AMOP Committee Review Scorecard

This form is used during the AMOP Committee meeting while reviewing submitted AMOP drafts.

AMOP Title:			**Date Reviewed:**
Item	**Y**	**N**	**Comments:**
1. This AMOP supports the mission, vision, and values of Milwaukee County.	○	○	
2. This AMOP has been looked at through a racial equity lens.	○	○	
3. This AMOP is consistent with the standards set forth in AMOP 1.01.	○	○	
4. This AMOP does not conflict with any other published AMOPs.	○	○	
5. This AMOP is not legally complex OR if it is legally complex, it has been reviewed by Corp. Counsel.	○	○	
6. This AMOP does not involve risk exposure OR if it is does, it has been reviewed by Risk Management.	○	○	

AMOP 01.01 Standards:

1. Impact Review and all other fields on **Form 1.01(a) – Request for AMOP**
2. Draft procedure utilizing **1.01 Appendix A – Administrative Procedure Template**
3. LMS Presentation utilizing **1.01 Appendix B – Training PowerPoint Template**
4. Flowchart referencing examples in **1.01 Appendix C – Flowchart Examples**

MISSION, VISION AND VALUES IN MILWAUKEE COUNTY

Mission

We enhance the **quality of life** in Milwaukee County through great public service.

Vision

By achieving racial equity Milwaukee is the **healthiest county in Wisconsin.**

Values

Respect: We work with and for others.
Integrity: We do the right thing.
Excellence: We never stop improving.