**North Central District Health Department**

**Policy and Procedure Annual Review Documentation Form**

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| --- | --- |
| **Policy Procedure Description:** |  |
| **Program Code (if applicable):** |  |
| **Policy / Procedure Owner:** |  |
| **Review Completed By:** |  |
|  |
| **Ensure the following components are included in the written policy / procedure:** |
|[ ]  Department Logo |
|[ ]  Created / Developed / Effective Date |
|[ ]  Reviewed Date |
|[ ]  Revised Date |
|[ ]  Denotation of Approval (Date and Type) |
|  |
| **Confirm the following elements have been incorporated in the written policy / procedure:** |
|[ ]  Health Literacy Principles |
|[ ]  Alignment with Strategic Plan |
|[ ]  Alignment with Communication Plan |
|[ ]  Alignment with Accreditation Efforts |
|[ ]  Other:  |
|  |
| **Confirm the following items have been thoroughly reviewed:** |
|[ ]  Content accuracy and relevance |
|[ ]  Grammar |
|  |
| **Document results of the review:** |
|[ ]  Policy / procedure reviewed; deemed inactive: retain according to department retention schedule |
|[ ]  Policy / procedure reviewed; no revisions necessary |
|  |[ ]  Obtain approval of Operations Program Manager |
|[ ]  Policy / procedure reviewed; revisions necessary |
|  |[ ]  Provided policy / procedure revisions to Executive Director and Executive Assistant |
|  |[ ]  Scheduled meeting within 30 days of review deadline with Operations Program Manager, Executive Director, and Executive Assistant to discuss revisions and determine any additional changes or further actions |
|  |[ ]  Made final policy / procedure revisions, as necessary |
|  |
| **Complete the following items to close out the review:** |
|[ ]  Obtain approval for final policy / procedure revisions |
|  | Approval Required By: |  |
|  | Date Approval Obtained: |  |
|[ ]  Upon approval, make final policy / procedure updates reflecting* Reviewed Date
* Revised Date
* Approval Date and Type
 |
|[ ]  Conduct staff training, as necessary, to provide information regarding approved policy / procedure revisions |
|  | Date staff training conducted: |  |
|  |[ ]  Staff training documented per department Workforce Development Plan |
|[ ]  Create calendar entry for next scheduled review period |
|[ ]  Provide copy of documentation form to Operations Program Manager and file original documentation form with policy / procedure reviewed |
|  | Staff Initials: |  | Operations Program Manager Initials: |  |
|  | Date: |  | Date: |  |