



Program Plan Reporting System

Full Program Plan Report Berkeley County Health Department 2016 Reporting Year

Transmittal Information

<i>Health Department Name:</i>	Berkeley County Health Department
<i>Mailing Street Address:</i>	800 Emmett Rousch Drive
<i>Mailing City:</i>	Martinsburg
<i>Mailing County:</i>	Berkeley
<i>Mailing Zip:</i>	25401
<i>Phone:</i>	(304) 263-5131
<i>Fax:</i>	(304) 263-1067
<i>Email Address:</i>	bill.g.kearns@wv.gov
<i>Website Address:</i>	www.bchealthdept.org

<i>Health Department Type:</i>	Single County
<i>Delivery Street Address:</i>	800 Emmett Rousch Drive
<i>Delivery City:</i>	Martinsburg
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	25401

Fiscal Year April 1, 2015 to July 31, 2015

Chairperson

Phone: _____	Fax: _____	Email: _____
Chairperson Signature: _____ Jerry Fogle		Date: 6/9/2015

Health Officer

Health Officer Signature: _____ Diana Gaviria	Date: 6/9/2015
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By signing the above, the Berkeley 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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Emergency Information

Answering Machine:	Yes	(304) 263-5131
Answering Service:	No	
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	No
Immunization	Yes
Lab	No
Lead	No
Pediatric	No
Prenatal	No
Right from the start	No
School Health	No
Sexually Transmitted Disease	Yes

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Services

Threat Preparedness	Yes
Tobacco	Yes
Tuberculosis Services	Yes
WIC	No

Fees

Clinical Fee	Yes
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

Mission Statement

Berkeley County Health Department is committed to ensuring quality, comprehensive health care to the citizens of Berkeley County by monitoring communicable diseases, ensuring safe food and water supplies and providing education for prevention related to having a healthy community. Further, the Berkeley County Health Department will play a pivotal role in the coordination and implementation of response measures upon the recognition of a public health threat and/or emergency.

Hours of Operations

Monday	8:30 AM - 4:30 PM
Tuesday	8:30 AM - 4:30 PM
Wednesday	8:30 AM - 4:30 PM
Thursday	8:30 AM - 4:30 PM
Friday	8:30 AM - 4:30 PM
Saturday	Closed
Sunday	Closed

Activities outside normal hours of operation

None

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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: * I-79 N to I-68 E Exit 148 towards Cumberland (148 miles) * Merge onto I-68 E (112 miles) * I-70 E/US-4E/US-522 S Exit 82AB to Hagerstown/Hancock/Winchester (25 miles) * Merge onto I-70 * I-81 N & S Exit 26 to Roanoke/Harrisburg (0.1 mile) * Right onto I-81 S ramp to Roanoke (14 miles) * Take Exit 12 and turn Left at end of off ramp * Travel approx ¾ mile and turn onto Queen Street Exit * At end of Exit turn Left onto Queen St * Travel ½ mile and health department is on Right side of road	
Number of miles from Charleston	286.00
Latitude	39.44661100
Longitude	77.96555600

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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Financial Information

Projected Budget Information

Funding Source	Projected Revenue
State Revenue	\$753,784.64
Direct County Commission	\$83,719.00
County Levy	\$0.00
City Levy	\$0.00
Municipalities	\$15,000.00
Board of Education	\$28,500.00
Clinical Service Revenue	\$179,423.00
Environmental Fee Permits	\$170,000.00
Environmental Fee Services	\$25,000.00
Federal Revenue	\$97,837.00
Additional Revenue	\$44,500.00
Total:	\$1,397,763.64

Projected Expenditures

Expense	Amount
Classified Service Personnel	\$681,696.00
Current Operating Expenditures	\$716,067.64
Capital Outlay Expenditures	\$0.00
Total:	\$1,397,763.64

Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
Interest from checking account/P-Card	\$4,500.00

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Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
General Donations	\$15,000.00
Radon Grant	\$25,000.00
Total:	\$44,500.00

Projected Budget Information Continued

Actual Ending Balance:	\$1,621,779.63
Number of FTE's (Full-time Equivalent):	17.10
Current Investments:	\$0.00
Accounting Software Program:	QuickBooks
Other Accounting Software Program:	
Software Year:	2014

	Personnel	Facility	Utilities	Other	Total
County	\$0.00	\$75,000.00	\$4,800.00	\$0.00	\$79,800.00
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	\$75,000.00	\$4,800.00	\$0.00	\$79,800.00

Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$0.00
Behavioral Health	\$0.00
Breast/Cervical Cancer	\$4,250.00
Cancer Detection	\$0.00
Cardiac	\$0.00
Community Health Promotion	\$37,500.00
Dental	\$0.00
Diabetes	\$23,500.00
Disaster Response	\$0.00
Environmental Health	\$342,726.00

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Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Epidemiology	\$51,820.00
Family Planning	\$21,550.00
Fluoride	\$0.00
General Health	\$18,900.00
Health Check	\$0.00
HIV/AIDS	\$4,890.00
Home Health	\$0.00
Hypertension	\$0.00
Immunization	\$47,520.00
Lab	\$0.00
Lead	\$0.00
Office Management and Administration	\$700,120.64
Other	\$0.00
Pediatric	\$0.00
Prenatal	\$0.00
Right from the Start	\$0.00
School Health	\$0.00
Sexually Transmitted Diseases	\$32,150.00
Threat Preparedness	\$97,837.00
Tobacco	\$0.00
Tuberculosis Services	\$15,000.00
WIC	\$0.00
Total:	\$1,397,763.64

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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Contacts by Position

Position	Name
Equipment and Information Technology Contact	Bill Kearns
Financial Management Contact	Bill Kearns
Environmental Health Contact	Jennifer Beamer-Hutson
Health Promotion Contact	Ashley Petrolino
Epidemiology Contact 1	Tiffany Morrison
Epidemiology Contact 2	Jennifer Beamer-Hutson
Rabies Contact	Jennifer Beamer-Hutson
Sexually Transmitted Disease Contact	Angela Gray
Human Immunodeficiency Virus Contact	Angela Gray
Tuberculosis Contact	Angela Gray
Vaccine Preventable Disease Contact	Angela Gray
Smallpox Contact	Angela Gray
West Virginia Electronic Disease Surveillance System Contact	Tiffany Morrison
Threat Preparedness Coordinator	Bill Kearns
Threat Preparedness Back-up	Bill Kearns
Strategic National Stockpile Coordinator	Angela Gray
Strategic National Stockpile Back-up	Tiffany Morrison
Volunteer Coordinator	Ashley Petrolino
Volunteer Coordinator Back-up	Pam Gesford
Risk Communication Coordinator	Bill Kearns
Risk Communication Coordinator Back-up	Ashley Petrolino
Responder Health & Safety Coordinator	Keith Allison
Responder Health & Safety Coordinator Back-up	Glenn Ondick
Health Alert Network Coordinator	Bill Kearns
Health Alert Network Coordinator Back-up	Angela Gray

Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
Shelly Poland	\$2,187.00	1.00
-- Vacant --	\$0.00	0.00
Bill Kearns	\$6,020.00	1.00

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Diana Gaviria	\$5,416.66	0.50
Pam Gesford	\$2,616.00	1.00
Victoria Trauger	\$2,378.00	1.00
Kim Bowling	\$3,312.00	1.00
Tiffany Morrison	\$3,715.00	1.00
Angela Gray	\$4,346.00	1.00
Ashley Petrolino	\$3,234.00	1.00
April Dugan	\$2,088.00	1.00
mary Gooden	\$2,090.00	1.00
Keith Allison	\$2,753.00	1.00
Courtney Frye	\$2,280.00	1.00
Amy Edwards	\$2,793.00	1.00
Glenn Ondick	\$2,509.00	1.00
Jennifer Beamer-Hutson	\$2,993.00	1.00
Kristi Custer	\$2,104.00	0.00
Total	\$52,834.66	15.50

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Communicable Disease

Immunization Services

1	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
2	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
3	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
4	Does your local health department report vaccine doses administered and vaccine doses on-hand by the fifth business day of each month?	Yes
5	Does your local health department submit a completed temperature log by the fifth business day of each month?	Yes
6	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
7	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
8	Has your Local Board of Health indicated any concern or unwillingness regarding the development or expansion of such a private vaccine immunization program?	Yes
9	If you answered No or NA to any question, please explain:	

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STD, HIV and Hepatitis

1	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
2	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.	Yes
3	Does your local health department routinely recommend syphilis and HIV testing to all individuals who have tested positive for an STD?	Yes
4	Does your local health department offer HIV/AIDS testing and counseling including posttest counseling and referral on all HIV/AIDS positive cases?	Yes
5	Does your local health department complete and submit VD 91 (confidential morbidity and treatment report) on all positive Chlamydia, gonorrhea and syphilis cases.	Yes
6	Does your local health department routinely schedule appointments for individuals to return for their test results?	Yes
7	Does your local health department identify and investigate hepatitis B cases, including partner management.	Yes
8	If you answered No or NA to any question, please explain:	

Tuberculosis Elimination

1	Does your local health department provide directly observed therapy to all active TB patients?	Yes
2	Does your local health department perform a TB risk assessment prior to testing on all individuals presenting for tuberculin screening/testing?	Yes
3	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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4	Does your local health department perform HIV counseling and testing for all active and latent TB patients?	Yes
5	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
6	Local health department personnel will participate in the Cohort Review Process for all active TB cases within their jurisdiction.	Yes
7	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 @ www.dhhr.wv.gov/oeps/tuberculosis).	Yes
8	If you answered No or NA to any question, please explain:	

Infectious Disease Epidemiology

1	Does your local health department use WVEDSS to report all infectious diseases?	Yes
2	Does your local health department report all outbreaks to DIDE within one hour of notification?	Yes
3	Does your local health department report infectious diseases, complete the investigation, and submit for review within one month of notification?	Yes
4	Does your local health department actively participate in all outbreak investigations?	Yes
5	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
6	Does your local health department have an influenza sentinel provider that consistently reports throughout the season?	Yes
7	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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8	If you answered No or NA to any question, please explain:
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Feedback / Ideas

1	<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>Ensure that adequate supplies are provided for applicable clinics. ie: pregnancy test</p>
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Health Promotion

Community Health Needs Assessment

1	Was a formal community health needs assessment completed in your county within the past 5 years?	True
2	If yes, enter the year the assessment was completed.	2012
3	If yes, when do you plan to start your next assessment?	6/1/2016
4	If no, within this fiscal year, when do you expect a community health needs assessment to be completed?	
5	If no, describe plans to complete the community health needs assessment and include a time line of these actions.	
6	<p>List one to five priority health areas from the community health needs assessment that you plan to address: (minimum of one required)</p> <p>Cancer Tobacco Nutrition STD's Family Planning</p>	

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Community Health Implementation Plan

Priority Area:	Cancer
Objective:	To decrease cancer deaths in Berkeley County
Activity	Continue to participate in BCCSP program with continuation of program funds. Provide awareness and testing availability to community in regards to Radon

Priority Area:	Tobacco
Objective:	Reduce prevalence of resp. disease and cancer from exposure to tobacco smoke.
Activity	Continue youth activities ie Tar Wars. Look towards providing smoking cessation classes and promotion of quitline.

Priority Area:	Nutrition
Objective:	Increase the number of residents focusing on Healthy lifestyle choices.
Activity	Continue programs such as Body works, Wellness checks, CDSMP classes.

Priority Area:	Sexually Transmitted Diseases
Objective:	Increase the awareness and prevention of STD's thru screening and treatment of STI's
Activity	Continue to promote HPV Vaccine.

Priority Area:	Family Planning
Objective:	Reduce the number of adolescent pregnancies and ensure residents have access to appropriate services.
Activity	Promote Family Planning program withing the community.

Training and Technical Assistance Needs

1	List Training and Technical Assistance Needs
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Environmental Health

Disaster / Disease

Establishment or Discipline		Number	Inspections
1	Tattoo Studio:	9	9 every Year
2	Body Piercing Studio:	3	3 every Year

Food

Establishment or Discipline		Risk Based Inspections Conducted?	Number	Inspections
1	Food Establishment:	Yes	490	980 every Year

Establishment or Discipline		Number	Inspections
1	Milk Samples:	0	
2	Vending Machines:	35	35 every Year
3	Temporary Food Facilities:	57	57

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Housing / Institutions

Establishment or Discipline		Number	Inspections
1	Bed and Breakfast	1	1 every Year
2	Child Care Facilities	44	88 every Year
3	Home Loan Evaluations	6	6
4	Institutions		0 every Year
5	Labor Camps	10	10 every Year
6	Manufactured Home Communities	85	85 every Year
7	Motel/Hotel/Lodging	18	18 every Year
8	Other Care Facilities	17	17 every Year
9	Schools	37	37 every 2 Years

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Recreation

Establishment or Discipline		Number	Inspections
1	Campground		0 per Season
2	Fairs/Festivals/Mass Gatherings	8	8 per Event
3	Recreational Water Facilities	46	92 per Season
4	Organized Camps	3	3 per Year
5	Parks/Forests	20	20 per Year

Sewage

Establishment or Discipline		Number
1	Alternative System	19
2	Home Aeration Unit	
3	Standard Individual Systems	149
4	Sewage Tank Cleaners	4

Water

Establishment or Discipline		Number
1	Individual Supply	126

Permit Fees

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Permit Fees

Permit		Fee for Permit as of July 1
1	Permit Late Fee Charged	True
2	Bed And Breakfast Fee	\$50.00
3	Mass Gathering (includes fairs, festivals, concerts) Fee	\$50.00
4	Care Facilities Fee	\$50.00
5	School (Physical) Fee	\$0.00
6	Mobile Food Unit Fee	\$100.00
7	Organized Camp Fee	\$75.00
8	Recreational Water Facility Fee	\$100.00
9	Retail Food Store (1 Checkout) Fee	\$50.00
10	Retail Food Store (2 Checkouts) Fee	\$100.00
11	Retail Food Store (3 Checkouts) Fee	\$150.00
12	Retail Food Store (4 Checkouts) Fee	\$200.00
13	Retail Food Store (5 Checkouts) Fee	\$250.00

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Permit Fees

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

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Permit Fees

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

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Permit Fees

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

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Permit Fees

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

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Permit Fees

70	Subdivisions (14 Lots) Fee	\$140.00
71	Subdivisions (15 Lots) Fee	\$150.00
72	Subdivisions (16-18 Lots) Fee	\$160.00
73	Subdivisions (19-23 Lots) Fee	\$190.00
74	Subdivisions (24 Lots) Fee	\$240.00
75	Subdivisions (25 Lots) Fee	\$250.00
76	Subdivisions (26 Lots) Fee	\$260.00
77	Subdivisions (27 Lots) Fee	\$270.00
78	Subdivisions (28 Lots) Fee	\$280.00
79	Subdivisions (29 Lots) Fee	\$290.00
80	Subdivisions (30 Lots) Fee	\$300.00
81	Tattoo Studios Fee	\$200.00
82	Body Piercing Studio Fee	\$200.00
83	Sewage Cleaning Trucks Fee	\$16.00

Service Fees

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Service Fees

Service		Fee for Service as of July 1
1	Duplicate Foodhandler's Card Fee	\$0.00
2	Food Worker Training-food handler's card- Volunteer/non-profit Fee	\$0.00
3	Food Worker Training--food handler's cards Fee	\$0.00
4	Campground Re-Inspection Fee	\$0.00
5	Child Care Center Re-Inspection Fee	\$50.00
6	Food Establishment Re-Inspection Fee	\$50.00
7	Hotel/Motel/ Lodging Re- Inspection Fee	\$50.00
8	Manufactured Home Community Re-Inspection Fee	\$50.00
9	Recreational Water Facilities Re-Inspection Fee	\$50.00
10	School Re-Inspection Fee (physical plant only) Fee	\$0.00
11	Sewage Re-Inspection Fee	\$50.00
12	Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	\$50.00
13	Food Establishment Plan Review Fee (0-35 Seating Capacity) Fee	\$35.00

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Service Fees

14	Food Establishment Plan Review Fee (36-75 Seating Capacity) Fee	\$35.00
15	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	\$35.00
16	Other Facilities Plan Review Fee Fee	\$35.00
17	Home Loan Evaluations-Individual Water Wells Fee	\$35.00
18	Home Loan Evaluations-Sewage Only Fee	\$35.00
19	Home Loan Evaluation -Water & Sewage Fee	\$70.00
20	Home Loan Evaluation -New Installation Fee	\$35.00
21	Home Loan Evaluations-Additional Visits Fee	\$35.00
22	Home Loan Evaluations-Sanitarian Fee Fee	\$0.00
23	Individual Water Samples Fee	\$35.00
24	Individual Water Sample Follow-up/Re-sample Fee	\$35.00
25	Subdivision Site Inspection Fee	\$0.00
26	Subdivision Consultation (No Charge if accompanied with a permit) Fee	\$0.00
27	Homeowner Installer's Test Fee	\$0.00

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Service Fees

28	Community Water Consultation (No Charge if accompanied with a permit) Fee	\$0.00
29	Health Education Fee	\$0.00
30	Consultative Services (normally done in the field) Fee	\$0.00
31	School Lunch Inspections Fee	\$0.00
32	School Physical Inspections Fee	\$0.00
33	Indoor Air Quality Evaluation (excluding cost of sample collection and/or analysis) Fee	\$0.00
34	Nuisance Complaint Investigation Fee	\$0.00
35	Animal Specimen/Rabies Testing (including head removal) Fee	\$0.00
36	Animal Bite Inspections Fee	\$0.00
37	Duplicate Permit Fee	\$0.00
38	Change of Installer Fee	\$0.00
39	Permit Re-Issue Fee	\$0.00
40	Food handlers card 3-year profit or non-profit Fee	\$0.00
41	Septic tank perc test inspection Fee	\$35.00

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Service Fees

42	Septic tank final inspection Fee	\$0.00
43	Field visit 2 hours (currently food handler class on-site) Fee	\$0.00
44	DEP Sewage Tank Registration-that portion returned to LHD Fee	\$15.00

Threat Preparedness

Primary Location:

Berkeley DHHR Office
433 Mid Atlantic Office

Martinsburg, WV 25402
(304) 267-1000

Additional Location:

Feedback / Ideas

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 checked="" type="checkbox"/> Chronic Disease Prevention | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Environmental Health Protection | |

Specific Issue Addressed

Full Program Plan Report

Berkeley County Health Department

2016 Reporting Year

New comprehensive Berkeley County Clean Air Regulation implementation plan.

Brief Description of Activity/Project

Provided copies of the new regulation to all the County Council, County Tax Office, and all City Halls within the county to make it easy for new and established businesses to pick up copies for themselves. Sent copies of the new regulation and “Smoke Free” signage to Hotels/Motels and tobacco stores (previously exempt from regulation). Invited bar establishment owners/managers (previously exempt from regulation) to a forum. The forum provided the history of smoke free regulations in Berkeley County, discussed the health effects of exposure to second hand smoke, went over the changes to the Clean Air Regulation, described how compliance would be monitored, and provided suggestions for communicating with patrons about the change and making the change a positive one. The consequences of non-compliance and the process for requiring compliance was also presented at this forum.

Impact/Outcome

Most of the establishments within our county affected by the change of regulation have been compliant with our regulation. A few have even privately commented that the change has had a positive effect on their business.

Promising Practice #2

Topic Area

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

Specific Issue Addressed

Relatively low rates of HPV vaccination in three county area.

Brief Description of Activity/Project

A partnership of the Berkeley, Morgan, and Jefferson County Health Departments was one of ten sites receiving an HPV Prevention grant intended to develop and implement a community-based plan for improvement of HPV vaccination rates. In March, 2015 a planning summit attended by a broad array of community partners was convened. Faith-based organizations, healthcare agencies, schools, homeschool parents, non-profit organizations, and state partners were some of the stakeholders represented in this strategic planning meeting facilitated by NACCHO staff. An action plan informed by this planning meeting is now in development and

Full Program Plan Report

Berkeley County Health Department

2016 Reporting Year

implementation will begin this summer. This project demonstrates the power of a multicounty partnership to address common issues and the inclusion of critical community partners.

Impact/Outcome

The work of the partnership is in early stages; impact will be measured by collecting data regarding immunization rates, attitudes and practices of providers, and knowledge and attitudes of parents.

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