



# Program Plan Reporting System

## Full Program Plan Report Mingo County Health Department 2016 Reporting Year

### Transmittal Information

<i>Health Department Name:</i>	Mingo County Health Department
<i>Mailing Street Address:</i>	PO Box 1096
<i>Mailing City:</i>	Williamson
<i>Mailing County:</i>	Mingo
<i>Mailing Zip:</i>	25661
<i>Phone:</i>	(304) 235-3570
<i>Fax:</i>	(304) 235-2654
<i>Email Address:</i>	cathy.l.headen@wv.gov
<i>Website Address:</i>	<a href="http://www.mingocountyhealthdepartment.org">http://www.mingocountyhealthdepartment.org</a>

<i>Health Department Type:</i>	Single County
<i>Delivery Street Address:</i>	1st Ave & Logan Str 2nd Floor
<i>Delivery City:</i>	Williamson
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	25661

**Fiscal Year April 1, 2015 to July 31, 2015**

### Chairperson

Phone:	Fax:	Email:
Chairperson Signature: _____		Date: 5/21/2015
Greg K.Smith		

### Health Officer

Health Officer Signature: _____	Date: 5/21/2015
Vellaiappan Somasundaram, MD	

By signing the above, the Mingo County Health Department agrees to comply with all applicable state and federal rules, regulations, Department of Health and Human Resources policies and standards.

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## Mingo County Health Department

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#### Emergency Information

Answering Machine:	No	
Answering Service:	Yes	(304) 235-3570
Office of Emergency Services/911/Communications Center:	No	
On-call Pager or Cell	No	

#### Services

Adult Services	No
Behavioral Health	No
Breast/Cervical Cancer	Yes
Cancer Detection	No
Cardiac	No
Community Health Promotion	Yes
Dental	No
Diabetes	No
Disaster Response	Yes
Environmental Health	Yes
Epidemiology	Yes
Family Planning	Yes
Fluoride	No
General Health	Yes
Health Check	No
HIV/AIDS	Yes
Home Health	No
Hypertension	Yes
Immunization	Yes
Lab	No
Lead	No
Pediatric	No
Prenatal	No
Right from the start	No
School Health	Yes
Sexually Transmitted Disease	Yes

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## Mingo County Health Department

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#### Services

Threat Preparedness	Yes
Tobacco	No
Tuberculosis Services	Yes
WIC	No

#### Fees

Clinical Fee	Yes
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

#### Mission Statement

Mingo County Health Department supports a clean, safe, and efficient environment through advancing sound public health policies and programs that promote healthy lifestyles and create healthy communities.

#### Hours of Operations

Monday	8:00 AM - 4:00 PM
Tuesday	8:00 AM - 4:00 PM
Wednesday	8:00 AM - 4:00 PM
Thursday	8:00 AM - 4:00 PM
Friday	8:00 AM - 4:00 PM
Saturday	Closed
Sunday	Closed

#### *Activities outside normal hours of operation*

Some immunization clinics are scheduled outside normal business hours. Some trainings for staff/volunteers are scheduled outside normal business hours.

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## Mingo County Health Department

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#### Other Facilities

Location Name:	
Address:	
City:	
State:	
Zip:	
Contact Name:	
Hours:	

#### Combined Health Department

Health Department Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Sunday:	



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#### Location Information

Driving directions from Charleston: US-119 S Exit 58A Oakwood Road Merge Right onto US-119 S to Williamson (81 miles) In Williamson area (KY side of Williamson) make left turn at second traffic light onto Harvey Street Bridge After crossing bridge, turn right at first traffic light (Second Avenue) Turn right at next traffic light (Logan Street) LHD is located at end of block on right Corner of First Avenue and Logan Street in Memorial Building	
Number of miles from Charleston	82.00
Latitude	37.67250000
Longitude	82.27888900

#### Standards

Change in location	No
Change in health officer	No
Change in administrator	No
Change in local board of health structure	No

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## Mingo County Health Department

### 2016 Reporting Year

## Financial Information

### Projected Budget Information

Funding Source	Projected Revenue
State Revenue	\$246,816.00
Direct County Commission	\$0.00
County Levy	\$0.00
City Levy	\$0.00
Municipalities	\$0.00
Board of Education	\$0.00
Clinical Service Revenue	\$20,000.00
Environmental Fee Permits	\$13,475.00
Environmental Fee Services	\$2,100.00
Federal Revenue	\$62,134.00
Additional Revenue	\$1,000.00
Total:	\$345,525.00

### Projected Expenditures

Expense	Amount
Classified Service Personnel	\$297,630.00
Current Operating Expenditures	\$47,895.00

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Capital Outlay Expenditures	\$0.00
Total:	\$345,525.00

### Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
Interest	\$1,000.00
Total:	\$1,000.00

### Projected Budget Information Continued

Actual Ending Balance:	\$200,258.00
Number of FTE's (Full-time Equivalent):	7.00
Current Investments:	\$0.00
Accounting Software Program:	Other
Other Accounting Software Program:	ACS
Software Year:	2015

	Personnel	Facility	Utilities	Other	Total
County	\$0.00	\$40,000.00	\$5,000.00	\$0.00	\$45,000.00
Municipality	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Board of Education	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$40,000.00	\$5,000.00	\$0.00	\$45,000.00

### Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$0.00
Behavioral Health	\$0.00
Breast/Cervical Cancer	\$3,900.00
Cancer Detection	\$0.00
Cardiac	\$0.00
Community Health Promotion	\$0.00
Dental	\$0.00
Diabetes	\$0.00
Disaster Response	\$0.00

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## Mingo County Health Department

### 2016 Reporting Year

#### Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Environmental Health	\$0.00
Epidemiology	\$0.00
Family Planning	\$8,509.00
Fluoride	\$0.00
General Health	\$0.00
Health Check	\$0.00
HIV/AIDS	\$0.00
Home Health	\$0.00
Hypertension	\$0.00
Immunization	\$8,848.00
Lab	\$0.00
Lead	\$0.00
Office Management and Administration	\$270,982.00
Other	\$0.00
Pediatric	\$0.00
Prenatal	\$0.00
Right from the Start	\$0.00
School Health	\$0.00
Sexually Transmitted Diseases	\$0.00
Threat Preparedness	\$53,286.00
Tobacco	\$0.00
Tuberculosis Services	\$0.00
WIC	\$0.00
<b>Total:</b>	<b>\$345,525.00</b>

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## Mingo County Health Department

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#### Statewide Chart of Accounts

Has your local health department completed and audit within the last fiscal year?	Yes
If no, please provide a detailed description of the steps your agency has taken to secure an audit in the box below.	
In your most recent audit were you required to submit a "Corrective Action Plan"? If yes, please submit documentation.	No
Does your health department expend \$500,000 or more in federal funding?	No

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#### Personnel Listing

Other Credential:	
Functional Title:	Nurse
Employment Type:	Permanent full-time
Emergency Phone:	(304) 235-3570
Cell Phone:	
Pager Number:	
Classification:	
Hire Date:	04/16/2015
Entered on Duty Date:	04/16/2015
Education Level:	
Year Earned:	1993
Custom Display Name:	
Email Address:	keri.j.estepp@wv.gov

#### Contacts by Position

Position	Name
Administrator	Mrs. Bernice Davis Johnson
Primary Nursing Contact	Mrs. Bernice Davis Johnson
Health Officer	Dr. Vellaiappan Somasundaram
Equipment and Information Technology Contact	Mrs. Amanda Beth Davis
Financial Management Contact	Mrs. Bernice Davis Johnson
Environmental Health Contact	Mr. Brett Jason Vance
Health Promotion Contact	Mrs. Bernice Davis Johnson
Epidemiology Contact 1	Mrs. Bernice Davis Johnson
Epidemiology Contact 2	Ms. Keri Jo Estepp
Rabies Contact	Mr. Brett Jason Vance
Sexually Transmitted Disease Contact	Mrs. Bernice Davis Johnson
Human Immunodeficiency Virus Contact	Mrs. Bernice Davis Johnson
Tuberculosis Contact	Mrs. Bernice Davis Johnson
Vaccine Preventable Disease Contact	Mrs. Bernice Davis Johnson
Smallpox Contact	Mrs. Bernice Davis Johnson

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#### Contacts by Position

Position	Name
West Virginia Electronic Disease Surveillance System Contact	Mrs. Amanda Beth Davis
Threat Preparedness Coordinator	Mrs. Amanda Beth Davis
Threat Preparedness Back-up	Mrs. Bernice Davis Johnson
Strategic National Stockpile Coordinator	Mrs. Amanda Beth Davis
Strategic National Stockpile Back-up	Ms. Barbara Jo Moore
Volunteer Coordinator	Mrs. Amanda Beth Davis
Volunteer Coordinator Back-up	Ms. Vicki Pinson
Risk Communication Coordinator	Dr. Vellaiappan Somasundaram
Risk Communication Coordinator Back-up	Mr. Brett Jason Vance
Responder Health & Safety Coordinator	Mrs. Bernice Davis Johnson
Responder Health & Safety Coordinator Back-up	Mr. Brett Jason Vance
Health Alert Network Coordinator	Ms. Barbara Jo Moore
Health Alert Network Coordinator Back-up	Mrs. Bernice Davis Johnson

#### Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
Dr. Christopher Donovan Beckett	\$0.00	0.00
-- Vacant --	\$0.00	0.00
Mrs. Amanda Beth Davis	\$2,750.00	1.00
Ms. Cathy Lynn Headen	\$3,611.00	1.00
Mrs. Bernice Davis Johnson	\$3,608.00	1.00
Mrs. Julie Z. Miller	\$512.00	0.10
Ms. Barbara Jo Moore	\$2,096.00	1.00
Ms. Vicki Pinson	\$1,875.00	1.00
Dr. Vellaiappan Somasundaram	\$900.00	0.00
Mr. Brett Jason Vance	\$2,684.00	1.00
Ms. Keri Jo Estepp	\$2,450.00	1.00
<b>Total</b>	<b>\$20,486.00</b>	<b>7.10</b>

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## Communicable Disease

### Immunization Services

<b>1</b>	Does your local health department report all immunizations administered to children 0-18 years of age every two weeks as required by 64C SR7?	Yes
<b>2</b>	Does your local health department document VFC eligibility (or lack thereof) in the immunization records entered into WVSIS, either through direct data entry into WVSIS or through the HealthStat 2000 system for export into WVSIS?	Yes
<b>3</b>	Does your local health department conduct case management activities related to infants born to HBsAg positive mothers and report findings to the Division of Immunization Services in a timely manner?	Yes
<b>4</b>	Does your local health department report vaccine doses administered and vaccine doses on-hand by the fifth business day of each month?	Yes
<b>5</b>	Does your local health department submit a completed temperature log by the fifth business day of each month?	Yes
<b>6</b>	Does your local health department submit a quarterly report documenting progress toward meeting the objectives outlined in the Immunization Action Plan within 15 days of the end of each quarterly reporting period?	Yes
<b>7</b>	Has your Local Board of Health been apprised of the BPH recommendation to adopt or expand a private vaccine purchasing and billing system which would require the LHD to bill third party payers and individuals (on sliding fee scale) for some out-of-pocket payment?	Yes
<b>8</b>	Has your Local Board of Health indicated any concern or unwillingness regarding the development or expansion of such a private vaccine immunization program?	Yes
<b>9</b>	If you answered No or NA to any question, please explain:	



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#### STD, HIV and Hepatitis

<b>1</b>	Does your local health department collaborate with Disease Intervention Specialists (DIS) in investigating and assuring treatment for all syphilis, gonorrhea and Chlamydia cases (including all clinical cases i.e., all positives, all symptomatic, and all contacts of a known positive case) according to 2010 CDC STD Treatment Guidelines.	Yes
<b>2</b>	Does your local health department complete and submit the HIV/AIDS Confidential Case Report on all newly diagnosed HIV/AIDS cases to the West Virginia Division of STD/HIV and Hepatitis in a confidential, postage-paid envelope.	NA
<b>3</b>	Does your local health department routinely recommend syphilis and HIV testing to all individuals who have tested positive for an STD?	Yes
<b>4</b>	Does your local health department offer HIV/AIDS testing and counseling including posttest counseling and referral on all HIV/AIDS positive cases?	Yes
<b>5</b>	Does your local health department complete and submit VD 91 (confidential morbidity and treatment report) on all positive Chlamydia, gonorrhea and syphilis cases.	Yes
<b>6</b>	Does your local health department routinely schedule appointments for individuals to return for their test results?	Yes
<b>7</b>	Does your local health department identify and investigate hepatitis B cases, including partner management.	Yes
<b>8</b>	<p>If you answered No or NA to any question, please explain:</p> <p>Mingo County Health department has not had any HIV/AIDS positive cases.</p>	

#### Tuberculosis Elimination

<b>1</b>	Does your local health department provide directly observed therapy to all active TB patients?	Yes
<b>2</b>	Does your local health department perform a TB risk assessment prior to testing on all individuals presenting for tuberculin screening/testing?	Yes
<b>3</b>	Does your local health department evaluate, treat and report to TB Elimination all immigrants and refugees designated as Class A, B1 or B2?	Yes

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<b>4</b>	Does your local health department perform HIV counseling and testing for all active and latent TB patients?	Yes
<b>5</b>	Does your local health department interview the patient (or their proxy) and start a contact investigation within 3 days of notification of a pulmonary/laryngeal case of TB?	Yes
<b>6</b>	Local health department personnel will participate in the Cohort Review Process for all active TB cases within their jurisdiction.	Yes
<b>7</b>	Does your local health department submit all required reports when they are due to the Division of TB Elimination? (All required reports may be found on WV-DTBE webpage @ <a href="http://www.dhhr.wv.gov/oeps/tuberculosis">www.dhhr.wv.gov/oeps/tuberculosis</a> ).	Yes
<b>8</b>	If you answered No or NA to any question, please explain:	

### Infectious Disease Epidemiology

<b>1</b>	Does your local health department use WVEDSS to report all infectious diseases?	Yes
<b>2</b>	Does your local health department report all outbreaks to DIDE within one hour of notification?	NA
<b>3</b>	Does your local health department report infectious diseases, complete the investigation, and submit for review within one month of notification?	No
<b>4</b>	Does your local health department actively participate in all outbreak investigations?	Yes
<b>5</b>	Does your local health department complete animal bite investigations within 30 days of report; and does your health department manage animal bites in accordance with standards in the current DC-4?	Yes
<b>6</b>	Does your local health department have an influenza sentinel provider that consistently reports throughout the season?	Yes
<b>7</b>	Does your local health department identify, investigate, and manage hepatitis B cases according to the BPH Hepatitis B protocol, including partner management?	Yes

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<b>8</b>	<p>If you answered No or NA to any question, please explain:</p> <p>2. MCHD did not have any outbreaks in FY2015.</p> <p>3. MCHD reports infectious diseases, and begins the investigation to submit for review. Sometimes this process takes longer than 30 days due to inaccurate or incomplete information from the provider. Other delays are due to inaccurate contact information, telephones that have been disconnected for example. Our Nurses will make every effort to try to improve this completed submission time.</p>
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### Feedback / Ideas

<b>1</b>	<p>We invite your ideas on how we could better support your local health department in performing your job. (For example, specific trainings, technical assistance, supplies, process changes, things you like and don't want changed, etc.):</p> <p>Nursing staff appreciates the assistance and support provided by our regional epi and state epi staff.</p>
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## Mingo County Health Department

### 2016 Reporting Year

## Health Promotion

### Community Health Needs Assessment

<b>1</b>	Was a formal community health needs assessment completed in your county within the past 5 years?	True
<b>2</b>	If yes, enter the year the assessment was completed.	2013
<b>3</b>	If yes, when do you plan to start your next assessment?	7/1/2017
<b>4</b>	If no, within this fiscal year, when do you expect a community health needs assessment to be completed?	
<b>5</b>	If no, describe plans to complete the community health needs assessment and include a time line of these actions.	
<b>6</b>	List one to five priority health areas from the community health needs assessment that you plan to address: (minimum of one required)  Diabetes Obesity Heart Disease/High Blood Pressure	

### Community Health Implementation Plan

Priority Area:	Diabetes
Objective:	Increase awareness of Prediabetes and actions that can be taken to delay or prevent diabetes.
Activity	Participate in the WVDHHR Division of Health Promotion and Chronic Disease Prediabetes screening program.

Priority Area:	Diabetes
Objective:	Promoting healthy lifestyles to improve and or prevent Type 2 Diabetes.

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#### Community Health Implementation Plan

Activity	Participate with the Diabetes Coalition to encourage healthy lifestyles through the Lunch Walk Program, Farmer's Market, and Community Gardens.
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Priority Area:	Obesity
Objective:	Promote a healthy lifestyle to decrease the incidence of obesity and its complications.
Activity	Utilize MCHD bulletin board to display healthy eating tips and tips on benefits of being active. Utilize partnership with Diabetes Coalition to encourage a more active lifestyle and healthy eating.

Priority Area:	Heart Disease/Hypertension
Objective:	Increase awareness of the benefits of controlling high blood pressure.
Activity	Participate in the WVDHHR Division of Health Promotion and Chronic Disease Hypertension Pilot Program.

Priority Area:	Heart Disease/Hypertension
Objective:	Increase awareness that Heart Disease is the number one killer of women.
Activity	Promote Wear Red Day. Distribute Red Dress Emblems to local schools, businesses, and churches to raise awareness of women's heart health.

#### Training and Technical Assistance Needs

<b>1</b>	List Training and Technical Assistance Needs
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## Environmental Health

#### Disaster / Disease

Establishment or Discipline		Number	Inspections
<b>1</b>	Tattoo Studio:	2	2 every Year
<b>2</b>	Body Piercing Studio:	0	0 every Year

#### Food

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Establishment or Discipline		Risk Based Inspections Conducted?	Number	Inspections
<b>1</b>	Food Establishment:	No	119	238 every Year

Establishment or Discipline		Number	Inspections
<b>1</b>	Milk Samples:	0	0
<b>2</b>	Vending Machines:	0	0 every Year
<b>3</b>	Temporary Food Facilities:	30	30

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#### Housing / Institutions

Establishment or Discipline		Number	Inspections
<b>1</b>	Bed and Breakfast	4	4 every Year
<b>2</b>	Child Care Facilities	12	24 every Year
<b>3</b>	Home Loan Evaluations	1	1
<b>4</b>	Institutions	0	0 every Year
<b>5</b>	Labor Camps	0	0 every Year
<b>6</b>	Manufactured Home Communities	0	0 every Year
<b>7</b>	Motel/Hotel/Lodging	4	4 every Year
<b>8</b>	Other Care Facilities	1	1 every Year
<b>9</b>	Schools	17	17 every 2 Years



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#### Recreation

Establishment or Discipline		Number	Inspections
<b>1</b>	Campground	0	0 per Season
<b>2</b>	Fairs/Festivals/Mass Gatherings	6	6 per Event
<b>3</b>	Recreational Water Facilities	3	6 per Season
<b>4</b>	Organized Camps	0	0 per Year
<b>5</b>	Parks/Forests	1	1 per Year

#### Sewage

Establishment or Discipline		Number
<b>1</b>	Alternative System	0
<b>2</b>	Home Aeration Unit	1
<b>3</b>	Standard Individual Systems	5
<b>4</b>	Sewage Tank Cleaners	2

#### Water

Establishment or Discipline		Number
<b>1</b>	Individual Supply	3

#### Permit Fees



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## Mingo County Health Department

### 2016 Reporting Year

#### Permit Fees

Permit		Fee for Permit as of July 1
<b>1</b>	Permit Late Fee Charged	False
<b>2</b>	Bed And Breakfast Fee	\$50.00
<b>3</b>	Mass Gathering (includes fairs, festivals, concerts) Fee	\$50.00
<b>4</b>	Care Facilities Fee	\$50.00
<b>5</b>	School (Physical) Fee	\$50.00
<b>6</b>	Mobile Food Unit Fee	\$100.00
<b>7</b>	Organized Camp Fee	\$75.00
<b>8</b>	Recreational Water Facility Fee	\$100.00
<b>9</b>	Retail Food Store (1 Checkout) Fee	\$50.00
<b>10</b>	Retail Food Store (2 Checkouts) Fee	\$100.00
<b>11</b>	Retail Food Store (3 Checkouts) Fee	\$150.00
<b>12</b>	Retail Food Store (4 Checkouts) Fee	\$200.00
<b>13</b>	Retail Food Store (5 Checkouts) Fee	\$250.00

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#### Permit Fees

<b>14</b>	Retail Food Store (6 or More Checkouts) Fee	\$300.00
<b>15</b>	Temporary Food Service Establishment Fee	\$50.00
<b>16</b>	Vending Machine Permits Fee	\$50.00
<b>17</b>	Water Well Permits Fee	\$100.00
<b>18</b>	Campground Permits (1-10 Sites) Fee	\$50.00
<b>19</b>	Campground Permits (11-14 Sites) Fee	\$70.00
<b>20</b>	Campground Permits (15 Sites) Fee	\$75.00
<b>21</b>	Campground Permits (20 Sites) Fee	\$100.00
<b>22</b>	Campground Permits (25 Sites) Fee	\$125.00
<b>23</b>	Campground Permits (30 Sites) Fee	\$150.00
<b>24</b>	Campground Permits (35 Sites) Fee	\$175.00
<b>25</b>	Campground Permits (40 Sites) Fee	\$200.00
<b>26</b>	Campground Permits (45 Sites) Fee	\$225.00
<b>27</b>	Campground Permits (50 Sites) Fee	\$250.00

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#### Permit Fees

<b>28</b>	Campground Permits (55 Sites) Fee	\$275.00
<b>29</b>	Campground Permits (60 Sites) Fee	\$300.00
<b>30</b>	Campground Permits (65 Sites) Fee	\$325.00
<b>31</b>	Campground Permits (70 Sites) Fee	\$350.00
<b>32</b>	Campground Permits (75 Sites) Fee	\$375.00
<b>33</b>	Campground Permits (80 Sites) Fee	\$400.00
<b>34</b>	Family Day Care (7-12 Children) Fee	\$50.00
<b>35</b>	Day Care Centers (13-25 Children) Fee	\$100.00
<b>36</b>	Day Care Centers (>25 Children) Fee	\$150.00
<b>37</b>	Food Service Establishment (Seating 0-20) Fee	\$100.00
<b>38</b>	Food Service Establishment (Seating 21-50) (old 21-35) Fee	\$200.00
<b>39</b>	Food Service Establishment (Seating 21-50) (old 36-50) Fee	\$200.00
<b>40</b>	Food Service Establishment (Seating 51-80) (old 51-75) Fee	\$300.00
<b>41</b>	Food Service Establishment (Seating 51-80) (old 76-80) Fee	\$300.00

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#### Permit Fees

<b>42</b>	Food Service Establishment (Seating Over 80) Fee	\$400.00
<b>43</b>	Food Service Establishment w/ Liquor add Fee	\$100.00
<b>44</b>	Hotel/Motel (0-20 Rooms) Fee	\$100.00
<b>45</b>	Hotel/Motel (21-50 Rooms) (old 21-35) Fee	\$200.00
<b>46</b>	Hotel/Motel (21-50 Rooms) (old 36-50) Fee	\$200.00
<b>47</b>	Hotel/Motel (51-80 Rooms) (old 51-75) Fee	\$300.00
<b>48</b>	Hotel/Motel (51-80 Rooms) (old 76-80) Fee	\$300.00
<b>49</b>	Hotel/Motel (Over 80 Rooms) Fee	\$400.00
<b>50</b>	Individual, Innovative & Alternative Sewage Systems - Conventional Single Family Dwelling Fee	\$150.00
<b>51</b>	Individual, Innovative & Alternative Sewage Systems--All other types Fee	\$300.00
<b>52</b>	Manufactured Home Communities (Up to 20 Sites) Fee	\$100.00
<b>53</b>	Manufactured Home Communities (25 Sites) Fee	\$125.00
<b>54</b>	Manufactured Home Communities (30 Sites) Fee	\$150.00
<b>55</b>	Manufactured Home Communities (35 Sites) Fee	\$175.00

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#### Permit Fees

<b>56</b>	Manufactured Home Communities (40 Sites) Fee	\$200.00
<b>57</b>	Manufactured Home Communities (45 Sites) Fee	\$225.00
<b>58</b>	Manufactured Home Communities (50 Sites) Fee	\$250.00
<b>59</b>	Manufactured Home Communities (55 Sites) Fee	\$275.00
<b>60</b>	Manufactured Home Communities (60 Sites) Fee	\$300.00
<b>61</b>	Manufactured Home Communities (65 Sites) Fee	\$325.00
<b>62</b>	Manufactured Home Communities (70 Sites) Fee	\$350.00
<b>63</b>	Manufactured Home Communities (75 Sites) Fee	\$375.00
<b>64</b>	Manufactured Home Communities (80 Sites) Fee	\$400.00
<b>65</b>	Subdivisions (1-5 Lots) Fee	\$100.00
<b>66</b>	Subdivisions (6-10 Lots) Fee	\$100.00
<b>67</b>	Subdivisions (11 Lots) Fee	\$110.00
<b>68</b>	Subdivisions (12 Lots) Fee	\$120.00
<b>69</b>	Subdivisions (13 Lots) Fee	\$130.00

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## Mingo County Health Department

### 2016 Reporting Year

#### Permit Fees

<b>70</b>	Subdivisions (14 Lots) Fee	\$140.00
<b>71</b>	Subdivisions (15 Lots) Fee	\$150.00
<b>72</b>	Subdivisions (16-18 Lots) Fee	\$180.00
<b>73</b>	Subdivisions (19-23 Lots) Fee	\$230.00
<b>74</b>	Subdivisions (24 Lots) Fee	\$240.00
<b>75</b>	Subdivisions (25 Lots) Fee	\$250.00
<b>76</b>	Subdivisions (26 Lots) Fee	\$260.00
<b>77</b>	Subdivisions (27 Lots) Fee	\$270.00
<b>78</b>	Subdivisions (28 Lots) Fee	\$280.00
<b>79</b>	Subdivisions (29 Lots) Fee	\$290.00
<b>80</b>	Subdivisions (30 Lots) Fee	\$300.00
<b>81</b>	Tattoo Studios Fee	\$200.00
<b>82</b>	Body Piercing Studio Fee	\$200.00
<b>83</b>	Sewage Cleaning Trucks Fee	\$16.00

#### Service Fees



# Full Program Plan Report

## Mingo County Health Department

### 2016 Reporting Year

#### Service Fees

Service		Fee for Service as of July 1
<b>1</b>	Duplicate Foodhandler's Card Fee	\$0.00
<b>2</b>	Food Worker Training-food handler's card- Volunteer/non-profit Fee	\$10.00
<b>3</b>	Food Worker Training--food handler's cards Fee	\$10.00
<b>4</b>	Campground Re-Inspection Fee	\$37.00
<b>5</b>	Child Care Center Re-Inspection Fee	\$31.00
<b>6</b>	Food Establishment Re-Inspection Fee	\$31.00
<b>7</b>	Hotel/Motel/ Lodging Re- Inspection Fee	\$37.00
<b>8</b>	Manufactured Home Community Re-Inspection Fee	\$37.00
<b>9</b>	Recreational Water Facilities Re-Inspection Fee	\$37.00
<b>10</b>	School Re-Inspection Fee (physical plant only) Fee	\$0.00
<b>11</b>	Sewage Re-Inspection Fee	\$31.00
<b>12</b>	Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	\$37.00
<b>13</b>	Food Establishment Plan Review Fee (0-35 Seating Capacity) Fee	\$0.00

# Full Program Plan Report

## Mingo County Health Department

### 2016 Reporting Year

#### Service Fees

<b>14</b>	Food Establishment Plan Review Fee (36-75 Seating Capacity) Fee	\$25.00
<b>15</b>	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	\$25.00
<b>16</b>	Other Facilities Plan Review Fee Fee	\$25.00
<b>17</b>	Home Loan Evaluations-Individual Water Wells Fee	\$35.00
<b>18</b>	Home Loan Evaluations-Sewage Only Fee	\$35.00
<b>19</b>	Home Loan Evaluation -Water & Sewage Fee	\$35.00
<b>20</b>	Home Loan Evaluation -New Installation Fee	\$0.00
<b>21</b>	Home Loan Evaluations-Additional Visits Fee	\$0.00
<b>22</b>	Home Loan Evaluations-Sanitarian Fee Fee	\$0.00
<b>23</b>	Individual Water Samples Fee	\$25.00
<b>24</b>	Individual Water Sample Follow-up/Re-sample Fee	\$0.00
<b>25</b>	Subdivision Site Inspection Fee	\$25.00
<b>26</b>	Subdivision Consultation (No Charge if accompanied with a permit) Fee	\$0.00
<b>27</b>	Homeowner Installer's Test Fee	\$0.00



# Full Program Plan Report

## Mingo County Health Department

### 2016 Reporting Year

#### Service Fees

<b>28</b>	Community Water Consultation (No Charge if accompanied with a permit) Fee	\$25.00
<b>29</b>	Health Education Fee	\$25.00
<b>30</b>	Consultative Services (normally done in the field) Fee	\$25.00
<b>31</b>	School Lunch Inspections Fee	\$0.00
<b>32</b>	School Physical Inspections Fee	\$0.00
<b>33</b>	Indoor Air Quality Evaluation (excluding cost of sample collection and/or analysis) Fee	\$37.00
<b>34</b>	Nuisance Complaint Investigation Fee	\$37.00
<b>35</b>	Animal Specimen/Rabies Testing (including head removal) Fee	\$0.00
<b>36</b>	Animal Bite Inspections Fee	\$25.00
<b>37</b>	Duplicate Permit Fee	\$0.00
<b>38</b>	Change of Installer Fee	\$0.00
<b>39</b>	Permit Re-Issue Fee	\$31.00
<b>40</b>	Food handlers card 3-year profit or non-profit Fee	\$0.00
<b>41</b>	Septic tank perc test inspection Fee	\$0.00

# Full Program Plan Report

## Mingo County Health Department

### 2016 Reporting Year

#### Service Fees

<b>42</b>	Septic tank final inspection Fee	\$0.00
<b>43</b>	Field visit 2 hours (currently food handler class on-site) Fee	\$0.00
<b>44</b>	DEP Sewage Tank Registration-that portion returned to LHD Fee	\$0.00

## Threat Preparedness

#### *Primary Location:*

Mingo County Courthouse  
75 East Second Avenue

Williamson, WV 25661  
(304) 235-0380

#### *Additional Location:*

Williamson Memorial Hospital  
859 Alderson Street

Williamson, WV 25661  
(304) 235-2500

#### Feedback / Ideas

Our staff continues to benefit from regional collaboration. We enjoyed the regional Ebola Training and felt it was beneficial. Most of our staff attended this training. Our staff continues to utilize WV Train for several Threat Preparedness and other Public Health trainings. The documentation of the completed trainings are beneficial. We also utilize WV Public Health Alert for call out drills. The reports generated provide good information to assist us with improving our response.

## Promising Practices

#### **Promising Practice #1**

#### *Topic Area*

- |   |   |
|---|---|
| <input type="checkbox"/> Community Health Assessment/Surveillance | <input type="checkbox"/> Administrative         |
| <input type="checkbox"/> Communicable Disease Prevention/Control  | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Chronic Disease Prevention               | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Environmental Health Protection          |   |

#### *Specific Issue Addressed*

# Full Program Plan Report

## Mingo County Health Department

### 2016 Reporting Year

*Brief Description of Activity/Project*

*Impact/Outcome*

#### **Promising Practice #2**

*Topic Area*

- |   |   |
|---|---|
| <input type="checkbox"/> Community Health Assessment/Surveillance | <input type="checkbox"/> Administrative         |
| <input type="checkbox"/> Communicable Disease Prevention/Control  | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Chronic Disease Prevention               | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Environmental Health Protection          |   |

*Specific Issue Addressed*

*Brief Description of Activity/Project*

*Impact/Outcome*

#### **Promising Practice #3**

*Topic Area*

- |   |   |
|---|---|
| <input type="checkbox"/> Community Health Assessment/Surveillance | <input type="checkbox"/> Administrative         |
| <input type="checkbox"/> Communicable Disease Prevention/Control  | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Chronic Disease Prevention               | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Environmental Health Protection          |   |

*Specific Issue Addressed*

*Brief Description of Activity/Project*

*Impact/Outcome*