



## PLANNING RECOMMENDATIONS

The following tips are beneficial to facilitating the Accreditation process:

- Be certain to allow enough time for the Self-Assessment by beginning upon receipt of your Self-Assessment materials.
- Designate a coordinator who can serve as an internal liaison and with the Michigan Public Health Institute Accreditation staff.
- Assemble a management team comprising the Health Officer, Medical Director, Finance Officer, Personal Health Services Director and the Environmental Health Officer (or equivalents). Don't forget to include the designated coordinator if not already represented above. Meet regularly for progress reports.
- Remember to keep all staff informed about the accreditation process.
- A pop quiz is a great idea! Have staff review other departments: Family Planning could review Food Service Sanitation and vice versa. Fresh eyes can often make the difference in accuracy regarding met or unmet indicators.



## TECHNICAL ASSISTANCE CONTACTS

	SECTION	NAME	TELEPHONE & FAX	EMAIL
A	Health Assessment	Lonnie Barnett	517-241-2963 517-241-1200	barnettl@michigan.gov
B	Policy Development	Lonnie Barnett		
C	Quality Improvement	Lonnie Barnett		
D	Health Promotion	Konrad Edwards	517-335-8124 517-335-9909	edwardsek@michigan.gov
E	Health Protection	Brenda Brennan	517-335-8165 517-335-8263	brennanb@michigan.gov
F	Administration	Konrad Edwards		
	Administration-Laboratory	Sam Davis	517-335-8074 517-335-9631	davissam@michigan.gov
G	Creating and Maintaining a Competent Work Force	Konrad Edwards		
H	Food Service	Tom Crook	517-241-0933 517-373-3333	crookt9@michigan.gov
I	General Communicable Disease Control	Brenda Brennan		
J	Hearing	Jennifer Thomas	517-335-8353 517-335-8294	thomasjen@michigan.gov
K	Immunization	Liz Harton	517-335-8333 517-335-9855	hartone@michigan.gov
L	On-Site Sewage Treatment Management	Richard Sacks	517-241-1317 517-241-1256	sacksr@michigan.gov
M	Sexually Transmitted Disease	Cazz Cabot	616-336-2235 616-336-2432	cabotc@michigan.gov
N	Vision	George Zarka	517-335-8482 517-335-8294	zarkag@michigan.gov
O	HIV/AIDS	Robert Barrie	517-241-5934 517-241-5922	barrier@michigan.gov
P	MSS/ISS	Ingrid Davis	517-335-9546 517-335-8822	davis1@michigan.gov
Q	Family Planning	Janet Razmek	517-335-9351 517-335-8294	razmekj@michigan.gov
	Clinician	Suzy Reiter	269-774-7005 269-774-0516	reiters@ppcwm.org



Michigan Local Public Health Accreditation Program  
Technical Assistance & Forms

R	Not reviewed for 2005 Tool			
S	Breast and Cervical Cancer Control Program	Paulette Valliere	517-335-8049 517-335-9397	vallierep@michigan.gov
T	Women, Infants & Children Administration	Janet Hunter	517-335-9226 517-335-9514	hunterjan@michigan.gov



## TECHNICAL ASSISTANCE FORM

*Mail, fax or email this form to the section specific Technical Assistance Contact person. Do not send to MPH.*

Date: \_\_\_\_\_

Technical Assistance Contact Person: \_\_\_\_\_

Technical Assistance Requested By: \_\_\_\_\_

Indicator In Need of Clarification (one per form):

Indicator Number: \_\_\_\_\_

Briefly Describe Your Request: \_\_\_\_\_

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**DIRECTIONS TO:**

\_\_\_\_\_ **COUNTY HEALTH DEPARTMENT**

**ADDRESS:** \_\_\_\_\_

**CITY, STATE & ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**HEALTH OFFICER:** \_\_\_\_\_

**CONTACT PERSON (if different from HO):** \_\_\_\_\_

**FROM LANSING:**

**FROM DETROIT:**

**FROM GRAND RAPIDS:**

**HOTEL/MOTEL LISTINGS FOR CITY:**



**EXAMPLE HEALTH DEPARTMENT ON-SITE SCHEDULE**  
**July 11-15, 2005**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>MORNING (9:00 – 12:00pm)</b>	D, F & G H J & N M T	ABC F-Laboratory D, F & G H D T	E H L T S	H K P Q T	H P Q T
<b>AFTERNOON (1:00 – 4:00pm)</b>	D, F & G H O T	ABC D, F & G H T	H I L T S	H K P Q T	H P T Q



\_\_\_\_\_ **HEALTH DEPARTMENT ON-SITE SCHEDULE**

**Date:** \_\_\_\_\_

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>MORNING</b> (9:00 – 12:00pm)					
<b>AFTERNOON</b> (1:00 – 4:00pm)					



## Corrective Plan of Action Form

***Local Health Departments must submit the approved Corrective Plan(s) of Action to the Michigan Local Public Health Accreditation Program (MPHI, 2440 Woodlake Circle, Suite 150, Okemos, MI, 48864) within 2 months of the LHD's On-Site Review. [Protocols, Section VII, Michigan Local Public Health Accreditation Program Tool]***

Date: \_\_\_\_\_

Local Health Department Name: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_

Local Health Department Staff Responsible for Implementing Corrective Plan of Action:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Indicator Not Met (one per form):

Indicator Number: \_\_\_\_\_

Indicator Description: \_\_\_\_\_

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





**For Official Use Only**  
Michigan Department's of Agriculture, Community Health and Environmental Quality Approval

LHD Name: \_\_\_\_\_

Indicator(s): \_\_\_\_\_

**Reviewer Use Only – Corrective Plan of Action Requirements**

**Action:**

**By (Date):**

Site revisit required

\_\_\_\_\_

Materials required for review

\_\_\_\_\_

Indicator met, no further action required

**Remediation Step** (Action steps necessary for compliance if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**Reviewer Use Only – Follow-Up Section**

**Action:**

CPA Implementation Not Approved:

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CPA implementation approved, no further action required

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**