**Site Visit Report Guidelines**

The Lead Site Visitor (LSV) is responsible for coordinating the activities of the Site Visit Team (SVT) when on-site, acting as the spokesperson for the SVT, and completing and submitting the Site Visit Report (SVR) with support from the Site Visit Coordinator to the Accreditation Administrator within ten business days of the completion of the Site Visit.

The Site Visit Report consists of three documents:

1. The Site Visit Report including a recommendation for reaccreditation or conditional reaccreditation.
2. The Health Department Self Assessment Instrument (HDSAI) Summary Checklist.
3. Signature page signed by all Site Visit Team members.

The SVR also includes additional information, such as the name of the Local Health Department (LHD), the Health Director and the Board of Health Chair.

The SVR Summary of Findings should include the following:

**Site Visit Team Composition:**

List the names of the SVT members and the experience or expertise that they represent, with the LSV listed first. Use the following categories, respectively: Public Health Administration, Public Health Nursing, Environmental Health, and Board of Health.

**Region Served by the Health Department:**

This part of the report includes one/two paragraph(s) that describe the county/region of the state that is served by the LHD. This information can be found in the two-page narrative or other documentation that the LHD provides.

**Number of Local Health Department Employees:**

Detail the number of current employees and any basic background information about staffing.

**Local Health Department Budget Information:**

Insert a chart with basic financial information for the years since the last accreditation site visit. This information can be found in the Budget Summary template provided by the LHD.

**Local Health Department Services/Programs:**

This part of the report includes one/two paragraph(s) that describe the LHD and the services/programs offered. This information can be found in the two-page narrative or other documentation that the LHD provides.

**Findings:**

This part of the report should include details about any best practices identified, detailed information relating to any ‘Not Met’ Activities, and a recommendation for accreditation (either reaccreditation or conditional reaccreditation).

**Report Format:** The entire report should be in Segoe UI font, size 10 pt.

# North Carolina Local Health Department Accreditation

# Reaccreditation Site Visit Report

**AGENCY NAME:**

**COUNTIES:**

**HEALTH DIRECTOR:**

**Board of Health CHAIR:**

**DATE HDSAI SUBMITTED:**  **Month X, XXXX**

**DATES of SITE VISIT: Month X, XXXX**

**Site Visit Team Composition**

* , Public Health Administration (Lead Site Visitor)
* , Public Health Nursing
* , Environmental Health
* , Board of Health

**Region Served by the Health Department**

**Number of Local Health Department Employees**

**Local Health Department Budget Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FY XX** | **FY XX** | **FY XX** | **FY XX** |
| **Total Expenditures** | $$ | $$ | $$ | $$ |
| **Total Revenue** | $$ | $$ | $$ | $$ |
| **Local Appropriation** | $$ | $$ | $$ | $$ |
| **Local Appropriation %** | % | % | % | % |

**Local Health Department Services/Programs**

**Findings**

**Accreditation Recommendation**

The NCLHDA Site Visit Team was able to designate XXX activities out of 147 as ‘Met’ by the \_\_\_\_\_ County Health Department. Scoring for Accreditation requires that each activity be scored individually and that the Health Department must satisfy at least a minimum for each core function and essential service.

Accreditation scoring Requirements:

Assessment: The Department met XX of 29 activities (minimum required 26)

Policy Development: The Department met XX of 26 activities (minimum required 23)

Assurance: The Department met XX of 38 activities (minimum required 34)

Facilities and Administrative Services: The Department met XX of 27 activities (minimum required 24)

Board of Health/Governance: The Department met XX of 27 activities (minimum required 24)

**The NCLHDA Site Visit Team recommends the \_\_\_\_\_\_\_ Health Department for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.Not Met Activities** (if applicable)

**Activity #:**

**Documentation:**

**Site Visit Team Findings:**

**Best Practices Identified** (if applicable)

The NCLHDA Site Visit Team identified a number of best practices and/or unique strengths that \_\_\_\_\_\_\_\_\_ County Health Department is commended for:

**Activity #:**

**Documentation:**

**Site Visit Team Findings:**

**\_\_\_\_\_\_\_\_\_\_ Health Department - HDSAI Summary Checklist**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CF&ES** | | **M** | **NM** | **CF&ES** | | **M** | **NM** | **CF&ES** | | **M** | **NM** | **CF & ES** | | **M** | **NM** | **BOH** | | **M** | **NM** |
| ***Assessment*** | | ***Policy*** | | ***Assurance*** | | ***Assurance*** | |
|  |  |  |  |  |  |  |  |  |  |
| **1** |  |  |  | **9** |  |  |  | **16** |  |  |  | **27** |  |  |  | **34** |  |  |  |
|  | **1.1** |  |  |  | **9.1** |  |  |  | **16.1** |  |  |  | **27.1** |  |  |  | **34.1** |  |  |
|  | **1.2** |  |  |  | **9.2** |  |  |  | **16.2** |  |  |  | **27.2** |  |  |  | **34.2** |  |  |
|  | **1.3** |  |  |  | **9.3** |  |  |  | **16.3** |  |  |  | **27.3** |  |  |  | **34.3** |  |  |
|  |  |  |  |  | **9.4** |  |  |  |  |  |  |  |  |  |  |  | **34.4** |  |  |
| **2** |  |  |  |  | **9.5** |  |  | **17** |  |  |  | **28** |  |  |  |  |  |  |  |
|  | **2.1** |  |  |  | **9.6** |  |  |  | **17.1** |  |  |  | **28.1** |  |  |  |  |  |  |
|  | **2.2** |  |  |  |  |  |  |  | **17.2** |  |  |  |  |  |  | **35** |  |  |  |
|  | **2.3** |  |  | **10** |  |  |  |  | **17.3** |  |  | **29** |  |  |  |  | **35.1** |  |  |
|  | **2.4** |  |  |  | **10.1** |  |  |  |  |  |  |  | **29.1** |  |  |  |  |  |  |
|  |  |  |  |  | **10.2** |  |  | **18** |  |  |  |  | **29.2** |  |  | **36** |  |  |  |
| **3** |  |  |  |  | **10.3** |  |  |  | **18.1** |  |  |  |  |  |  |  | **36.1** |  |  |
|  | **3.1** |  |  |  | **10.4** |  |  |  | **18.2** |  |  | **F & AS** | | **M** | **NM** |  | **36.2** |  |  |
|  | **3.2** |  |  |  |  |  |  |  | **18.3** |  |  |  | **36.3** |  |  |
|  |  |  |  | **11** |  |  |  |  | **18.4** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  | **11.1** |  |  |  |  |  |  | **30** |  |  |  | **37** |  |  |  |
|  | **4.1** |  |  |  | **11.2** |  |  | **19** |  |  |  |  | **30.1** |  |  |  | **37.1** |  |  |
|  | **4.2** |  |  |  |  |  |  |  | **19.1** |  |  |  | **30.2** |  |  |  | **37.2** |  |  |
|  | **4.3** |  |  | **12** |  |  |  |  | **19.2** |  |  |  | **30.3** |  |  |  | **37.3** |  |  |
|  |  |  |  |  | **12.1** |  |  |  |  |  |  |  | **30.4** |  |  |  | **37.4** |  |  |
| **5** |  |  |  |  | **12.2** |  |  | **20** |  |  |  |  | **30.5** |  |  |  | **37.5** |  |  |
|  | **5.1** |  |  |  | **12.3** |  |  |  | **20.1** |  |  |  | **30.6** |  |  |  | **37.6** |  |  |
|  | **5.2** |  |  |  |  |  |  |  | **20.2** |  |  |  | **30.7** |  |  |  |  |  |  |
|  | **5.3** |  |  | **13** |  |  |  |  |  |  |  |  | **30.8** |  |  | **38** |  |  |  |
|  |  |  |  |  | **13.1** |  |  | **21** |  |  |  |  | **30.9** |  |  |  | **38.1** |  |  |
| **6** |  |  |  |  |  |  |  |  | **21.1** |  |  |  | **30.10** |  |  |  | **38.2** |  |  |
|  | **6.1** |  |  | **14** |  |  |  |  | **21.2** |  |  |  |  |  |  |  | **38.3** |  |  |
|  | **6.2** |  |  |  | **14.1** |  |  |  | **21.3** |  |  | **31** |  |  |  |  |  |  |  |
|  | **6.3** |  |  |  | **14.2** |  |  |  | **21.4** |  |  |  | **31.1** |  |  | **39** |  |  |  |
|  |  |  |  |  | **14.3** |  |  |  |  |  |  |  | **31.2** |  |  |  | **39.1** |  |  |
| **7** |  |  |  |  | **14.4** |  |  | **22** |  |  |  |  | **31.3** |  |  |  | **39.2** |  |  |
|  | **7.1** |  |  |  |  |  |  |  | **22.1** |  |  |  | **31.4** |  |  |  | **39.3** |  |  |
|  | **7.2** |  |  | **15** |  |  |  |  | **22.2** |  |  |  | **31.5** |  |  |  | **39.4** |  |  |
|  | **7.3** |  |  |  | **15.1** |  |  |  | **22.3** |  |  |  | **31.6** |  |  |  | **39.5** |  |  |
|  | **7.4** |  |  |  | **15.2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **7.5** |  |  |  | **15.3** |  |  | **23** |  |  |  | **32** |  |  |  | **40** |  |  |  |
|  | **7.6** |  |  |  | **15.4** |  |  |  | **23.1** |  |  |  | **32.1** |  |  |  | **40.1** |  |  |
|  | **7.7** |  |  |  | **15.5** |  |  |  | **23.2** |  |  |  | **32.2** |  |  |  | **40.2** |  |  |
|  |  |  |  |  | **15.6** |  |  |  | **23.3** |  |  |  | **32.3** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  | **32.4** |  |  | **41** |  |  |  |
|  | **8.1** |  |  |  |  |  |  | **24** |  |  |  |  |  |  |  |  | **41.1** |  |  |
|  | **8.2** |  |  |  |  |  |  |  | **24.1** |  |  | **33** |  |  |  |  | **41.2** |  |  |
|  | **8.3** |  |  |  |  |  |  |  | **24.2** |  |  |  | **33.1** |  |  |  | **41.3** |  |  |
|  | **8.4** |  |  |  |  |  |  |  | **24.3** |  |  |  | **33.2** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **33.3** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **25** |  |  |  |  | **33.4** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **25.1** |  |  |  | **33.5** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **25.2** |  |  |  | **33.6** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **33.7** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | **26** |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **26.1** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **26.2** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | **26.3** |  |  |  |  |  |  |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_Health Department Site Visit Team:**

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Date Date

Public Health Administrator Public Health Nursing

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

Date Date

Environmental Health Board of Health

**ACCREDITATION ADMINISTRATOR:**

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

Date

Accreditation Administrator