

**Bureau of Chronic Disease Prevention**

**School Health Services • Annual Program Monitoring**

**Pre-Site Visit** [x]

**Desk Review** [ ]

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| --- | --- |
| **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** |
| **A. Previous Monitoring Site Visit** |
| **1** | Was a corrective action plan (CAP) a result of the most recent on-site monitoring visit? |  |  |  |
| **2** | If yes to #1, has the CAP form been completed?  |  |  |  |
| **3** | Has the CAP been implemented? |  |  |  |
| **Financial** |
| **B. Schedule C Funds** |
| **4** | Did the Financial Information Reporting System (FIRS) reports show any under or over expenditures, or beginning cash balances? |  |  |  |
| **5** | 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). |  |  |  |
| **6** | Do allotment balances budgeted in FIRS match Schedule C allocations under each Other Cost Accumulator (OCA)? |  |  |  |
| **7** | Do unspent balances in the most recent FIRS OCA cash balance report reflect that the county is on target for expending current year funding? |  |  |  |
| **8** | Does a three year comparison of FIRS reports show a trend of having beginning cash balances after certified forward expenditures have been deducted? |  |  |  |
| **9** | Did the county meet the Schedule C Scope of Work screening deliverables? |  |  |  |
| **C. Comprehensive School Health Services** |
| **10** | If comprehensive funding is allocated, are comprehensive services recorded in the Annual School Health Report and Health Management Component (HMC)? (interventions/classes by subject)? |  |  |  |
| **D. Full Service Schools** |
| **11** | If full service funding is allocated, are full service school services recorded in the Annual School Health Report and HMC? (in-kind donated hours/estimated value)? |  |  |  |
| **Reports and Data** |
| **E. Annual School Health Report** |
| **12** | Did the two year annual report review identify any significant increases or decreases in documented services, staffing or funding? |  |  |  |
| **13** | If errors or omissions were identified, were they corrected in the most recently completed Annual School Health Report? |  |  |  |
| **F. Three Year Comparison Report** |
| **14** | Does the most recent three year comparison indicate any significant increases or decreases in services and/or funding? |  |  |  |
| **15** | 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)? |  |  |  |
| **G. Health Management Component (HMC) Data Coded to School Health Program Component (PC) 34** |
| **16** | 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)? |   |   |   |
| **H.** | **Contracting for School Health Services / Contract Monitoring** |  |  |  |
| **17** | Does the county contract all or a portion of its Schedule C revenue to the school district or other entity? |  |   |  |
| **18** | If so, did the CHD submit the executed contract(s) for the current fiscal year? |  |  |  |
| **19** | Did the CHD submit the completed contract monitoring report for the most recently completed fiscal year? |  |  |  |
| **20** | Was a corrective action plan (CAP) a result of the most recent contract monitoring? |  |  |  |
| **21** | If yes to #20, has the CAP form been completed?  |  |  |  |
| **22** | Has the CAP been implemented? |  |  |  |