**North Central District Health Department**

**Policy and Procedure Annual Review Documentation Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |  |