2017-2018
Bureau of Chronic Disease Prevention
School Health Services • Annual Program Monitoring

Pre-Site Visit ☐

Desk Review ☐

County: _____

Date(s) of Review: _____

State School Health Services Program Liaison: _____

Local DOH School Health Coordinator: _____

Local School District School Health Coordinator: _____

Q#	Criteria for Evaluation	Yes	No	Comments Section
Financial				
A. Schedule C Funds				
1	Did the Financial Information Reporting System (FIRS) reports show any under or over expenditures, or beginning cash balances?			
2	Were financial consequences due to beginning cash balances incurred based on the revenue and expenditures from the past fiscal year? (Reference Schedule C Change Letter).			
3	Do allotment balances budgeted in FIRS match county Schedule C allocations under each Oher Cost Accumulator (OCA)?			
5	Do unspent balances in the most recent FIRS reports reflect that the county is on target for expending current year funding?			
6	Does a three year comparison of FIRS report show a trend of having beginning cash balances after certified forward expenditures have been deducted?			
7	Did the county meet the Schedule C Scope of Work screening deliverables?			
8	Did the county report their service and screening data into the Health Management System (HMS) on time?			

	B. Comprehensive School Health Services			
9	If comprehensive funding is allocated, are comprehensive services recorded in the Annual School Health Report and Health Management System (HMS)? (interventions/classes by subject)?			
	C. Full Service Schools			
10	If full service funding is allocated, are full service school services recorded in the Annual School Health Report and HMS? (in-kind donated hours/estimated value)?			

Reports and Data

	D. Annual School Health Report			
11	Did the two year annual report review identify any significant increases or decreases in documented services, staffing or funding?			
12	If errors or omissions were identified, were they corrected in the most recently completed Annual School Health Report?			
13	If yes to the above, are they due to lack of training in documentation and coding or service delivery issues? Has the program identified and begun implementing a plan to address the root cause(s)?			
	E. Health Management System (HMS) Data Coding to School Health Program Component (PC) 34			
14.	Do the HMC online reports reflect care planning services and child-specific training for the numbers of students with health conditions (for example, asthma, severe allergies, diabetes, epilepsy, cardiac conditions, pancreatic enzymes)?			
F.	**Contracting for School Health Services**			
15.	Does the county contract all or a portion of its Schedule C revenue to the school district or other entity?			
16.	If so, did the CHD submit the executed contract(s) for the current fiscal year?			
17.	Did the CHD submit the completed contract monitoring report for the most recently completed fiscal year?			
18.	Was a corrective action plan a result of the most recent contract monitoring?			
19.	If yes to #19, has the corrective action plan been completed? If the answer is no, what is the reason for not being completed and what is the status of the implementation?			

Revised 2/2016