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

|  |  |
| --- | --- |
| **Health and Wellness Program Compliance Assessment TOOL**  **Medical 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 |  |
| Staff Nurse |  |
| Staff Nurse |  |
| Center Physician |  |
| Nurse Practitioner / Physician Assistant (Delete line) |  |
| Center Dentist |  |
| Dental Hygienist |  |
| Dental Assistant |  |
| Clerk |  |
| Residential |  |
| Title or Delete line |  |
| Title or Delete line |  |
| Title or Delete line |  |
| Individual Interviews | LIST SIDs |
| Student Health Records (SHRs) | LIST **ALL** SIDs for MEDICAL 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 |  |  |

**PRH 2.3, R2. Health & Wellness Program**

**The Job Corps Health History Form is annotated and signed by the nurses and medical provider.**

Yes

No

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

**Entrance physical examinations are comprehensive and are provided within the timeframe required by the PRH.**

Yes

No – exam not comprehensive

No – exams not timely

No – glasses/contacts issue (b1&b2)

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

**Active, on-going chronic care management occurring and documented (b3).**

Yes

No

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

**Laboratory testing meets PRH requirements.**

Yes

No

CLIA waiver certificate expiration date (finding for 2.3 R2(c)+R13(d) if none):

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

**Immunizations meets PRH requirements.**

Yes meets

Yes exceeds: ☐ Influenza available ☐ Covid available

☐ Other CDC-recommended vaccines available including:

No

Vaccine source (from APD and pre-questionnaire):

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

**PRH 2.3, R2. Health & Wellness Program**

**TB screening and management meets PRH requirements.**

Yes

No

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

**Daily Clinic includes (walk-ins and in-patient):**

Yes. Both in-patient and walk-in

No

HWChours of operation (In-patient unit):

Walk-In hours:

Notes:

**Access to prescription meds.**

Yes

No

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

**Appointment in place and medical no-shows documented:**

Yes

No

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

**Off-Center referral system in place.**

Yes

No

Optometrist source (from APD and pre-questionnaire):

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

**PRH 2.3, R2. Health & Wellness Program**

**Emergency system in place**

Yes

No – Supply issue (See PRH 5.6, R2. Medical Equipment and Supplies)

CP/NP/PA Call Schedule:

Nurse call schedule:

EMS response time:

Closest ER in minutes (check APD):

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

**HIPAA requirements met**

Yes. Forms 2-01 and 6-02 completed and signed

No

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

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

**2.3, R3. Oral Health and Wellness Program**

**The OHWP focus is on early detection, diagnosis of oral health problems, basic oral health care, dental hygiene, and prevention/education**.

Yes

No

Education includes: ☐ Chairside ☐ Classroom ☐ Other ☐ None (finding)

Notes (describe finding):

**DRI completed and on PE form as required**.

Yes

No

Who conducts the DRI: ☐ Dental Assistant ☐ Dental Hygienist ☐ Nurses. ☐ Dentist

Personal authorizations available: ☐ Yes ☐ No (finding)

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

**The Elective Oral Exam includes:**

X-rays – HIPAA compliant.  Priority classification  Treatment plan

All sections of JC-approved form completed

No. Not currently being done

No shows recorded for EOE in SHRs:  Yes  No (finding)

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

**Dental Treatment includes:**

Restorations  Extraction of pathological teeth

Root canal therapy on anterior/other strategic teeth treatment plan

Replacement of missing upper anterior teeth with a removable prosthesis

Dental hygiene treatment for periodontal disease

Basic oral health care by priority classification

No. Not currenting being done

No shows for treatment appointments documented in SHRs:  Yes  No (finding)

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

**2.3, R3. Oral Health and Wellness Program**

**Off-Center referral system in place.**

Yes

No

Basic health services beyond expertise referred to:

Notes (describe finding):

**Center follows orthodontic policies and procedures.**

Yes

No

Notes (describe finding and include SIDs):

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

**OHWP Other PRH Areas (Duplicates)**

**2.3 R17 Communicable Disease and Infection Control**

**Autoclave spore testing frequency**: ☐ Weekly ☐ Other:

Notes (describe finding):

Procedure for handling failed autoclave spore tests:

**OHWP follows infection control measures as mandated by state and federal** **law and recommended by CDC guidelines** ([Infection Prevention Practices in Dental Settings](https://www.cdc.gov/dental-infection-control/hcp/summary/index.html)).

☐ Yes

☐ No

OWCP adheres to CDC [Dental Unit Water Quality](https://www.cdc.gov/dental-infection-control/hcp/summary/dental-unit-water-quality.html) guidelines (waterlines tested):

☐ Yes passing tests. DWL testing frequency:

☐ Yes. Tests not passing (finding – reach out to Pam)

☐ No (Not done finding)

Notes (describe finding):

**5.6, R2. Medical Equipment and Supplies**

**OHWP has supplies to provide basic health services (**and all equipment is functional**):**

☐ Yes

☐ No

Dental facility x-ray has current certification (or reg) with state:  Yes  No (finding)

Notes (describe need for new equipment/supplies OR needed repairs that hinder required basic oral health services):

**2.3 R7 Family Planning Program**

**FPP has an assigned coordinator.**

Yes. Who is it?:

No

**The FPP includes:**

Counseling.  Health promotion activities

Medical services, including birth control

Contraception products available on-center:  Oral Contraceptive Pills  DepoProvera

Condoms  Patch  Ring  Implant  IUD.  EC

Contraception products available off-center:  Oral Contraceptive Pills  DepoProvera

Condoms  Patch  Ring  Implant.  IUD

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

**Center follow all PRH requirements for pregnant students (access, leave, termination, transportation, gestational record)**

☐ Yes ☐ No

Any pregnant student on center? ☐ Yes ☐ No

Any in the last year? ☐ Yes ☐ No

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

**Center follows minor laws for family planning and pregnancy**

☐ Yes ☐ No

Minor state law for family planning services:

Minor state law for pregnancy:

Notes (describe finding including SIDs):

**2.3 R8 HIV/AIDS**

**HIV testing occurs for:**

New students  Possible symptoms  Reasonable suspicion

New STI  Upon request

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

**National lab used**: ☐ Yes ☐ No

**Pre-test counseling done as required** (PRH Form 2-02):

Yes  No

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

**Post-test counseling done as required** (PRH Form 2-02) – *14 days for negative results & 24 hours for positive results with CP & CMHC*:

Yes  No

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

**HIV positive students are engaged in case management**

Yes  No

Off-center services available at:

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

**2.3 R10 Health Aspects of Sports**

**All students involved in organized contact or rigorous sports are medically cleared by the CP/NP/PA prior to participating on the PE form & Clearance done annually**

Yes  No

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

**Center reports CPR-trained person present at contact, rigorous sport events, and boxing:**

Yes  No

**Reported emergency transport available**:

Yes  No

| **2.3, R11 Basic Health Services Provided by Job Corps Centers** |
| --- |

**Basic health services in** [**Exhibit 2-4**](https://prh.jobcorps.gov/Exhibits/Forms/AllItems.aspx) **provided**:

Yes  No

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

**Center does not pay for health-related costs incurred when student is on leave or pass**:

Yes  No

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

**2.3, R12. Health and Medical Costs Exceeding Basic Health ServicesProvided by Job Corps Centers**

**Center assists students with finding 3rd party insurance beyond services in Exhibit 2-**4.

Yes  No

If student has 3rd party insurance, copy of card filed in SHR:  Yes  No

**MSWRs are utilized** – See 6.2 R5.

Yes  No

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

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

| **HWC Staff Credentials** | | | | |
| --- | --- | --- | --- | --- |
| **Position** | **Name** | **Credential including expiration** | | **Professional Liability Insurance *(Subcontractors)*** |
| Center  Physician |  | State  License/  Credential  No. & expiration |  | Center employee |
| DEA License  No. & expiration |  |
| NP or PA |  | State  License/  Credential  No. & expiration |  | Center employee |
| DEA License  No. & expiration |  |
| Approved waiver?  Yes  No  Meets PRH (aka N/A) | |
| HWD |  | State  License/  Credential  No. & expiration |  | Center employee |
| Nurse  RN,LPN |  | State  License/  Credential  No. & expiration |  | Center employee |
| Nurse  RN, LPN |  | State  License/  Credential  No. & expiration |  | Center employee |
| Nurse  RN, LPN |  | State  License/  Credential  No. & expiration |  | Center employee |
| Center  Dentist |  | State  License/  Credential  No. & expiration |  | Center employee |
| DEA License  No. & expiration |  |
| Dental  Hygienist |  | State  License/  Credential  No. & expiration |  | Center employee |
| Dental  Assistant |  | 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  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; medical write up**

**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, R14. Medication Management**

**The center complies with all state and federal regulations**.

Yes  No

**What are the eprescibing laws in the state?**

Notes (describe finding):

**The center complies with Appendix 203** – complete tables:

| **Appendix 203 Checklist – OTC Meds** | |
| --- | --- |
| OTCs in HWC? | Yes  No |
| Train/authorize non-health staff to access OTC meds in lockboxes for students? | Yes  No |
| Outside HWC, store in first aid lockboxes & available to students in single does packaging? | Yes  No |
| Document on sign-out sheet in box with student’s name, med name, and student/staff signature and return to HWC weekly for restocking and recording in SHR? | Yes  No |
| Report abuse by student to HWC ASAP? | Yes  No |

| **Appendix 203 Checklist – Prescribed Non-controlled Medications** | | |
| --- | --- | --- |
| Does the center follow the applicable state eprescribing law? | ☐ Yes ☐ No | |
| Determine who can prescribe, dispense and administer | | |
| CP/NP/PA is comfortable -- ☐ refilling ☐ bridging ☐ initiating -- psychotropics | | |
| CP/NP/PA collaborates with CMHC (**ALIGN WITH 2.3 R4**) | | Yes  No |
| Case conference monthly between HWD (designee) and the prescriber to determine adherence, side effects and efficacy? | | Yes  No |
| Document prescription and administration. MAR must match prescription. | | Yes  No |
| Meds dispensed in HWC during what times: | | |
| File monthly MARs in SHR. | | Yes  No |
| CP/NP/PA must review & approve outside prescriptions? | | Yes  No |
| Ensure correct student, right dose & proper route. Any errors notify prescriber, HWD, CD and document in SHR. | | Yes  No |
| Errors report to RO and regional nurse specialist? | | Yes  No |
| Provide student with consumer information required by state? | | Yes  No |
| Handling, packaging and administration observation must be in accord with state requirements for after-hours observation of self-administration for trained/authorized non-health staff. | | Yes  No |
| How are medications secure outside of the HWC? | | |
| Who has keys to the lockboxes or access to medications? | | |
| Who observes afterhours medications? | | |
| Document on MOR and file in SHR weekly. | | Yes  No |
| Four self-managed meds are asthma inhalers, insulin, Epi Pens and BCPs? | | Yes  No |
| Dispose of meds in compliance of laws? | | Yes  No |
| Send meds home with students upon leaving. If HWC closed, promptly mail as permitted by state(s)? | | Yes  No |

| **Appendix 203 Checklist – Prescribed Controlled Substances** | |
| --- | --- |
| Purchase, store & administer per 21CFR Part 1300. Have a med LOG and own or CP’s DEA registration? | Yes  No |
| Limit use and stock only small supply of meds that are prescribed by CP, DDS/DMD or psychiatrist? | Yes  No |
| No routine stocking of Schedule II, except for specific student and only one month supply? | Yes  No |
| Case conference monthly between HWD (designee) and the prescriber to determine adherence, side effects and efficacy? | Yes  No |
| CP/NP/PA must review & approve outside prescriptions? | Yes  No |
| Schedule II, III & IV under double lock in secured area of HWC. Limit access to dispensers/administers? | Yes  No |
| Two staff receive/sign for meds, noting med name, dosage, amount and date on LOG? | Yes  No |
| Maintain LOG for Schedule II, III & IV meds. When dispense/administer, note date, time, med & dose and nurse signs. | Yes  No |
| LOG in locked area for meds? | Yes  No |
| Document prescription and administration. File monthly CMARs in SHR. CMAR must match prescription. | Yes  No |
| Provide student with consumer information required by state? | Yes  No |
| Ensure correct student, right dose & proper route. If any errors notify prescriber, HWD, CD and document in SHR. | Yes  No |
| Errors reported to RO and regional nurse specialist? | Yes  No |
| Inventory/reconcile controlled meds weekly by two staff. | Yes  No |
| Report miscounts to RO and regional nurse specialist? | Yes  No |
| Handling, packaging and administration observation must be in accord with state requirements for after-hours observation of self-administration for trained/authorized non-health staff. | Yes  No |
| Document on CMOR and file in SHR weekly. |  |
| Dispose of meds in compliance of law. Dispose documented on LOG and signed by two staff? | Yes  No |
| Send meds home with students upon leaving. If HWC closed, promptly mail as permitted by state(s)? | Yes  No |

**2.3, R15. Waivers**

**Waivers clearly documented by the Center Physician/NP/PA in the student’s health record and include an explanation as to why the decision was made**

Yes

No

Notes (describe finding including SIDs where applicable):

**Immunization waivers for medical and/or religious reasons. Such a waiver must be clearly documented by the center physician in the student’s health record and include an explanation as to why the decision was made**.

Yes

No

Notes (describe finding including SIDs where applicable):

**2.3, R17. Communicable Disease and Infection Control**

**Report cases of communicable disease to state health department:**

Yes  No

**Follow CDC guidelines for disease management & use protective measures**

Yes  No

**Biological monitoring of autoclave done**:

Weekly  Other:

**Follow Federal and state guidelines for infection control.**

Yes  No

Notes (describe finding including SIDs where applicable):

**2.3, R18. Inventory Records**

**Maintain records on the dispensing, inventory, and disposal of medical and dental supplies and pharmaceutical** (ask to view records; might be in procurement):

Yes  No

**5.1, R3. SOPs**

**Approved OTC SOP**

Yes. Date of Approval:

No

**Approved Prescribed Meds SOP w/lockboxes**

Yes. Date of Approval:

No

**Approved Controlled Substances SOP w/lockboxes**

Yes. Date of Approval:

No

**Approved Staffing SOP**

Yes. Date of Approval:

No

**Center procedures in line with SOPs (**finding if not& no add description to template):

Yes  No

**Contract center SOP submitted as updated** (or new contract award)

Yes  No

**USFS SOPs submitted annually by June 1st**

Yes  No

Notes (describe finding):

**5.1 R23. Bloodborne Pathogens Plan (BPP)**

**The Regional Nurse Specialist last approved the BPP**:

**The BBP has been approved since last contract award or done as needed** (*thus contains the minimum requirements as reviewed & approved by RNS as required*).

Yes  No

**5.2 R3 Health Services Staffing**

Contracted OBS:

Latest Staff Survey Shared:  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Exhibit 5-5 Required Staffing Hours Table** | | | |
| **Position** | **Total**  **Hours/Week** | **PRH Staffing**  **Hours/Week** | **Variance** |
| HWD |  |  |  |
| Nursing Staff   * RN (# hrs/wk) * LPN (# hrs/wk) |  |  |  |
| Center Physician (# hrs/wk)  Nurse Practitioner (# hrs/wk)  Physician Assistant (# hrs/wk) |  |  |  |
| On-Center Dentist (# hrs/wk) |  |  |  |
| On-Center Dental Hygienist (# hrs/wk) |  |  |  |
| On-Center Dental Assistant (# hrs/wk) |  |  |  |
| CMHC  CMHC 2 (# hrs/wk) |  |  |  |
| TEAP Specialist  TEAP Specialist 2 (# hrs/wk) |  |  |  |
| Clerical Support |  |  |  |

**Staffing deficiencies:**  Yes  No (finding)

If NOT completed in Pre-Questionnaire – Staff schedule on center for record-keeping:

HWD:

CP (NP/PA):

Dentist:

Dental Hygienist

Dental Assistant

CMHC

TEAP

Clerk:

**5.2 R5 Staff Qualifications**

**If applicable: NP/PA hrs more than 2 hrs/100 students/wk**

Yes  No

**If yes, there is one-time NO waiver**:

Yes Date of Approval:

No

**If applicable: NP is medical director**

Yes  No

**If yes, there is annual NO waiver:**

Yes Date of Approval:

No

**5.6, R2. Medical Equipment and Supplies**

**Center provides equip. and supplies for basic health services**:

Yes  No

AED on center (PIN 22-16):

Yes. Location(s):

No

Narcan available on center (PIN 22-16)

HWC G&G kit  Safety G&G kit (24/7)  Each dorm  Recreation

Academic and trade buildings/areas.  Portable kit for transportation vehicles

Other:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grab and Go Emergency Checklist** | | | | | |
| All emergency response equipment and supplies must be readily accessible 24/7/365. Contents should be inspected monthly, including medication expiration dates and the oxygen tank gauges | | | | | |
| **Equipment Item** | **Yes** | **No** | **Equipment Item** | **Yes** | **No** |
| Automated external defibrillator (AED) – may be located separately from “grab and go” kits |  |  | Glucometer |  |  |
| Oximeter |  |  |
| Oxygen source |  |  |
| Ambu bag with oral airways |  |  | Stretcher/backboard |  |  |

|  |  |  |
| --- | --- | --- |
| **Medication Item** | **Yes** | **No** |
| Albuterol HFA inhaler |  |  |
| Adult aspirin, 325 mg – chew one tablet for an adult |  |  |
| Injectable epinephrine (EpiPen and/or injectable Adrenaline)  Injectable diphenhydramine (Benadryl), 50 mg *(optional)* |  |  |
| Intranasal naloxone (Narcan); PIN 22-16 |  |  |
| Oral glucose source  Glucagon *(optional)* |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supply Item** | **Yes** | **No** | **Supply Item** | **Yes** | **No** |
| Ace wraps |  |  | Gauze roll bandages (Kling) |  |  |
| Bandages |  |  | Needles/syringes |  |  |
| Blood pressure cuff |  |  | Stethoscope |  |  |
| Eye irrigation bottle |  |  | Tape |  |  |
| Eye patches |  |  | Tourniquet |  |  |
| Gauze pads |  |  | Tweezers |  |  |

|  |  |  |
| --- | --- | --- |
| **PPE Item** | **Yes** | **No** |
| Gloves (non-latex) |  |  |
| Face masks |  |  |
| Gowns |  |  |

OHWP has supplies to provide basic health services (See OHWP Section):

☐ Yes ☐ No

Dental facility x-ray tested and has current certification or registration) with state:

Yes  No

Notes (describe finding for ANY equipment and supply):

**Center reports to purchase from JC dental list**:

Yes  No

Notes (describe finding):

**Center reports to purchase in bulk and from GSA whenever** **possible**:

Yes  No

Notes (describe finding):

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

# SHRs reviewed by medical assessor:

# SHRs reviewed by behavioral health assessor:

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

Yes  No

**Medical - MSWR based on medical determination**:

Yes  No

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

Yes  No

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

Yes  No

*Behavioral health – DTA.*

**Medical - 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

**Medical - Contacted monthly on MSWR**:

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

No

**Medical - Extensions only by RO**:

Yes occurred  Yes would reportedly happen; no examples in prior year

No center has/will not request from RO

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