*\*Keep copy of tool for at least 2 years following HWPCA*

|  |
| --- |
| **Health and Wellness Program Compliance Assessment TOOL****Behavioral Assessor Packet** |
| Job Corps Center |  |
| Dates of HWPCA |  |
| Medical Assessor |  |
| **Center Information** |
| Center Operator |  |
| Center Contracted OBS |  |
| Center Current OBS |  |
| Regional Office |  |
| Regional Office COR |  |
| Prior HWPCA | Month year |
| **Contacted and Reviewed During HWPCA** |
| Center Director  |  |
| Deputy Center Director |  |
| Title or Delete line |  |
| Title or Delete line |  |
| Health and Wellness Director |  |
| Center Mental Health Consultant |  |
| TEAP Specialist/TUPP Coordinator  |  |
| Clerk |  |
| Recreation Supervisor |  |
| Food Service Supervisor |  |
| Counseling Manager |  |
| Security Manager |  |
| Clerk |  |
| Residential  |  |
| Title or Delete line |  |
| Title or Delete line |  |
| Title or Delete line |  |
| Focus Group  | #  |
| Student Health Records (SHRs) | LIST **ALL** SIDs for MH/TEAP ASSESSOR |

**Additional center notes** (e.g. non-res center, whole building closure -- if needed):

**Additional discipline notes** (e.g. staff member death, specific facility issue – if needed):

|  |  |  |  |
| --- | --- | --- | --- |
| PRH Materials Reviewed | Reviewed | Co-Assessor Reviewed | Not Received  |
| Bloodborne Pathogen Plan | [ ]  Date approved:[ ]  Issue found |[ ] [ ]
| Emergency Action Plan (PIN 22-16) | [ ]  Date approved:[ ]  Issue found |[ ] [ ]
| Nurse, pharmacy, and other state practice acts for compliance | [ ]  On File[ ]  Issue found |[ ] [ ]
| Medication Management Standard Operating Procedures (SOPs) (3) | [ ]  Date approved:[ ]  Issue found |[ ] [ ]
| HWC Staffing Standard Operating Procedure (SOP) (1) | [ ]  Date approved:[ ]  Issue found |[ ] [ ]
| CLIA certificate | [ ]  Expiration date:[ ]  Issue found |[ ] [ ]
| Controlled substances log | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Spore testing log | [ ]  On file[ ]  Issue found |[ ] [ ]
| MSWR phone contact | [ ]  On file[ ]  Issue found |[ ] [ ]
| Refrigerator temperature monitoring log | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Sharps exposure log | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| HIPAA disclosures log | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Dental appointment book | [ ]  Received |[ ] [ ]
| Dental Unit Water Line Testing Log | [ ]  Received |[ ] [ ]
| H&W Staff Licenses or Certifications for Professional Practice | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Clinician Registration to prescribe (DEA) | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| H&W Subcontractor Liability insurance | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| H&W Staff Waivers, if applicable | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Staff roster – All center staff, positions included, and directory | [ ]  Received |[ ] [ ]
| Staff training records  | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Health Care Guidelines (HCGs) signed & on file:* Treatment Guidelines (TGs)
* Symptomatic Management Guidelines (SMGs)
* Personal Authorizations
* RO Approval Memo
 | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| SIRs for prior 12 months | [ ]  Received |[ ] [ ]
| Health Services Utilization Reports (from Humanitas) | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Quarterly Alcohol Summary (past year) (from Humanitas) | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Annual Program Description (past year) (from Humanitas) | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Student handbook | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Recreational schedule | [ ]  Received |[ ] [ ]
| Cafeteria monthly menu  | [ ]  Received |[ ] [ ]
| HEALs assessment (Making the Grade)  | [ ]  Received |[ ] [ ]
| TUPP tobacco cessation materials & other educational materials  | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| TEAP center-kept statistics for the prior 12 months  | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| BAC Breathalyzer, manufacture guide, and calibration information | [ ]  No issues found[ ]  Issue found |[ ] [ ]
| Health and wellness student feedback  | [ ]  Received |[ ] [ ]
| Continuous quality improvement (CQI) studies | [ ]  Received |[ ] [ ]
| National Student Satisfaction Survey | [ ]  Received |[ ] [ ]

| **HWPca STUDENT Focus Group questions** |
| --- |
| Center: | Date: |
| Number of Participants: |
| Facilitator Name: |
| **INTRODUCTION** |
| *We are here as part of the Department of Labor assessment team to review the Health and Wellness Program. Job Corps is designed to serve students and so it is really important that we get honest feedback from you about what is going well on your center and what can be improved. We appreciate your willingness to meet with us and we want to cover some ground rules for this session:*1. *This meeting is confidential. There will be nothing that will link you personally to feedback that you provide.*
2. *We are not asking you to reveal anything about your own personal health situation. We would like you to answer questions generally. If you would like to speak with us after this group about something specific, please stay after.*
3. *Often there are a range of views and opinions, and this is normal and ok. We ask that you are respectful of each others’ opinions, and we encourage you to express your opinion even if it does not appear that it is shared by others.*
 |
| **QUESTION/RESPONSES** |
| 1. Describe the different services provided at the Health and Wellness Center.
 |
| 1. How are appointments for health services made?
 |
| 1. How do you get medical assistance when the Health and Wellness Center is closed?
 |
| 1. If you needed dental care, would you go to the Job Corps dentist or an outside dentist? Why?
 |
| 1. This is a group participation question. How would you describe your health since coming to Job Corps – the same, better, or worse – than before you arrived? Raise your hands, how many has your health gotten
	1. Better:
	2. Same:
	3. Worse:
2. Why has your health changed? *But DO NOT share your PHI. I am also available after the focus group to speak individually.*
 |
| 1. Health care services are intended to be private–between you and staff with a need to know. How does that work on center?
 |
| 1. If you had a problem on center like homesickness, drama, stress, etc., who would you go to for help?
 |
| 1. Are you aware of the Job Corps Safety Hotline? Can anyone describe what that is?
	1. *Are you aware of the national 988?*
 |
| 1. What does TEAP stand for? How does the program work?
 |
| 1. Are students able to bring drugs or alcohol on center?
 |
| 1. Is the zero-tolerance (ZT) policy fairly enforced?
 |
| 1. How many tobacco use areas are there? What is the center policy regarding use of different types of tobacco and vapes? How well is it enforced?
 |
| 1. How safe do you and your friends feel at this Job Corps center? Using a scale from 1 to 5 with 1 meaning I do not feel safe on this center to 5 meaning I feel very safe on his center.
 |
| 1. Are there programs on center that help you eat healthy and exercise?
 |
| 1. Describe the medication policies on this center (OTC, HWC walk-in, afterhours). How do the medication lockboxes (mailboxes) work on this center?
 |
| 1. Why do you think some students are leaving this Job Corps center without achieving their planned goals?
 |
| 1. Would you refer your best friend or a family member to THIS Job Corps center if they needed educational and training services? Why or why not? If not THIS center, would you refer to another Job Corps center?
 |
| ***Thank you for your feedback and comments. Do you have any questions for me? Once again, if you want to talk about something specific, please stay after.***  |
| Comments/Observations:  |

**2.3 R1 Student Introduction**

Orientation includes:

[ ]  Explanation of procedures/tests that are performed as part of the medical and oral exam,

[ ]  Information on HIV and other sexually transmitted diseases

[ ]  safe sex practices,

[ ]  family planning services,

[ ]  TEAP services,

[ ]  mental health services,

[ ]  the importance of good health to obtain/maintain employment

[ ]  the Notice describing how medical information about students may be used, disclosed, and how students can get access to this information

[ ]  No orientation provided

 Focus group aware of all orientation components: ☐ Yes ☐ No

Notes (describe finding):

**2.3, R4. Mental Health and Wellness Program**

**The MHWP general emphasis is on early identification and diagnosis of mental health problems, basic mental health care, and mental health promotion and education. Additionally, the MHWP follows an EAP model**.

[ ]  Yes

[ ]  No

Notes (describe finding):

**Does the CMHC conduct applicant file review w/ interviews?**

[ ]  Yes

[ ]  No

 CMHC familiar with HCNA and DTA: ☐ Yes ☐ No

Notes (describe finding):

**SIFs reviewed within 1 week for 90% or more of SHRs:**

[ ]  Yes

[ ]  No

Notes (describe finding, # out of # (for %), and list SIDs and #/# for %):

**Assessments and recommendations completed for those referred**:

[ ]  Yes

[ ]  No

The initial intake assessments include key elements for diagnostic assessments (e.g., mental status examination, treatment history, diagnostic impressions): [ ]  Yes [ ]  No

Students assessed as safety risk are supervised until disposition: ☐ Yes ☐ No

Notes (describe finding and list SIDs and #/# for %):

**CMHC involved in MSWR process:**

☐ Yes

☐ No (current template – combine finding under 6.2 R5)

**2.3, R4. Mental Health and Wellness Program**

**MHWP CPP presentation includes**:

☐ Intro to MH services ☐ How to make a self-referral

☐ Basic skills in identifying and responding to MH crises

[ ]  No CPP presentation

Notes (describe finding):

**Center-wide MH event:**

[ ]  Yes. Topic: & Month:

[ ]  No

**Clinical consultation outside HWC for MHWP promotion/education for students and staff:**

 ☐ Yes

[ ]  No

Notes (describe finding):

**MHWP is coordinated with other departments on center for education integrated services:**

☐ Yes

[ ]  No

Notes (describe finding):

**Documentation of mental health services provided including short-term counseling with mental health check-ins**:

[ ]  Yes

[ ]  No

No shows and refusals documented (*pending PRH change*): ☐ Yes ☐ No

Notes (describe finding and list SIDs and #/# for %):

**CMHC and TEAP collaborate**:

 [ ]  Yes [ ]  No Notes (describe finding):

**2.3, R4. Mental Health and Wellness Program**

**CMHC collaborates with CP/NP/PA, nurses for medication management**:

 [ ]  Yes

 [ ]  No. CMHC doesn’t collaborate with CP/NP/PA (confirm with 2.3 R14)

 [ ]  No. CMHC not involved b/c no center monitoring (FYI - finding w/ Appendix 203 if no monitoring at all)

Notes (describe finding):

**CMHC supports counseling psycho-ed groups**:

[ ]  Yes

[ ]  No. No groups occurring (describe below).

[ ]  No. CMHC and counseling do not collaborate.

 Psycho-educational group topics:

Notes (describe finding):

**Information exchange with counseling documented in SHRs**:

[ ]  Yes

[ ]  No

Notes (describe finding):

**Crisis intervention**:

[ ]  Yes

[ ]  No

 CMHC on call 24/7: [ ]  Yes [ ]  No

 Hospital or crisis unit utilized (check APD):

Notes (describe finding):

**Referrals to community providers available**:

[ ]  Yes. Normal wait times.

[ ]  Yes. Long wait times given:

[ ]  No. No referrals available.

Notes (describe finding):

**2.3, R4. Mental Health and Wellness Program**

**Documented referral/feedback loop**:

[ ]  Yes

[ ]  No. Referrals documented but no feedback.

[ ]  No. Neither documented

Notes (describe finding):

**Number of MHWP SHRs reviewed (full + specialized):**

**2.3, R5. TEAP**

**The general emphasis of TEAP must be on prevention, education, identification of substance use problems, relapse prevention, and supportive services to enhance students' health, well-being, and access to quality employment**.

[ ]  Yes

[ ]  No

Students, staff, and visitors and their possessions are screened before entry to center

(observed): [ ]  Yes [ ]  No

 Focus group students indicated ZT center policy was understood and fairly implemented:

[ ]  Yes [ ]  No

Notes (describe finding):

**TEAP CPP presentation + includes (w/ PI 22-16):**

[ ]  TEAP prevention, education, and intervention services,

[ ]  Job Corps' drug and alcohol testing requirements and procedures​,

[ ]  Consequences of testing positive for drug or alcohol use while in Job Corps,

[ ]  Data on national trends regarding substance use.

[ ]  Role of synthetic opioids in overdose deaths and risk with use of any illicit drugs.

[ ]  Signs of an opioid overdose, as outlined above, and response actions.

[ ]  Naloxone/Narcan administration. All students must: Watch the Lifesaving Naloxone (cdc.gov) training video, or a video from the Narcan manufacturer or professional organization; or students may participate in an in-person training

[ ]  Receive an electronic or hard copy of the CDC’s How and When to Use Naloxone for an Opioid Overdose

[ ]  Center-specific Naloxone/Narcan protocols

[x]

**TEAP CDP presentation**

[ ]  Yes. Description:

[ ]  No

Notes (describe finding):

**TEAP CTP presentation**

[ ]  Yes. Description:

[ ]  No

Notes (describe finding):

**2.3, R5. TEAP**

**3 Center-wide events held for all students in prior year:**

[ ]  Yes 3. Event 1:

Event 2:

Event 3:

[ ]  No, not all 3 held. Only \_\_\_\_\_ held.

[ ]  No, none held.

Notes (describe finding):

**SIFs – CRAFFT scored and TEAP signed w/in 1 week:**

CRAFFT scored and documented recommendation (Questions 4-9 only): [ ]  Yes. [ ]  No

Notes (describe finding and include SIDs and #/# for %):

**Scored formalized assessments for all high-risk students (identified via SIF, medical records, or self-referral)**

[ ]  Yes - all high-risk

[ ]  No - not all high risk

Formalized assessment measure(s) utilized:

Is there documentation in the SHR of the results of the assessments including the scoring, interpretation, and plan for the students? [ ]  Yes [ ]  No

Notes (describe finding incl. SIDs and #/# for %):

**Intervention services are provided for:**

 [ ]  Student with positive entry UDS

 [ ]  Student assessed as high-risk (must be included for YES)

[ ]  No documented intervention services provided

Notes (describe finding incl. SIDs and #/# for %):

**Intervention includes documented minimum 5 group sessions & 2 individual sessions**

[ ]  Yes.

[ ]  No

Notes (describe finding incl. SIDs and #/# for %):

**2.3, R5. TEAP**

​**Intervention topics include:**

[ ]  Basic information regarding current drugs of use and misuse

[ ]  Short-term and long-term effects and consequences of drug use on health and employability;

[ ]  Identification of triggers for substance use;

[ ]  Relapse prevention to include development of coping and resistance skills;

[ ]  Development of alternative activities in order to remain abstinent from drugs or alcohol in social situations, and;

[ ]  Availability of referrals and community resources.

Notes (describe finding incl. SIDs and #/# for %):

 Are students restricted to center until f/u UDS? [ ]  Yes [ ]  No

**Intervention includes 15 hours of recreation activities** *(documentation TBD once Diane is back)*

[ ]  Yes [ ]  No

Notes (describe finding):

**Does TEAP attend case management meetings?**

[ ]  Yes [ ]  No

Notes (describe finding):

**Are there community resources available?**

[ ]  Yes. Name:

[ ]  No

Notes (describe finding):

**Relapse Prevention available to all students at any time during enrollment includes**:

[ ]  group(s), [ ]  support services,

[ ]  activities [ ]  None

Notes (describe finding):

**What support services are available**?

[ ]  AA/NA [ ]  online support

[ ]  other:

[ ]  None available

Notes (describe finding):

**2.3, R5. TEAP**

**Additional 5 mandatory sessions for those students who tested positive for THC on the follow-up drug test, but who were retained on center because determination that the follow-up positive test was due to residual use**

[ ]  Yes

[ ]  No

Notes (describe finding):

**Urine drug screening (UDS) conducted for**:

☐ Entry,

☐ Follow-up (37-40 day)

☐ Suspicion

**Bio-chemical testing NEVER done on random basis**

[ ]  Yes – never done [ ]  No - random testing occurring

**UDS refusals handled per PRH?**

[ ]  Yes [ ]  No

**Chain of custody reported maintained:**

[ ]  Yes [ ]  No

USDs are supervised: [ ]  Yes [ ]  No

**Nationally-contracted lab used:**

☐ Yes ☐ No

**CP determines whether any positive drug test is “due to legitimate medical use":**

☐ Yes ☐ No

**Transfer and MSWR/ASWR readmits only tested for reasonable suspicion:**

☐ Yes ☐ No

Notes (describe UDS procedure findings):

**Alcohol testing based on suspicion**:

☐ Yes ☐ No

**Center uses medical (ideally Lifeloc) breathalyzer (PI 22-02):**

☐ Yes ☐ No. What device?:

 Date breathalyzer last calibrated:

**2.3, R5. TEAP**

**Staff trained in breathalyzer:**

☐ Yes ☐ No

**Breathalyzer results sent to HWC and in SHRs :**

[ ]  Yes [ ]  No

**Breathalyzer refusals handled per PRH?**

[ ]  Yes [ ]  No

Notes (describe alcohol testing procedure findings):

**Are all testing and ZT separation procedures followed?**

[ ]  Yes [ ]  No

**Is Form 2-07 used for all students who test positive for THC on the follow-up test**?

[ ]  Yes [ ]  No

**Are those retained due to residual concentrations provided with 5 additional RP sessions that is documented in the SHR?**

[ ]  Yes [ ]  No

Notes (describe positive testing findings):

**Students informed of UDS results within 24 hours?**

[ ]  Yes [ ]  No

**In this state, who holds the decision-making authority regarding disclosure of drug testing results?**

[ ]  Minors [ ]  Parents/guardians

**Center follows minor state law**

[ ]  Yes [ ]  No

**Students immediately informed of alcohol test results?**

[ ]  Yes [ ]  No

**Does the center follow 42 CFR part 2 for need-to-know for results**

[ ]  Yes [ ]  No

**Students referred to CP for validity testing**

[ ]  Yes [ ]  No

 Notes (describe notification findings):

**2.3, R5. TEAP**

**Students with SUD may be given MSWR**

[ ]  Yes [ ]  No

**Students have diagnosed SUD for MSWR – by TEAP or other QHP with expertise**

[ ]  Yes [ ]  No

**Students provided with written referrals**

[ ]  Yes [ ]  No

**MSWRs not granted in lieu of a ZT separation**

[ ]  Yes [ ]  No

**To return, proof of treatment completion must be received**

[ ]  Yes [ ]  No

Notes (describe MSWR findings):

**Number of TEAP SHRs reviewed (full + specialized):**

**2.3, R6. TUPP**

**There is a TUPP on center with assigned coordinator**

[ ]  Yes (ROAP will automatically fill in yeses to all below)

[ ]  No

TUPP coordinator:

**Education materials on cessation available**:

[ ]  Yes [ ]  No

**Smoke-free environment**:

[ ]  Yes [ ]  No

 # tobacco use areas:

Tobacco-free center: [ ]  Yes [ ]  No

Staff use tobacco on center: [ ]  Yes [ ]  No

Vapes or e-cigarettes allowed: [ ]  Yes [ ]  No

**Designated outdoor smoking areas 25 feet from building entrance or state law**:

[ ]  Yes [ ]  No

**Tobacco sold on center:**

[ ]  Yes [ ]  No

**Minor laws adhered to:**

[ ]  Yes [ ]  No

 Tobacco use areas monitored: ☐ Yes ☐ No

**Minors who use tobacco referred to the TUPP:**

[ ]  Yes [ ]  No

**TUPP services documented in SHRs:**

[ ]  Yes [ ]  No

 # students who participated in TUPP in prior year:

 # students who quit smoking in prior year:

Notes (describe TUPP findings):

**2.3, R9. HEALs**

**HEALs members**:

[ ]  HMW [ ]  Food Services Manager [ ]  Recreation Supervisor

[ ]  TEAP Specialist. [ ]  Residential Manager [ ]  Student(s) #:\_\_\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student interests are incorporated**:

 [ ]  Yes [ ]  No

 Center-wide HEALs activities during last year:

**Collaboration is demonstrated** (center-wide events, emails, HEALs meetings, all center HEALs updates)

 [ ]  Yes [ ]  No

**There is a variety of fitness activities:**

 [ ]  Yes [ ]  No

 **There are a healthy eating selections:**

 [ ]  Yes [ ]  No

**There are educational materials for all students available**:

 [ ]  Yes [ ]  No

**WMP is available**:

 [ ]  Yes [ ]  No

**WMP counseling and goal-setting is at student’s readiness level**:

 [ ]  Yes [ ]  No

 # students who participated in WMP in last year:

**HEALs has been monitored and assessed**:

 [ ]  Yes. Making the Grade; When & Score:

 [ ]  Yes. Other

 [ ]  No

**2.3, R13. Professional Standards of Care *Shared by Both Assessors* – MEDICAL WRITE UP**

**H&W Credentials (kept on file in HWC):**

| **HWC Staff Credentials**  |
| --- |
| **Position** | **Name** | **Credential including expiration** | **Liability Insurance *(Subcontractors)*** |
| CenterPhysician |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| DEA License No. & expiration |  |
| NP or PA |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| DEA License No. & expiration |  |
| Approved waiver? [ ]  Yes [ ]  No[ ]  Meets PRH (aka N/A) |
| HWD |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| Nurse RN,LPN |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| Nurse RN, LPN |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| Nurse RN, LPN |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| CenterDentist |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| DEA License No. & expiration |  |
| DentalHygienist |  | StateLicense/Credential No. & expiration |  | [ ]  Center employee |
| DentalAssistant |  | Meets state requirements?[ ]  Yes [ ]  No | [ ]  Center employee |
| CMHC |  |  | [ ]  Center employee |
| Approved waiver? [ ]  Yes [ ]  No[ ]  Meets PRH (aka N/A) |
| CMHC 2 |  |  | [ ]  Center employee |
| Approved waiver? [ ]  Yes [x]  No[ ]  Meets PRH (aka N/A) |
| TEAP Specialist |  |  | [ ]  Center employee |
| Approved waiver? [ ]  Yes [ ]  No[ ]  Meets PRH (aka N/A) |
| TEAP Specialist 2 |  |  | [ ]  Center employee |
| Approved waiver? [ ]  Yes [ ]  No[ ]  Meets PRH (aka N/A) |
|  |  |  |  |  |
|  |  |  |  |  |

**2.3, R13. Professional Standards of Care Shared by Both Assessors**

**Proper Documentation Observed for**:

[ ]  Medications

[ ]  Treatment & Follow Up

[ ]  All providers on SF-600

[ ]  Problem List

[ ]  Reports from off-center referrals (or documented attempts)

[ ]  **Labs**

Notes (describe finding including SIDs and #/# for %):

**Follows current standards of care when providing health services and treating illnesses and injuries**:

 [ ]  Yes [ ]  No

Scope of practice met regulations met: ☐ Yes ☐ No – finding for R13(d)+practice act

 State Supervision requirements for Nurses:

 State Supervision requirements for NP/PA:

Center follows supervision requirements: [ ]  Yes [ ]  No– finding for R13(d)+practice act

Confidentiality issues observed or reported: [ ]  Yes [ ]  No– finding for R13(d)+HIPAA

 Other standard of care issue if applicable:

Notes (describe finding including SIDs where applicable):

**2.3, R16. Health Care Guidelines**

**HCGs on file include** [**latest revisions**](https://supportservices.jobcorps.gov/health/Pages/HCGuidelines.aspx) (Nov. 2023):

[ ]  Yes [ ]  No

**HCGs signed and approved by clinicians**:

[ ]  Yes [ ]  No

Submitted to RO and approved annually as **required:**

[ ]  Yes [ ]  No

RO/RNS approval date (Month year):

Notes (describe finding – warning might have to upload in future):

**2.3, R19. CQI**

**HWC feedback, mechanisms to document quality of care provided, + CQI activity done**:

 [ ]  Yes [ ]  No

Notes (describe finding):

**5.1, R4 Reporting**

**APD submitted annually (due 8/15):**

[ ]  Yes [ ]  No

**Health utilization stats submitted electronically for each month (CN 22-02):**

[ ]  Yes [ ]  No

**Quarterly alcohol reports submitted as required**

[ ]  Yes [ ]  No

Alcohol reports and SIRs align: [ ]  Yes [ ]  No

Notes (describe finding):

**5.2, R9. Staff Training Documentation**

Have center fill out ​[Staff Training Rec​ords](https://supportservices.jobcorps.gov/health/Documents/PCA/HWPCA_StaffTrainingRecords_Dec2022.docx) table& Obtain staff roster

**All-staff trainings for H&W topics above 90%?**

[ ]  Yes [ ]  No

Notes (describe finding):

**Health services department specific training topics above 90%?**

[ ]  Yes [ ]  No

Notes (describe finding):

**6.2, R2c. Transfers**

**The original SHR arrived the same day of arrival on the new center and is present in the SHR:**

[ ]  Yes [ ]  No

Notes (describe finding include SIDs and #/# for % - reminder this should be a fault on receiving center):

**6.2, R5. Med Separations – *Shared by co-assessor*; write up in behavioral**

# SHRs reviewed by behavioral health assessor:

# SHRs reviewed by medical assessor:

**Behavioral Health - MSWR as last resort, not in lieu of RA/RM/AAS**:

[ ]  Yes [ ]  No

**Behavioral Health - MSWR based on medical determination**:

[ ]  Yes [ ]  No

**Behavioral Health - MSWR provided before regular med. separation** (MSFC):

[ ]  Yes [ ]  No

**Behavioral Health - HCNA/Form 2-05 done in cases of HCNA with refusal (no consent):**

[ ]  Yes [ ]  No

**Behavioral Health - DTA/Form 2-04 done in all cases of DT to others**:

[ ]  Yes [ ]  No

**Behavioral Health - Documentation present**:

[ ]  The clinical assessment by the qualified health professional for separation, including current symptoms/behaviors and functional impairments and a diagnostic code

[ ]  Individualized treatment instructions

[ ]  Student consent

[ ]  Referral source(s)

[ ]  Transportation details.

[ ]  Dates of separation and return to center

[ ]  Medical expectations to return

**Behavioral Health - Contacted monthly on MSWR**:

[ ]  Yes. *Note: This can be log outside of SHR as PRH doesn’t say documented in SHR*

[ ]  No

**Behavioral Health - Extensions only by RO**:

[ ]  Yes occurred [ ]  Yes would happen; no examples in prior year

[ ]  No center has/will not request from RO