

## Attachment C

Cycle 9 Plan of Organization Checklist	
Submitted	Description
<b>1. LEGAL RESPONSIBILITIES</b>	
<input type="checkbox"/>	A. Outline or list State and Local Statutory Authority for the Local Health Department (LHD).
<input type="checkbox"/>	B. Brief description of the Governing Entity Relationship with the LHD.
<input type="checkbox"/>	C. Brief description of the manner in which the LHD defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).
<input type="checkbox"/>	D. Briefly describe, if applicable, the delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity or entities.
<b>2. LHD ORGANIZATION</b>	
<input type="checkbox"/>	A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher-level managers.
<input type="checkbox"/>	B. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget and copy of most recent budget.
	C. 1. Responses to audit findings. 2. Sub-recipient monitoring issues and responses. 3. Corrective action regarding (1) and (2) above.
<input type="checkbox"/>	D. Briefly describe information technology capacity needed to access and distribute up-to-date public health information.
<b>3. MISSION, VISION, AND VALUES</b>	
<input type="checkbox"/>	A. Contains a clear, formally written, publicized statement of the LHD's mission (may include the LHD's vision, values, goals & objectives).
<b>4. LOCAL PLANNING AND COLLABORATION INITIATIVES</b>	
<input type="checkbox"/>	A. Outline or list LHD-specific priorities.
<input type="checkbox"/>	B. Outline or list the LHD activities to plan or pursue priority projects with available resources.
<input type="checkbox"/>	C. Outline or list community partnerships and collaborative efforts.
<b>5. SERVICE DELIVERY</b>	
<input type="checkbox"/>	A. Outline or list the LHD's locations (including addresses, services, and hours of operation).
<b>6. REPORTING AND EVALUATION</b>	
<input type="checkbox"/>	A. Briefly describe the LHD's efforts to evaluate its activities.
<input type="checkbox"/>	B. Outline or list the LHD's mechanism to report on its activities to the community and its governing entity. Provide copies of all annual reports that were disseminated publicly during the current MLPHAP accreditation cycle.
<b>7. HEALTH OFFICER AND MEDICAL DIRECTOR</b>	
<input type="checkbox"/>	A. Procedure for appointment of a Health Officer and Medical Director
	<b>B. HEALTH OFFICER:</b>
<input type="checkbox"/>	1. MDHHS Approval – Letter, memo, other.
	<b>C. MEDICAL DIRECTOR:</b>
<input type="checkbox"/>	1. MDHHS Approval – Letter, memo, other.
<input type="checkbox"/>	<b>8. LHD PLAN OF ORGANIZATION APPROVAL FORM</b>