. It may seem there is a new screening recommendation on television or in the newspaper every few months, which might be confusing. The best way to determine which tests you should get is to talk with your doctor. He or she may advise you to get some screenings at times other than the recommended schedule based upon factors like your family history and individual risk factors.

The following is a list of screening recommendations from the U.S. Preventive Services Task Force, which is associated with the U.S. Department of Health and Human Services.

- **Annual Check-Up:** Once you turn 19, it is important to schedule an annual check-up at your doctor. Not only will this appointment provide your doctor with valuable information (including your blood pressure, height and weight), it will also give you an opportunity to talk about any health issues you may currently be experiencing.
- **Cholesterol:** Men should have a cholesterol test starting at age 35 and every 5 years thereafter. Women should have a cholesterol test done every 5 years beginning at age 45.
- **Colonoscopy:** Men and women should have a colonoscopy every 10 years starting at age 50. This may change depending on the test your doctor recommends.
- **Immunizations:** All adults should have a Tetanus-Diphtheria (Td) immunization every 10 years, however, if you have not had a Tetanus shot with the pertussis, or whooping cough, component (Tdap), it is recommended you do so.

ROCK COUNTY HEALTH DEPARTMENT

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South Office

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Beloit, WI 53511
608-364-2010
608-364-2011 (fax)

The shingles vaccine is recommended for all adults over age 60. Adults age 65 and older should receive the Pneumococcal vaccination. CDC now recommends all adults, regardless of age or risk factors, receive a flu shot annually.

- **Mammogram:** Women 40 and older should have one done every 1-2 years. Please consult with your doctor if he or she recommends following a different schedule. Women in their 20s and 30s should have a clinical breast exam as part of a regular exam by a health professional, preferably every 3 years.
- **Prostate Cancer Screening:** Men should consult with their physicians about when to get this screening and how often.
- **Reproductive Health:** Women should have a pap test at least every 1-3 years starting at age 21 *or* if you are younger than 21 and have been sexually active.

Though the recommendations may vary slightly from one health organization to another, the reasons for getting these screening tests remains the same, to prevent yourself from getting a disease and to treat it early if diagnosed. Your chance of survival from a disease may increase if it is detected early. Are you overdue for any of these tests? Don't delay, schedule an appointment today!

Laura Fadrowski is the Health Educator for the Rock County Health Department. If you would like to ask Laura a health-related question to be answered in a future column, e-mail her at fadrowsk@co.rock.wi.us. The Rock County Health Department reserves the right not to answer any questions deemed unsuitable.

PART A: Administrative Capacity and Governance

Measure

Required Documentation

Status (To Be Developed, In Development, Pending, Complete)

If completed only, what is the RCHD presenting as evidence?

Documentation saved to PHAB Documentation Folder?

Approved

Standard A1.B: Develop and maintain operational infrastructure to support performance of public health functions

A1.1 B: Maintain policies and procedures regarding agency operations, review policies regularly and assure these are accessible to staff

- Policy and Procedure Manual or individual policies (may be electronic)
- Agency organizational chart
- Reports of review at least every five years or proof of ongoing updating process
- Description of methods for staff access to policies

A1.2 B: Demonstrate written policies regarding confidentiality, including applicable HIPAA requirements

- Confidentiality Policies, including business associate agreements and electronic transfer of data policies
- Documentation of training content and staff participants
- Signed employee confidentiality forms, as required by policies

A1.3 B: Maintain socially, culturally, and linguistically relevant approaches in agency processes, programs and interventions

- Policy or procedure for development of culturally and linguistically appropriate interventions and materials
- Two examples (policies or materials) that demonstrates provision of processes, programs or interventions in a cultural or linguistic competent manner, including application of social marketing activities
- One example of documentation of training content and staff participants

- Other Examples of Documentation:
 - Report of a cultural and linguistic competence assessment of the agency (this could be the CLCPA self-assessment from the National Center for Cultural Competence, assessment against CLAS standards or another tool)

A1.4 B: Maintain a Human Resources system

- Human Resource Policy and Procedure Manual or individual policies (may be electronic) that address at least eight of these topics (Check all that apply):
 - Personnel recruitment - Policy 103
 - Personnel selection and appointment - Policy 103
 - Salary structure
 - Equal opportunity employment - Policy 103
 - Hours of work - Policy 0507
 - Time reporting
 - Overtime - Policy 0507
 - Benefit package
 - Training and continuing education
 - Performance evaluation and individualized training plan - PH 105
 - Sexual and other harassment - Policy 0703
 - Problem solving and complaint handling
 - Computer use - Policy 602.Q
 - Other Examples of Documentation: Labor agreements, including description of mechanisms for working relationships (See also Domain 8 for implementation of Human Resource policies and procedures)
 - Two examples that demonstrate use of technology to support public health functions
 - Inventory list of hardware
 - List of software, including capacity for data analysis, word processing, internet/website
 - Licenses for clinical areas
 - Inspection reports

A1.5 B: Maintain information systems that support the agency's mission and workforce by providing infrastructure for data collection/analysis, program management, and communication

- Inventory list of hardware
- List of software, including capacity for data analysis, word processing, internet/website
- Licenses for clinical areas
- Inspection reports

A1.6 B: Maintain facilities that are clean, safe, accessible and secure

- Inspection reports

Standard A2B: Establish and maintain financial management systems

- Certificate of occupancy
- Log of facility work orders or facility related issues
- ADA compliance audit

A2.1 B Comply with requirements for externally funded programs

- Audited financial statements
- Program reports

A2.2 B: Maintain written agreements with entities providing processes, programs and/or interventions delegated or purchased by the public health agency

- Two examples of current written contracts/MOUs, MOAs for processes, programs and/or interventions (See Domain 9 for program evaluation of delegated/contracted service providers)

A2.3 B: Maintain financial management systems

- Annual agency budget approved by governing entity
- Two examples of financial reports (at least quarterly)
- Audited financial statements

A2.4 B: Seek resources to support agency infrastructure and processes, programs and interventions

- Other Examples of Documentation: Documentation that audit has been reviewed by the governing entity and/or key agency staff
- Other Examples of Documentation: Documentation that financial reports reviewed by the governing entity and/or key agency staff
- Annual budget submission
- Budget revisions
- Grant applications and fundraising
- Additional funding requests
- Newspaper articles/letters to the editor on the need for improvement in public health (can be issues specific)
- Public Health meeting discussing public health funding

Standard A3B: Maintain current operational definitions and statements of the public health roles and responsibilities of specific agencies.

A3.1B: Provide mandated public health operations and services

Applicable laws and regulations and/or statewide listing of mandated public health services

Description of operations that reflect authorities (e.g., service descriptions, annual reports, meeting minutes)

A3.2B: Demonstrate that the governing entity complies with regulations regarding governing entities

- Examples of Documentation
- Applicable laws and regulations
- Governing entity operating rules

Self assessment of performance in compliance with applicable laws, regulations and operating rules

A3.3 B: Demonstrate the evaluation of the agency director by the governing entity

- Required Documentation
 - Position description and qualifications for agency director
 - Current evaluation of the agency director
- See Domain 8 for evaluation of agency staff

Standard A4B: Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency

A4.1 B: Provide orientation and regular information to the governing entity regarding the responsibilities of the public health agency

Examples of Documentation

- Sample of training packets
- Attendance records for governance member orientation meeting
- Governing entity minutes

Documentation of governing entity member attendance at related informational sessions

A4.2 B: Provide orientation and regular information to the governing entity regarding their responsibilities

Examples of Documentation

- Governing entity meeting minutes with actions
- Governing entity policies memos, NALBOH news briefs or other documents

- Documentation of governing entity member attendance at related informational sessions
- Examples of governing entity action on responsibilities, including championship of community and political support for public health

PART B (THE 10 ESSENTIAL SERVICE DOMAINS)

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Measure

Required Documentation

Status (not yet started, developed, underway, complete)

If completed only, what is the RCHD presenting as evidence?

Documentation saved to PHAB Documentation Folder?

Approved

Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population

1.1.1 B: Demonstrate that a surveillance system is in place for receiving reports 24/7 and for identifying health problems, threats, and hazards

Processes and protocols to maintain the comprehensive collection, review, and analysis of data from multiple sources,

Processes and protocols to assure data are maintained in a secure and confidential manner

Current 24/7 contact information, in the form of a designated telephone line or a designated contact person (which may be provided in rural areas via regional or state agreements)

Reports of testing 24/7 contact systems, such as, internet, fax, page phone line, etc.

*See Domain 2 for investigation and response activities

List of providers and public health system partners who are surveillance sites reporting to the surveillance system

Documentation of trainings/meetings held with surveillance sites regarding

1.1.2 B: Communicate with surveillance sites on at least an annual basis

	reporting requirements, reportable diseases/conditions, and timeframes				
	<input type="checkbox"/> Reports of surveillance data by reporting site				
	<input type="checkbox"/> Documentation of distribution of surveillance data (such as emails, phone calls, newsletters, etc.)				
1.1.3 B: Collect additional primary and secondary data on population health status and public health issues from multiple sources	<input type="checkbox"/> Two examples of aggregated primary and secondary data collected and sources of each				
	<input type="checkbox"/> Two examples of standardized data collection instruments				
1.1.4 L Provide reports of primary and secondary data to SHA	*Examples of Documentation				
	<input type="checkbox"/> Reports to SHA may include entries in registries, web-based communicable disease reporting system, faxed paper reports, e-mail confirmation of receipt of reports				
	*See Domain 3 and 4 regarding provision of data/analysis to stakeholders				
1.2.1 B: Analyze and draw conclusions from data to identify trends over time, clusters, health problems, behavioral risk factors, environmental health hazards, and social and economic conditions that affect the public's health	<input type="checkbox"/> Two examples of reports containing analysis of data collected and conclusions from review of the data (such as epidemiologic reports, cluster identification or investigation reports, outbreak investigations, environmental public health hazards, population health status or key health indicator reports, community surveys, outbreak after action reports, Community Health Status Indicators [CHSI] reports, with the following characteristics:				

	<input type="checkbox"/> Reports are within defined timelines based on policy guidelines and/or evidence-based practice <input type="checkbox"/> Reports compare data to other agencies and/or the state or nation and/or provide trend data <input type="checkbox"/> Minutes or documentation of meetings (e.g., internal/external, or leadership/community) to review and discuss selected data reports <input type="checkbox"/> Two examples of analytic reports designed to meet community needs, with specific audiences identified with proof of distribution				
1.2.2 L: At least annually, provide public health data to the community in the form of reports on a variety of public health issues	<input type="checkbox"/> Two examples of analytic reports designed to meet community needs, with specific audiences identified with proof of distribution				
1.3.1 B Use data to recommend and inform public health policy, processes, programs and/or interventions 1.3.2 L Develop and distribute community health data profiles to support public health improvement planning processes at the local level	<input type="checkbox"/> Two examples that demonstrate use of data to inform public health policy, processes, programs and/or interventions <input type="checkbox"/> Completed local health data profiles at least every five years <input type="checkbox"/> Documented distribution to public health system partners, community groups and key stakeholders such as governing entities or community advisory groups, via email and websites, etc.				

PART B - Domain 2: Investigate health problems and environmental public health hazards to protect the community					
Measure Required Documentation Status (not yet started, developed, underway, complete) If completed only, what is the RCHD presenting as evidence? Documentation saved to PHAB Documentation Folder? Approved					

Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders

2.1.1 B: Maintain protocols for investigation process	* Current written protocols that include: <input type="checkbox"/> - Assignment of responsibilities for investigations of health problems and environmental public health hazards <input type="checkbox"/> - Identifying information about the health problem or hazard, case investigation steps and timelines, and reporting requirements				
2.1.2 L: Demonstrate expertise and capacity to conduct an investigation	* Examples of Documentation: <input type="checkbox"/> Documented statement of qualifications for staff conducting investigations <input type="checkbox"/> Documentation of on-the-job training related to investigations. <input type="checkbox"/> Audits, programmatic evaluations, case reviews or peer reviews of investigation reports against protocols <input type="checkbox"/> Completed AARs (see 2.2.3 B)				

<p>2.1.3 B: Demonstrate expertise and capacity to conduct investigations of non-infectious health problems and hazards</p>	<p><input type="checkbox"/> Documented statement of qualifications for staff conducting investigations, OR</p> <p><input type="checkbox"/> Documentation of on-the-job training related to investigations. OR</p> <p><input type="checkbox"/> An example of a partnership established through contracts/MOAs/MOUs/ agreements with other governmental agency or key stakeholders that plays a role in investigations</p>						
<p>2.1.4 B: Establish partnerships and work collaboratively with governmental and community partners on reportable/disease outbreak or environmental public health investigations</p>	<p><input type="checkbox"/> An example of a completed investigation of a non-infectious health problem or hazard</p> <p><input type="checkbox"/> Two examples of partners/partnerships established through contracts/MOAs/MOUs/ agreements with other governmental agencies and key stakeholders that play a role in investigation or have direct jurisdiction over investigation</p> <p><input type="checkbox"/> Two examples of working with partners to conduct investigations</p>						
<p>2.1.5 B: Monitor timely reporting of notifiable diseases, lab test results, and investigation results.</p>	<p><input type="checkbox"/> Current tracking log of reporting, lab tests and/or investigations with actual timelines noted, OR</p> <p><input type="checkbox"/> Current report or audit of reporting, lab tests and/or investigations</p> <p><input type="checkbox"/> Copy of applicable laws</p>						
<p>Standard 2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders</p>							
<p>2.2.1 B: Maintain protocols for containment/mitigation, including disease-specific procedures for outbreaks and conducting follow-up documentation and reporting</p>	<p><input type="checkbox"/> Current written protocols for mitigation, contact and clinical management, providing prophylaxis, use of emergency biologics, and the process for exercising legal authority for disease control</p>						
<p>2.2.2 B: Demonstrate that</p>	<p><input type="checkbox"/> Infectious disease outbreak protocols</p>						

<p>protocols include decision criteria for determining when a public health event triggers the All Hazards Plan or the public health emergency response plan</p>	<p>describing initiation triggers for All Hazards/ERP or the public health emergency response plan</p> <ul style="list-style-type: none"> <input type="checkbox"/> Environmental public health protocols describing initiation triggers for All Hazards/ERP or the public health emergency response plan <input type="checkbox"/> Cluster evaluation protocols describing initiation triggers for All Hazards/ERP or the public health emergency response plan 						
<p>2.2.3 B: Complete an After Action Report (AAR) following communicable disease outbreaks, environmental public health risks, natural disasters, and other events that threaten the health of people</p>	<p>[See Standard 5.4 B]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thresholds used to determine when events rise to significance and AAR review <input type="checkbox"/> List of significant events that occurred, including outbreaks, environmental public health risks, etc. <input type="checkbox"/> Completed After Action Reports for two events which document what worked well, identify issues and recommend changes in investigation/response procedures and other process improvements <p>*See Domain 9 for use of AARs in program evaluation and quality improvement</p>						
<p>Standard 2.3 B: Maintain access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards</p>							
<p>2.3.1 B: Maintain 24/7 emergency access, including surge capacity, to epidemiological and environmental public health resources capable of providing for rapid detection, investigation and containment/mitigation of public health problems and</p>	<ul style="list-style-type: none"> <input type="checkbox"/> All Hazards Plan/ERP <input type="checkbox"/> Policies and Procedures ensuring 24/7 coverage <input type="checkbox"/> Call Down lists <input type="checkbox"/> Contracts/MOAs/MOUs/Mutual assistance agreements detailing relevant staff 						

environmental public health hazards					
2.3.2. B: Maintain 24/7 access, including surge capacity, to laboratory resources capable of providing for rapid detection, investigation and containment of health problems and environmental public health hazards	<p>*Examples of documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Laboratory certification, maintains a CIA certificate or waiver for laboratory testing done on site <input type="checkbox"/> All Hazards Plan/ERP <input type="checkbox"/> Policies and Procedures ensuring 24/7 coverage <input type="checkbox"/> Contracts/MOAs/MOUs/Mutual assistance agreements with other public and private laboratories <input type="checkbox"/> Protocols for handling and submitting specimens 				
2.3.3. B: Maintain access to other support personnel and infrastructure capable of providing additional surge capacity	<p>*Examples of documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Hazards Plan/ERP <input type="checkbox"/> Protocol that pre-identifies support personnel to provide surge capacity <input type="checkbox"/> Call Down lists <input type="checkbox"/> Staffing list for surge capacity (e.g., nursing, health education, communications, IT, logistics, and administrative personnel) and description of how staff accesses this information <input type="checkbox"/> Documented availability of equipment for transportation, field communications, PPE (e.g., Equipment logs, Inventory of transportation vehicles) <input type="checkbox"/> On-going training/exercise schedule (e.g., Basic ICS, PPE training) 				

<p>2.3.4 B: Demonstrate that SHAs and LHDs work together to build capacity and share resources to address state and local efforts to provide for rapid detection, investigation, and containment/mitigation of public health problems and environmental public health hazards</p>	<p><input type="checkbox"/> Contracts/MOAs/MOUs/Mutual assistance agreements for additional staff capacity for surge situations</p>	<p>*Examples of documentation:</p> <p><input type="checkbox"/> Reports or other documentation (e.g., meeting minutes, memoranda of understanding, emails) demonstrating shared resources and/or additional capacity</p> <p><input type="checkbox"/> All Hazards Plan/ERP</p> <p><input type="checkbox"/> Joint exercises</p>					
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Standard 2.4 B: Maintain a plan with policies and procedures required for urgent and non-urgent communications

<p>2.4.1 B: Maintain written protocols for urgent 24/7 communications</p>	<p>*Required Documentation (at least two examples updated semiannually from the following):</p> <p><input type="checkbox"/> Protocols that include lists of partners, addresses, telephone lists, email/website addresses for media, health providers, and other frequent contacts and provide for redundant communication mechanisms, if needed</p> <p><input type="checkbox"/> Examples of information to the public on how to contact the LHD to report a public health emergency or environmental public health risk 24/7 which may include calling 911, or 211, or 311</p> <p><input type="checkbox"/> Phone numbers for weekday /weekend and after-hours emergency contacts are available to law enforcement and appropriate local agencies and organizations, such as tribal governments, schools and hospitals</p> <p><input type="checkbox"/> Emails, faxes, websites with contact information</p> <p><input type="checkbox"/> Call-Down list, telephone tree</p>		
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	<input type="checkbox"/> After-hours phone answering messages, 24/7 pager phone access				
2.4.2 B: Implement a system to receive and provide health alerts and appropriate public health response for health care providers, emergency responders, and communities on a 24/7 basis	*Examples of Documentation <ul style="list-style-type: none"> <input type="checkbox"/> Tracking system such as HAN system or other <input type="checkbox"/> Reports of testing 24/7 contact and phone line(s) 				
2.4.3 B: Provide timely communication to local media during public health emergencies	*Examples of Documentation <ul style="list-style-type: none"> <input type="checkbox"/> Press conference materials and packages or press releases with dates noted to validate timeliness <input type="checkbox"/> Factsheets <input type="checkbox"/> Media Contact Sheet 				
2.4.4 B: Provide timely communication to the general public during public health emergencies	*Examples of Documentation <ul style="list-style-type: none"> <input type="checkbox"/> Materials such as media contact sheet, website screen prints, flyers, factsheets, with dates noted to validate timeliness 				

**PART B - Domain 3:
Inform and educate
about public health
issues and
functions**

Develop template and overarching process to track outreach and education efforts of the PHCD. Who, what, when, where, how and learning objectives? Community Partners involved? (Health Educator Group)
Develop communication policy and protocol (Communication Team)

Measure

Required Documentation

Status (not yet started, developed, underway, complete)

If completed only, what is the RCHD presenting as evidence?

Documentation saved to PHAB Documentation Folder?

Approved

Standard 3.1 B: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

3.1.1 B: Provide information to the public on health risks, health behaviors, health needs, prevention, and/or wellness approaches

Two examples of providing information on health risks, health behaviors, health needs, prevention, and/or wellness including information provided, to whom, date, and for what purpose

1.

3.1.2 B: Implement health promotion strategies to protect the population from preventable conditions

Two examples of health education and promotion strategies that:
*Correspond to community needs identified through community health assessment data
*Are based on sound theory, evidence of effectiveness and/or promising practices
*Reflect social marketing methods
* List partners and relationship and role / strategy with the LPHA (added)

1.

Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences

Documentation that strategies have been implemented in collaboration with community partners

3.2.1 B: Provide information on

Two examples of providing

1.

<p>public health mission, roles, processes, programs and interventions to improve the community's health</p>	<p>information on public health mission, roles, processes, programs, and/or interventions, including information provided, to whom, date, and for what purpose</p>				
<p>3.2.2 B: Establish and maintain communication procedures to provide information outside the agency</p>	<p><input type="checkbox"/> At least one example of two of the following items: *Educational materials with logo(s) *Reports or materials distributed to media (such as advertisements, press releases etc) *Agency uniform/department apparel *Appropriate signage inside and outside the facility</p>		1.	Yes	
<p>3.2.3 B: Maintain written risk communication plan</p>	<p><input type="checkbox"/> Written communications procedures with date created and updated biennially, that include: *Disseminating accurate, timely and appropriate information for different audiences *Coordinating with community partners for the dissemination of public health messages *Maintaining a current contact list of media and key stakeholders *Designating a position or person as the public information officer. Responsibilities include managing media relationships, creating public health messages, and other communications activities *Describing responsibilities for positions interacting with the news media and the public, including, as appropriate, any governing entity members and any public health staff member</p>				
<p>3.2.4 B: Make information available through a variety of</p>	<p><input type="checkbox"/> Website or web page that contains current information on, at a minimum,</p>				

<p>methods, including a website</p>	<p>the following issues:</p> <ul style="list-style-type: none"> * 24 hr. contact number for reporting health emergencies * Notifiable conditions line or contact number * Health data, such as morbidity and mortality data * Links to laws * Information and materials from program activities such as communicable disease, environmental public health and prevention * Hyperlink to SHA, CDC and other agencies, as appropriate 				
<p>3.2.5 B Demonstrate that accurate and current information is available in formats that are accessible to everyone in the community</p>	<p><input type="checkbox"/> Other Examples of Documentation:</p> <ul style="list-style-type: none"> * Description of communication strategies, including: <ul style="list-style-type: none"> -Methods (e.g., radio, telephone brochures, flyers, newsletters, press releases, and other mechanisms) -Targeted audiences (e.g., the public, governing entity and elected officials, health care providers) 				
	<p><input type="checkbox"/> Demographic data regarding ethnicity and languages spoken in the community</p>				
	<p><input type="checkbox"/> List of culturally competent staff or contractors providing interpretation or translation services, as needed based on demographic data</p>				
	<p><input type="checkbox"/> Availability of TTY and other assistive staff or technology devices to meet ADA requirements</p>				
	<p><input type="checkbox"/> Two examples of current materials that are culturally appropriate, in other languages, and/or at low reading level</p>				

PART B - Domain 4: Engage with the community to identify and address health problems

Measure	Required Documentation	Status (not yet started, developed, underway, complete)	If completed only, what is the RCHD presenting as evidence?	Documentation saved to PHAB Documentation Folder?	Approved	
Standard 4.1 B: Engage the public health system and the community in identifying and addressing health problems through an ongoing, collaborative process.	4.1.1 B: Establish and actively participate in collaborative partnerships and coalitions to address public health issues	<input type="checkbox"/> Two examples of ongoing collaborations that address public health issues (e.g. tobacco coalition, maternal child health coalitions, HIV/AIDS coalition, or a planning process such as CHIP)		1.		
	<input type="checkbox"/> List of partners in each collaboration		1.			
	<input type="checkbox"/> Description of process and templates used for collecting feedback and evaluating at least one partnership.					
	<input type="checkbox"/> Documentation of use of evaluation findings.					
4.1.2 B: Recruit and engage governing entity members, stakeholders, community partners and the public to participate in collaborative partnerships and coalitions to address important public health issues	*Examples of Documentation <input type="checkbox"/> Documentation of partners who participated in the planning process <input type="checkbox"/> Documentation of use of an established national or state model to engage a wide range of diverse stakeholders (e.g. MAPP or use of the NPHPSP state/local public health system performance assessment, APEX-PH)					
4.1.3 B: Link stakeholders to technical assistance regarding models of recruiting and engaging with the community, as requested	*Examples of Documentation <input type="checkbox"/> Documentation of requests and what was provided <input type="checkbox"/> Documentation of technical assistance (e.g. documentation of on-site, telephone, web-based assistance or trainings) provided on using an established model of community					

	planning (e.g., MAPP, PACE-EH, and others).					
Standard 4.2 B: Promote understanding of and support for policies and strategies that will improve the public's health.						
4.2.1 B: Disseminate the results of community health assessments to the community	<input type="checkbox"/> Two examples of assessment reports on priority community health issues within the last 24 months					
	<input type="checkbox"/> Documentation of distribution (e.g., e-mails, distribution list) and/or review of reports in Advisory or Coalition minutes within the last 24 months					
4.2.2 B: Engage the community about policies and strategies that will promote the public's health	<input type="checkbox"/> Two examples of agency efforts to educate the community, governing entity and/or elected officials (e.g., presentations, meeting packets, press stories, event summaries or other documentation)					

**PART B - Domain 5:
Develop public
health policies and
plans**

Measure	Required Documentation	Status (not yet started, developed, underway, complete)	If completed only, what is the RCHD presenting as evidence?	Documentation saved to PHAB Documentation Folder?	Approved
<p>5.1.1 B: Monitor public health issues under discussion by governing entities and elected officials</p>	<p><input type="checkbox"/> Two examples of monitoring/tracking public health issues under discussion by various governing entities (e.g., a tracking system or other documentation such as meeting minutes, membership on list-serv, newsletters that show the agency periodically reviews policy development activity)</p>				
<p>5.1.2 L: Contribute to the development and/or modification of public health policy by facilitating community involvement and engaging in activities that inform the policy development process</p>	<p>* Two current examples of any of the following:</p> <p><input type="checkbox"/> Informational materials (e.g., issue briefs, media statements, talking points, fact sheets)</p> <p><input type="checkbox"/> Records of public testimony by agency staff</p> <p><input type="checkbox"/> Documented participation in advisory groups responsible for advising on health policy</p>				
<p>5.1.3 B: Inform governing entities, elected officials and the public of potential public health impacts (both intended and unintended) from current and/or proposed policies</p>	<p>*Two current examples of any of the following:</p> <p><input type="checkbox"/> Impact statements or fact sheets about the impact of current or proposed policies</p>				

Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.

	<input type="checkbox"/> Documented distribution of memorandum, emails, briefing statements, or discussion of policy issues (e.g., agency staff involved, governing entity/elected official contacted, topic discussed, response and follow up)				
	<input type="checkbox"/> Documented presentation of evaluations and/or assessments of current and/or proposed policies				

Standard 5.2.B: Develop and implement a health department organizational strategic plan.

5.2.1 B: Conduct a strategic planning process	<input type="checkbox"/> Documentation of the planning process used to develop the organization's strategic plan. This could include such topics as:				
	*Membership of the planning group including agency staff and governing entity members				
	*Identification of external trends, events, or factors that may impact community health or the agency				
	*Assessment of agency strengths and weaknesses				
	*Link to SHIP or QI plan, as appropriate				
5.2.2 B: Develop a strategic plan	<input type="checkbox"/> Agency strategic plan dated within the last five years (may not be titled this, but should contain the following) including:				
	*Mission, vision, guiding principles/values				
	*Strategic priorities				
	*Goals and objectives with measurable and time-framed targets. Measurable and time-framed targets may be contained in another document such as an annual work plan, etc				
5.2.3 B: Implement the strategic plan	<input type="checkbox"/> Annual reports of progress towards goals and objectives including monitoring of performance measures and conclusions on progress toward				

	targets *Note: This measure is Not Applicable if Measure 5.2.2B is not met.				
5.2.4 B: Review and revise the strategic plan	<input type="checkbox"/> Documentation of revised strategic plan at least every five years *Note: This measure is Not Applicable if measure 5.2.2 B is not met.				

Standard 5.3.1: Conduct a comprehensive planning process resulting in a community health improvement plan [CHIP].

5.3.1 L: Conduct a community health improvement process that includes broad participation from the community	<input type="checkbox"/> Broad participation of community partners				
	<input type="checkbox"/> Information from community health assessments				
	<input type="checkbox"/> Issues and themes identified by the stakeholders and the community				
	<input type="checkbox"/> Identification of community assets and resources				
	<input type="checkbox"/> Established set of priority community health issues				
	<input type="checkbox"/> Development of measurable health objectives				
	<input type="checkbox"/> Completed health improvement process framework such as MAPP or other tools				

5.3.2 L: Produce a community health improvement plan as a result of the community health improvement process	*Documentation that the process included:				
	<input type="checkbox"/> *Community health improvement plan (CHIP) dated within the last five years that includes:				
	<input type="checkbox"/> -Assessment data about the prevailing health of the population				
	<input type="checkbox"/> -Community health priorities, objectives, improvement strategies and performance measures with measurable and time-framed targets. Measurable and time-framed targets may be contained in another document such as an annual workplan.				

	<input type="checkbox"/> -Policy changes needed to accomplish health objectives <input type="checkbox"/> -Individuals and organizations that have accepted responsibility for implementing strategies (does not need to be a formal agreement such as an MOU) <input type="checkbox"/> -Measurable health outcomes or indicators to monitor progress *Other Examples of Documentation •If available, documentation of alignment between the health improvement plan and community/state/national priorities (i.e., CHIP takes state and national priorities into consideration)						
5.3.3 L: Implement elements and strategies of the community health improvement plan, in partnership with others	*Examples of Documentation <input type="checkbox"/> •Reports of actions taken related to strategies to improve health <input type="checkbox"/> •CHIP Workplan with documentation of progress Note: This measure is Not Applicable if measure 5.3.1 L is not met						
5.3.4 L: Monitor progress on strategies and health improvement in order to revise the CHIP, as needed	*Evaluation reports on progress related to strategies in a CHIP including: <input type="checkbox"/> -Monitoring of performance measures <input type="checkbox"/> -Progress related to health improvement indicators (for future iterations of accreditation cycles as these changes may take a while) <input type="checkbox"/> -Revised CHIP based on evaluation results Note: This measure is Not Applicable if measure 5.3.1 L is not met.						
Standard 5.4 B: Maintain All Hazards/Emergency Response Plan (ERP).							
5.4.1 B: Participate in the development and maintenance of an All Hazards/ERP	<input type="checkbox"/> Documentation of preparedness meetings with other government agencies (e.g., meeting minutes, calendar of meetings, email exchanges, phone calls)						

	<input type="checkbox"/> Documentation of collaboration in the testing of the All Hazards / ERP, through the use of drills and exercises <input type="checkbox"/> Description of real event or exercise including documented coordination with emergency response partners <input type="checkbox"/> Evaluation report, meeting minutes from debriefing or After-Action Report (AAR) with required elements as specified by PPHR <input type="checkbox"/> Documentation of collaboration in revision of the All Hazards / ERP <input type="checkbox"/> Documentation of review meeting within the last two years <input type="checkbox"/> Documentation of updated contact information <input type="checkbox"/> Documentation of coordination with emergency response partners <input type="checkbox"/> Revised All Hazards/ERP, as needed				
5.4.2 B: Develop and maintain a public health emergency response plan (ERP)	<input type="checkbox"/> *ERP as defined by Project Public Health Ready (PPHR) or other state or national guidelines such as LEOP that includes: <input type="checkbox"/> -Designation of an emergency response coordinator <input type="checkbox"/> -Roles and responsibilities of the agency and its partners <input type="checkbox"/> -Communication networks and/or communication plan <input type="checkbox"/> -Continuity of Operations <input type="checkbox"/> -Documentation of testing of the public health ERP, through the use of drills and exercises <input type="checkbox"/> -Process for exercising and evaluating the public health ERP <input type="checkbox"/> -Evaluation report, meeting minutes from debriefing or After-Action Report (AAR) with required elements as				

	<p>specified by PPHR</p> <ul style="list-style-type: none"> <input type="checkbox"/> -Documentation of revision of the public health ERP <input type="checkbox"/> -Documentation of review meeting within the last two years <input type="checkbox"/> -Revised public health ERP, as needed Examples of Documentation <input type="checkbox"/> -Documentation of designated staff, such as Incident Command System (ICS), as described in organizational charts, job descriptions and/or job action sheets <input type="checkbox"/> -Memoranda of agreement /understanding regarding resources needed, as identified in the plan <input type="checkbox"/> -Supply inventory lists with access to resources, deployment 				
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**PART B - Domain 6:
Enforce public
health laws and
regulations**

Measure	Required Documentation	Status (not yet started, developed, underway, complete)	If completed only, what is the RCHD presenting as evidence?	Documentation saved to PHAB Documentation Folder?	Approved
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Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed

<p>6.1.1 B: Maintain access to legal and program expertise to assist in the review of laws</p>	<p><input type="checkbox"/> • Documentation that legal counsel is available to the LHD, such as a contract or MOU or MOA for services with legal counsel or documentation of legal assistance (e.g., legal opinions on file, review and feedback)</p>				
<p>6.1.2 B: Evaluate the need for changes in laws</p>	<p><input type="checkbox"/> • Documentation of using program experts to review proposed laws for conformance with programmatic requirements</p> <p>*Other Examples of Documentation</p> <p><input type="checkbox"/> • Documentation of attendance at seminars or training regarding laws</p> <p><input type="checkbox"/> • Two examples of review of laws (e.g., minutes or presentations) within last three years</p> <p><input type="checkbox"/> • At least one example of a regulation/ordinance or enforcement activity that changed as a result of review within last three years</p> <p>*Other Examples of Documentation</p> <p><input type="checkbox"/> • Evaluations of laws, and enforcement activities for consistency with evidence-based and/or promising practices for achieving compliance</p>				

	<input type="checkbox"/> • Documented use of model public health laws, checklists, templates and/or exercises in reviewing laws <input type="checkbox"/> • Documentation of input solicited from key stakeholders on proposed and/or reviewed laws (e.g., issue forums; town meetings, hearings)						
6.1.3 B: Inform governing entity and elected officials of needed updates of laws and make recommendations for action	*Examples of Documentation <input type="checkbox"/> • Policy agendas, position papers, white papers, legislative briefs including recommendations for action <input type="checkbox"/> • Documentation of distribution to governing entity and/or elected officials						

Standard 6.2 B: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply

6.2.1 B: Maintain agency knowledge and consistent application of public health laws	<input type="checkbox"/> • List of positions with regulatory and enforcement responsibilities and their job descriptions <input type="checkbox"/> • Documentation of staff training in uses of laws to support public health interventions and practice, within the last two years <input type="checkbox"/> • Documentation of consistent application of public health laws, e.g. audits of case files						
6.2.2 B: Make laws, and permit/license application requirements accessible to the public	*Examples of Documentation <input type="checkbox"/> • Website access (or alternative physical location within the agency) to laws and permit/license application processes <input type="checkbox"/> • Newsletters or direct mailings, with distribution list <input type="checkbox"/> • Other documentation of distribution, e.g. responses to requests, logs of violations, and/or complaints						
6.2.3 B: Provide education to regulated entities regarding	*Examples of Documentation						

their responsibilities and methods to achieve full compliance with applicable laws	<input type="checkbox"/>	• Website FAQ site and other educational materials					
	<input type="checkbox"/>	• Newsletters, with distribution list					
	<input type="checkbox"/>	• Training sessions, with attendance list and materials					
	<input type="checkbox"/>	• Public meetings with minutes, agendas, and attendance list					
	<input type="checkbox"/>	• Documentation of TA provided through email, phone logs, etc.					
	<input type="checkbox"/>	• Press releases					

Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies

6.3.1 B: Maintain current written procedures and protocols for conducting enforcement actions	<input type="checkbox"/>	• Documentation of authority to conduct enforcement activities					
	<input type="checkbox"/>	• Procedures and protocols/decision trees for laws or enforcement actions for achieving compliance					
6.3.2 B: Conduct inspection activities of regulated entities according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities	*Examples of Documentation						
	<input type="checkbox"/>	• Protocol/algorithm for scheduling inspections (e.g., identify restaurants with frequent violations) or documentation of compliance with mandated frequencies					
	<input type="checkbox"/>	• Inspection work plan or schedule with appropriate frequencies					
	<input type="checkbox"/>	• Database or log of inspection reports with actions, status, follow-up, re-inspections and final disposition					
	<input type="checkbox"/>	• Data base or log of actions with analysis and standards for follow-up at each level					
6.3.3 B: Conduct enforcement activities and follow up on complaints according to procedures and protocols for both routine and emergency situations	<input type="checkbox"/>	• Documentation of hearings, meetings with regulated entities, compliance plans					
	*Examples of Documentation						
6.3.4 B: Conduct analysis of							

complaints, violations and enforcement activities to determine patterns, trends, compliance and effectiveness	<input type="checkbox"/> • Annual report summarizing complaints, violations, enforcement activities				
	<input type="checkbox"/> • Documentation of an evaluation of a random number of enforcement actions each year to determine compliance with timeliness and effectiveness of enforcement procedures				
6.3.5 B: Coordinate notification of violations to the public, when required, and coordinate the sharing of information about enforcement activities, analysis, results and follow-up activities among appropriate agencies	<input type="checkbox"/> • Debriefings or other evaluations of specific enforcement actions with documentation of what worked well, issues and recommended changes in investigation/response procedures and other process improvements				
	<input type="checkbox"/> • Communication protocol for interagency notification cooperation				
	<input type="checkbox"/> • If notification of the public is required, documentation of the protocol for notification				
	<input type="checkbox"/> • Two examples of notification of enforcement actions, e.g. websites, minutes, conference calls, emails, correspondence, MOUs and MOAs that demonstrate sharing of information in enforcement activities				

**Part B - Domain 7:
Promote strategies
to improve access
to healthcare
services**

Measure	Required Documentation	Status (not yet started, developed, underway, complete)	If completed only, what is the RCHD presenting as evidence?	Documentation saved to PHAB Documentation Folder?	Approved
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Standard 7.1 B: Assess healthcare capacity and access to healthcare services.

7.1.1 B: Convene and/or participate in a collaborative process to assess the availability of healthcare services	*Examples of Documentation				
	<input type="checkbox"/> Charters, meeting agendas with minutes or rosters of coalitions/networks/councils and their members (e.g., healthcare providers, social services organizations, and other stakeholders) working on collaborative processes to assess availability of healthcare services <input type="checkbox"/> Description of partnerships across the SHA, LHDS, and the healthcare system to make comprehensive data available for the purposes of healthcare planning (e.g., regional health information organizations (RHIOs) and health information exchanges (HIEs), less formal local planning efforts)				
7.1.2 B: Identify underserved and at-risk populations and those who may experience barriers to healthcare services	*Examples of Documentation				
	<input type="checkbox"/> Specific reports of needs of the population as indicated in other consumer satisfaction surveys, and surveys of special population groups [See Standard 1.3 and Standard 5.3] <input type="checkbox"/> Description of process, e.g. sector maps or other tools, for including diverse sets of community partners, including communities of color, tribal				

	representatives, and specific populations to assist in identification of program gaps and barriers to accessing care					
7.1.3 B: Identify gaps in access to healthcare services	<p>*Data from across the partnership (see 7.1.1) that includes any of the following:</p> <input type="checkbox"/> Assessment of capacity and distribution of healthcare workforce					
	<input type="checkbox"/> Availability of healthcare services such as clinical preventive services, EMS, emergency departments, urgent care, ambulatory care (primary and specialty), inpatient care, dental, behavioral health, and other services					
	<input type="checkbox"/> Results of periodic surveys of access, such as focus groups, studies of eligibles receiving services and other assessment information					
	<input type="checkbox"/> Analysis of data identifying gaps in access					

Standard 7.2 B: Identify and implement strategies to improve access to healthcare services.

7.2.1 B: Convene and/or participate in a collaborative process to establish strategies to improve access to healthcare services	<input type="checkbox"/> Reports or meeting minutes of coalitions/networks with identified strategies to improve access to healthcare services					
	<input type="checkbox"/> One example of coalitions/networks/councils (e.g. charters or rosters) working on collaborative processes to reduce barriers to accessing healthcare services that are linked to gaps in access [See 7.1.3 above]					
7.2.2 B: Implement and/or collaborate to implement strategies to increase access to healthcare services, including linking individuals with needed services and/or establish systems of care in partnership with the community	<p>*Two examples of active relationships with community providers such as schools, health care providers, tribal programs and social services agencies, which include mechanisms to share information, assist people in obtaining the services they need and optimize access. Some examples include:</p> <input type="checkbox"/> -Memoranda of Understanding					

	<input type="checkbox"/> -Cooperative system of referral used by agency and community partners to assist people who experience barriers to obtaining needed health services <input type="checkbox"/> -Documentation of outreach activities, case finding, case management, and activities to ensure that people can obtain the services they need <input type="checkbox"/> -Assistance to eligible beneficiaries with application and enrollment in Medicaid, or other medical assistance programs <input type="checkbox"/> -Service program coordination (e.g., common intake form) and/or co-location (e.g., WIC, Immunizations and lead testing) to optimize access <input type="checkbox"/> -Grant applications submitted by community partnerships <input type="checkbox"/> -Subcontracts in the community to deliver healthcare services <input type="checkbox"/> -Program/work plans that document strategies have been implemented				
<p>7.2.3 B: Lead or collaborate in culturally competent initiatives to increase healthcare access for underserved and at-risk populations</p>	<p>*Examples of Documentation</p> <input type="checkbox"/> • Examples of interventions delivered in a culturally competent manner, such as use of lay health advocates indigenous to targeted population groups <input type="checkbox"/> Documentation (such as staff resumes or attendance at training session for cultural competency) that agency staff with appropriate language and cultural competency skills work to gain trust and develop rapport with targeted population groups				

PART B - Domain 8:

Maintain a competent public health workforce

Measure	Required Documentation	Status (not yet started, developed, underway, complete)	If completed only, what is the RCHD presenting as evidence?	Documentation saved to PHAB Documentation Folder?	Approved
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Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.

8.1.1 B: Apply recruitment and retention policies and make them available to staff	<input type="checkbox"/> •Two examples of recruitment of qualified and diverse staff that reflects the population being served (e.g. job postings and position descriptions specify needed competencies, educational and experience requirements)				
	<input type="checkbox"/> •Two examples of conducting retention activities of qualified and diverse staff (e.g. employee satisfaction survey results, needs assessments of work environment, reward and recognition programs, career ladders, promotion opportunities, supervisor mentoring programs)				
	<input type="checkbox"/> •Two examples of how policies are made available to staff such as intranet, policy manual, or review of policies as part of orientation				
	<input type="checkbox"/> •One example of how recruitment efforts are designed to promote diversity				
	<input type="checkbox"/> •One example of succession planning for critical positions				
	*Examples of Documentation				

	<input type="checkbox"/> •Data and analysis of recruitment actions (e.g. percent of minority staff, percent of vacancies filled in timely manner) <input type="checkbox"/> •Data and analysis of retention actions (e.g. turnover rate for last three years)				
8.1.2 B Make job standards and position descriptions available to staff	<input type="checkbox"/> •Demonstrate that job and position descriptions are available to staff <input type="checkbox"/> •Documentation of review of job duties and responsibilities with new staff (within last two years)				
8.1.3 B: Confirm that staff meet qualifications for their positions, job classifications and licensure	<input type="checkbox"/> •Description of process to verify staff qualifications <input type="checkbox"/> •Evidence that qualifications have been checked for all staff hired in last two years (e.g. logs or spreadsheets or other evidence showing verification of licensure or certification; education and/or degrees, required core competencies, prior public health experience)				
8.1.4 B: Establish relationships and/or collaborate with schools of public health and/or other related academic programs to promote the development of qualified workers for public health	<input type="checkbox"/> •One example of partnership or collaboration with educational organization with evidence of strategies for promoting public health as a career or of training in public health fields, such as: * Practicum, student placements/academic service learning, and/or Internship opportunities - Involvement in joint programs - Faculty positions or guest lectures * Participation in high school, college and/or job/career fairs				
Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.					
8.2.1 B: Complete performance evaluations and improvement/training plans	<input type="checkbox"/> •Policy for conducting employee evaluations				

	<input type="checkbox"/> •Template/form for performance evaluations with improvement/training objectives <input type="checkbox"/> •Report on percent of eligible employees (employed longer than 12 months) with performance evaluations and improvement/training objectives updated annually or as required by agency policy				
8.2.2 B: Implement an agency workforce development plan that addresses the training needs of the staff and development of core competencies	*Examples of Documentation •Agency workforce development plan that includes: <input type="checkbox"/> -Nationally adopted core competencies, such as Core Competencies for Public Health Professionals from Council on Linkages or other set of competencies <input type="checkbox"/> -Use of results from agency customer satisfaction studies (See Standard 9.1.) <input type="checkbox"/> -Description of the overall work of the agency and how various functions contribute to that work <input type="checkbox"/> -Curricula and training schedules <input type="checkbox"/> • Two examples of implementing the agency workforce development plan (e.g. training curricula to address gap, staff attendance at state or national conferences)				
8.2.3 B: Make provisions for staff leadership and management development activities	*Examples of Documentation <input type="checkbox"/> •Documented training activities in the past two years, with content and attendance list <input type="checkbox"/> • Documented participation in courses such as : <input type="checkbox"/> -National Public Health Leadership Institute <input type="checkbox"/> -Environmental Public Health Leadership Institute				

	<input type="checkbox"/> -Regional, state or local public health leadership institutes <input type="checkbox"/> -Executive management seminars or programs <input type="checkbox"/> -Graduate programs in leadership/management •An example of succession planning for critical positions				
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<p>PART B - Domain 9: Evaluate and continuously improve processes, programs, and interventions</p>					
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<p>Measure</p>	<p>Required Documentation</p>	<p>Status (not yet started, developed, underway, complete)</p>	<p>If completed only, what is the RCHD presenting as evidence?</p>	<p>Documentation saved to PHAB Documentation Folder?</p>	<p>Approved</p>
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Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.

<p>9.1.1 B: Engage governing entity in establishing agency policy direction regarding a performance management system</p>	<p>*Examples of Documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of governing entity policy direction (e.g., meeting packets and minutes) 				
<p>9.1.2 B: Establish agency policy and capacity to implement a performance management system</p>	<p>*Examples of Documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Relevant agency policies and proof of updates <input type="checkbox"/> Documented staff availability and/or involvement to support evaluation of agency performance and quality improvement (e.g., access to or assignment of staff with knowledge and skill in evaluation methodologies and tools and in quality improvement methodologies and tools) 				
	<ul style="list-style-type: none"> <input type="checkbox"/> QI Committee charter, minutes 				

<p>9.1.3 B: Establish goals, objectives and performance measures for processes, programs and interventions</p>	<p><input type="checkbox"/> Two examples of goals, objectives and related quantifiable performance measures with time-framed targets for a process, program, or intervention</p>				
<p>9.1.4 B: Monitor performance measures for processes, programs and interventions</p>	<p><input type="checkbox"/> For the two examples in 9.1.3 B, documentation of monitoring actual performance (e.g., data reports, statistical summaries, graphical presentations of performance on the measures)</p> <p>*Note: this measure is Not Applicable if 9.1.3 B is not met</p>				
<p>9.1.5 B: Evaluate the effectiveness of processes, programs, and interventions and identify needs for improvement</p>	<p><input type="checkbox"/> For the two examples in 9.1.3 B, documentation of analysis of goals, objectives, actual performance on measures compared to time-framed targets, and use of QI tools (e.g., root cause analysis) to identify areas for improvement</p> <p>*Note: this measure is Not Applicable if 9.1.3 B is not met</p>				
<p>9.1.6 B: Implement a systematic process for assessing and improving customers' satisfaction with agency services</p>	<p><input type="checkbox"/> Description of types of customers (e.g., vital statistics customers, restaurant operators, individuals receiving immunizations or other services) and specific processes and templates used for collecting feedback and evaluating results</p> <p><input type="checkbox"/> Two examples of results of collecting and analyzing customer satisfaction data</p> <p><input type="checkbox"/> Documentation of how these examples were used for improvement</p>				

9.1.7 L: Require staff participation in evaluation methods and tools training	<ul style="list-style-type: none"> <input type="checkbox"/> *Examples of Documentation <input type="checkbox"/> Documentation of evaluation training, attendance rosters 						
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Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions

9.2.1 B: Establish a quality improvement plan based on organizational policies and direction	<p>*Opportunities for evaluation and improvement can be identified through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Analysis of health data/health indicators <input type="checkbox"/> Program evaluations including surveillance functions <input type="checkbox"/> AARs <input type="checkbox"/> Planning processes. See Standard 5.2, Standard 5.3 and Standard 5.4 							
	<p>*Required Documentation</p>							
	<ul style="list-style-type: none"> <input type="checkbox"/> *Quality Improvement (QI) Plan that includes the following components: 							
	<ul style="list-style-type: none"> <input type="checkbox"/> Purpose and scope of QI activities 							
	<ul style="list-style-type: none"> <input type="checkbox"/> Goals and objectives with quantifiable and time-framed measures 							
	<ul style="list-style-type: none"> <input type="checkbox"/> Responsible person(s) for each objective 							
	<ul style="list-style-type: none"> <input type="checkbox"/> Description of QI projects 							
	<ul style="list-style-type: none"> <input type="checkbox"/> Description of process to evaluate the effectiveness of QI activities 							
	<p>*Other Examples of Documentation</p>							
	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of implementation of the QI Plan such as QI project reports or reports of progress <input type="checkbox"/> Annual evaluation and revision of the QI Plan 							

9.2.2 B: Implement quality improvement efforts	<p>*Examples of Documentation:</p> <input type="checkbox"/> Two examples of implementing QI (e.g., QI project work plan, evidence of improvement actions and follow up monitoring)				
9.2.3 L: Demonstrate staff participation in quality improvement methods and tools training	<p>*Examples of Documentation</p> <input type="checkbox"/> Documentation of QI training, attendance rosters <input type="checkbox"/> Documentation of the availability of quality improvement expertise for technical assistance				

PART B - Domain

10: Contribute to and apply the evidence base of public health

Measure	Required Documentation	Status (not yet started, developed, underway, complete)	If completed only, what is the RCHD presenting as evidence?	Documentation saved to PHAB Documentation Folder?	Approved
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Standard 10.1 B: Identify and use evidence-based and promising practices

10.1.1 B: Review and use applicable evidence-based and/or promising practices when implementing new or improved processes, programs or interventions	<input type="checkbox"/> Two examples from within the past three years of review and use of evidence-based or promising practices, including:				
	<input type="checkbox"/> Source of EBP or promising practice				
	<input type="checkbox"/> Description of how EBP or promising practice was implemented in agency processes, programs and interventions				

Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences

10.2.1 B: Communicate research findings, including public health implications	<input type="checkbox"/> Two examples of communication of research findings (evaluated pursuant to 10.2.3.5) and their implications to stakeholders, public health system partners, and/or the public				
	<input type="checkbox"/> Policies regarding research, such as Institutional Review Board (IRB) policy <input type="checkbox"/> One example within the last three years, where applicable, of use of policies				

10.2.2 B: Develop and implement policies that ensure human subjects are protected when the agency is involved in research activities