**FAMILY PLANNING COORDINATOR**

Pre-Program Compliance Assessment Questions

Please provide responses to the following questions **1 week prior** to the health specialists’ arrival on center for the Health & Wellness Program Compliance Assessment (H&W PCA). **Responses should be typed.**

The purpose of the H&W PCA is to **verify** and **clarify** compliance with PRH requirements and applicable laws, as well as to highlight program qualities and strengths. Please coordinate with the Health and Wellness Director to ensure all information (e.g., data, forms, materials, logs, surveys, specific student health records) necessary to support your responses is available for the review.

|  |  |
| --- | --- |
| **Family Planning Coordinator Name & Title** |  |
| **Position on center** |  |
| **Phone number** |  |
| **E-mail** |  |
| **Number of years/months as coordinator** |  |

1. Name and title of person completing the form:
2. Please complete the table below

|  |  |
| --- | --- |
| 1. Number of females enrolled in the last 12 months |  |
| 1. Average female OBS over the last 12 months |  |
| 1. Number of female students pregnant at enrollment in the last 12 months |  |
| 1. Number of female students that became pregnant while participating in Job Corps in the last 12 months |  |
| 1. Number of female students currently pregnant on center |  |

1. Explain how family planning and pregnancy prevention are offered to both male and female students on center.
2. Describe the health promotion activities and/or educational components of the program.
3. List contraceptive options available to students **on center**

Oral Contraceptive Pills  DepoProvera  Condoms  Patch  Ring

Implant  IUD.  Other, please list:

1. List contraceptive options available to students **off center**

Oral Contraceptive Pills  DepoProvera  Condoms  Patch  Ring

Implant  IUD.  Other, please list:

1. List all resources used that promote education/awareness/and support for adolescent pregnancy. Include addresses or weblinks for community partners.
2. Describe any medical counseling provided.
3. Describe how prenatal care is provided for the pregnant students.
4. Is the gestational record filed in the SHR after each visit?

☐ Yes ☐ No. If not, how do you document the monthly/regular off-site visits in the SHR?

1. Describe the process for the center physician, pregnant student, and prenatal provider to agree upon a

care management and separation plan.

1. Describe your policy if a student decides to terminate her pregnancy. Does this policy differ in cases of rape or to safeguard the life of the student?
2. Explain how transportation is provided on request for all off center provider appointments and services during

the student’s pregnancy.

1. Who determines when a student with a pregnancy-related medical condition is placed on paid administrative leave?
2. Explain the student’s transition from the center provider to her community provider when/if the student leaves on MSWR due to medical or pregnancy related conditions.