***PHAB Documentation Quick Reference Check List***

Document­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Every document must meet these criteria –***

**PDF – preferred format**

For full list see documentation guidance in binder

Document is current and in use

Must be population based and directly address core public health functions and ten essential health services

**NOT ACCEPTABLE**

Primary Care, Dental Clinics, Home Health, Social Services, Mental Health Services, Substance Abuse Services, Domestic Abuse Services, **Licensing Programs**

Document is not a draft

All confidential information is covered or deleted?

Document is saved in an acceptable file format?

Document is from a core public health program?

Document is dated appropriately

**DATES**

5 years - cutoff 03/2011 3 years - cutoff 03/2013

2 years- cutoff 03/2014

14 months - cutoff 01/2015

Document has evidence of authenticity

***If applicable*** *-*

Policy and Procedures are signed and dated Meeting minutes include any attachments referred in the minutes

Documentation done by another agency on behalf of the department (i.e. contracted organizations) includes evidence of formal agreement between the two entities (MOU, Letter of Agreement, contract, executive order, etc)

Webpage submitted in the form of a time stamped screenshot, includes the URL address

*Remember to highlight (use yellow color) or insert arrows in document to point site reviewers to relevant information*

*Notes -*