



Program Plan Reporting System

Full Program Plan Report Doddridge County Health Department 2016 Reporting Year

Transmittal Information

<i>Health Department Name:</i>	Doddridge County Health Department
<i>Mailing Street Address:</i>	60 Pennsylvania Street
<i>Mailing City:</i>	West Union
<i>Mailing County:</i>	Doddridge
<i>Mailing Zip:</i>	26456
<i>Phone:</i>	(304) 873-1531
<i>Fax:</i>	(304) 873-2994
<i>Email Address:</i>	Debbie.L.Davis@wv.gov
<i>Website Address:</i>	

<i>Health Department Type:</i>	Single County
<i>Delivery Street Address:</i>	60 Pennsylvania Street
<i>Delivery City:</i>	West Union
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	26456

Fiscal Year April 1, 2015 to July 31, 2015

Chairperson

Phone:	Fax	Email: n/a
Chairperson Signature: _____	Date: 5/26/2015	
Clinton Means Act. Vice-Chair		

Health Officer

Health Officer Signature: _____	Date: 5/26/2015
Dr. Paul Davis	

By signing the above, the Doddridge 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) 873-1531
Answering Service:	Yes	(304) 349-5270
Office of Emergency Services/911/Communications Center:	Yes	
On-call Pager or Cell	Yes	

Services

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

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Services

Threat Preparedness	Yes
Tobacco	Yes
Tuberculosis Services	Yes
WIC	No

Fees

Clinical Fee	No
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

Mission Statement

It is the mission of the Doddridge County Health Department to promote and protect the health of all citizens of Doddridge County throughout their lifetime. This mission is accomplished by the implementation and enforcement of laws and regulations which prevent the spread of disease and promote optimal public health.

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

A nurse is on call 24/7 for Home Health and also Health Department relating activities that need taken care of. Also under services we do have WIC in house through Mon Co. HD on Wednesdays. They actually do the WIC dispensing and counseling. We provide any vaccinations needed while their clients are here and a more accessible place for our clients to get to by coming to the DCHD to get supplies, etc... We also do LAB services through our Doddridge County CEOS group- the HD is more a partner in this but the CEOS sometimes gives us a donation of some sort for volunteering our time. Also 4:00pm everyday to 8:00AM and 24/7 on weekend a nurse in on call to handle client calls with problems or questions as needed as well as take referrals, disease reporting, etc...

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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

<p>Driving directions from Charleston: Take I-77 North to Parkersburg (75 miles) and then merge on to I-50 East. Go approximately 42 miles and take Snowbird Road Exit off to the right just past the Doddridge County Grade School and Middle School. Go one block, turn left, the DCHD is 1 block on your right in a grey sided building with blue lettering saying Doddridge County Health Department. Black top parking lot out front.</p>	
Number of miles from Charleston	118.00
Latitude	39.30138900
Longitude	80.71692600

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	\$120,473.73
Direct County Commission	\$64,947.96
County Levy	\$100,000.00
City Levy	\$0.00
Municipalities	\$0.00
Board of Education	\$3,000.00
Clinical Service Revenue	\$21,000.00
Environmental Fee Permits	\$11,000.00
Environmental Fee Services	\$1,000.00
Federal Revenue	\$40,308.00
Additional Revenue	\$78,625.00
Total:	\$440,354.69

Projected Expenditures

Expense	Amount
Classified Service Personnel	\$237,129.68
Current Operating Expenditures	\$203,225.01
Capital Outlay Expenditures	\$0.00
Total:	\$440,354.69

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Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
Rent	\$1,200.00
Donations	\$1,900.00
Seniors Blood Screening	\$570.00
Interest Income	\$526.00
Home Health	\$74,429.00
Total:	\$78,625.00

Projected Budget Information Continued

Actual Ending Balance:	\$166,463.42
Number of FTE's (Full-time Equivalent):	6.70
Current Investments:	\$41,288.92
Accounting Software Program:	QuickBooks
Other Accounting Software Program:	
Software Year:	2013

	Personnel	Facility	Utilities	Other	Total
County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00	\$0.00

Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$7,000.00
Behavioral Health	\$0.00
Breast/Cervical Cancer	\$10,000.00
Cancer Detection	\$6,000.00
Cardiac	\$5,000.00
Community Health Promotion	\$10,000.00
Dental	\$0.00

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Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Diabetes	\$10,000.00
Disaster Response	\$5,000.00
Environmental Health	\$30,000.00
Epidemiology	\$6,500.00
Family Planning	\$9,192.00
Fluoride	\$500.00
General Health	\$10,000.00
Health Check	\$0.00
HIV/AIDS	\$2,500.00
Home Health	\$175,000.00
Hypertension	\$5,000.00
Immunization	\$15,162.69
Lab	\$2,000.00
Lead	\$2,000.00
Office Management and Administration	\$80,000.00
Other	\$0.00
Pediatric	\$5,000.00
Prenatal	\$5,500.00
Right from the Start	\$0.00
School Health	\$3,000.00
Sexually Transmitted Diseases	\$3,000.00
Threat Preparedness	\$29,000.00
Tobacco	\$2,500.00
Tuberculosis Services	\$1,500.00
WIC	\$0.00
Total:	\$440,354.69

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Statewide Chart of Accounts

Has your local health department completed and audit within the last fiscal year?	No
If no, please provide a detailed description of the steps your agency has taken to secure an audit in the box below.	Have contacted someone from the State Auditor's Office of need of July 1, 2013 - June 30, 2014 needing Audited. Was told that they are running behind but someone is to get back to me.
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
Administrator	Ms. Debra L. Davis
Primary Nursing Contact	Ms. Debra L. Davis
Health Officer	Dr. Paul D Davis
Equipment and Information Technology Contact	Mrs. Laura M. Cottirll
Financial Management Contact	Ms. Debra L. Davis
Environmental Health Contact	Mr. Mark S Whittaker
Health Promotion Contact	Ms. KATHY L. CLOHAN
Epidemiology Contact 1	Ms. KATHY L. CLOHAN
Epidemiology Contact 2	Ms. Debra L. Davis
Rabies Contact	Mr. Mark S Whittaker
Sexually Transmitted Disease Contact	Ms. KATHY L. CLOHAN
Human Immunodeficiency Virus Contact	Mrs. Elizabeth M Brown
Tuberculosis Contact	Ms. KATHY L. CLOHAN

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Contacts by Position

Position	Name
Vaccine Preventable Disease Contact	Ms. KATHY L. CLOHAN
Smallpox Contact	Ms. KATHY L. CLOHAN
West Virginia Electronic Disease Surveillance System Contact	Ms. KATHY L. CLOHAN
Threat Preparedness Coordinator	Ms. Amanda D Sendling
Threat Preparedness Back-up	Mrs. Laura M. Cottirll
Strategic National Stockpile Coordinator	Ms. KATHY L. CLOHAN
Strategic National Stockpile Back-up	Mrs. Elizabeth M Brown
Volunteer Coordinator	Ms. KATHY L. CLOHAN
Volunteer Coordinator Back-up	Ms. KATHY L. CLOHAN
Risk Communication Coordinator	Mr. Mark S Whittaker
Risk Communication Coordinator Back-up	Dr. Paul D Davis
Responder Health & Safety Coordinator	Ms. KATHY L. CLOHAN
Responder Health & Safety Coordinator Back-up	Ms. KATHY L. CLOHAN
Health Alert Network Coordinator	Ms. Amanda D Sendling
Health Alert Network Coordinator Back-up	Ms. KATHY L. CLOHAN

Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
Family Medicine Family Practice	\$100.00	0.05
Mr. Mark S Whittaker	\$2,100.00	0.40
Dr. Paul D Davis	\$150.00	0.05
Ms. KATHY L. CLOHAN	\$3,987.00	1.00
-- Vacant --	\$0.00	0.00
Mrs. Elizabeth M Brown	\$2,953.00	0.80
Mrs. Laura M. Cottirll	\$1,546.00	0.95
Ms. Debra L. Davis	\$4,716.04	1.00
Ms. Amanda D Sendling	\$1,906.66	1.00
Ms. Nancy A. Blank	\$2,773.33	0.40
Mrs. Leslie A. Knight	\$2,600.00	0.40
Ms. Betsy Arnold	\$1,386.66	0.20
Mrs. Nichole D Sleeth	\$4,000.00	0.40

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Total	\$28,218.69	6.65
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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?	No
9	<p>If you answered No or NA to any question, please explain:</p> <p>Board of Health has not voiced any unwillingness regarding the development of a private vaccine immunization program</p>	

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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?	No
7	Does your local health department identify and investigate hepatitis B cases, including partner management.	Yes
8	<p>If you answered No or NA to any question, please explain:</p> <p>Appointments are not scheduled for negative results. The Public Health Nurse notifies the client by telephone of all negative results and then for positive results has them come in to get treatment and/or do additional treatment as needed. Education is done via telephone and when the client comes in for treatment.</p>	

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

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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
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?	No
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: Doddridge County does not presently have a Sentinel Provider. Public Health Nurse to work with Doddridge County Family Medicine and Doddridge County Primary Care one on one and explain this process in detail and encourage on of those entities to become a Sentinel Provider.
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Feedback / Ideas

1	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.):
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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.	2013
3	If yes, when do you plan to start your next assessment?	9/7/2017
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	List one to five priority health areas from the community health needs assessment that you plan to address: (minimum of one required) Heart Disease Cancer	

Community Health Implementation Plan

Priority Area:	Heart Disease Number one cause of death
Objective:	Incidence of deaths from cardiac related deaths will decrease as evidenced by official statistical data for county
Activity	1. Education will be done in the community targeting all ages. Need to start early at the Elementary Level, Middle School, and High School aimed at Prevention with educational activities on how to prevent heart disease. Proper diet, exercise, learning to reduce ones stress. Go out to community functions and provided educational materials as well as verbal reinforcement of healthy behaviors. Stress the importance of having a Primary Care Physician, monitoring weight, blood pressure, etc... If put on medicaiton the importance of taking it exactly as prescribed.

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Community Health Implementation Plan

Priority Area:	Cancer Second leading cause of death in the county
Objective:	Incidence of death from cancer will be decreased as evidenced by statistical reports
Activity	Education number one piece to this from Elementary, Middle, and High School through Older adults. Target groups in the county such as Lion's Club, CEOS Club, 4-H, Senior Citizens, Church groups, etc.. Education on healthy behaviors to aid in prevention and then importance of screening and early detection. Once cancer is identified then the importance of proper treatment as well as different treatments along with pros and cons for each. Provide them with resources for follow up care and information on their specific cancers as appropriate.

Training and Technical Assistance Needs

1	<p>List Training and Technical Assistance Needs</p> <p>More education on these topics for Local Health Departments who will be focusing on prevention activities in the future. Give us the training and educate us on the resources we need to give the best possible information to the citizens of our county.</p>
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Environmental Health

Disaster / Disease

Establishment or Discipline		Number	Inspections
1	Tattoo Studio:	0	0 every Year
2	Body Piercing Studio:	0	0 every Year

Food

Establishment or Discipline		Risk Based Inspections Conducted?	Number	Inspections
1	Food Establishment:	No	45	90 every Year

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Establishment or Discipline		Number	Inspections
1	Milk Samples:	0	0
2	Vending Machines:	0	0 every Year
3	Temporary Food Facilities:	25	40

Housing / Institutions

Establishment or Discipline		Number	Inspections
1	Bed and Breakfast	0	0 every Year
2	Child Care Facilities	1	2 every Year
3	Home Loan Evaluations	10	20
4	Institutions	0	0 every Year
5	Labor Camps	0	0 every Year
6	Manufactured Home Communities	2	2 every Year
7	Motel/Hotel/Lodging	1	1 every Year
8	Other Care Facilities	0	0 every Year
9	Schools	5	5 every 2 Years

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Recreation

Establishment or Discipline		Number	Inspections
1	Campground	8	8 per Season
2	Fairs/Festivals/Mass Gatherings	2	2 per Event
3	Recreational Water Facilities	3	6 per Season
4	Organized Camps	1	1 per Year
5	Parks/Forests	1	1 per Year

Sewage

Establishment or Discipline		Number
1	Alternative System	1
2	Home Aeration Unit	7
3	Standard Individual Systems	25
4	Sewage Tank Cleaners	0

Water

Establishment or Discipline		Number
1	Individual Supply	33

Permit Fees

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Permit Fees

Permit		Fee for Permit as of July 1
1	Permit Late Fee Charged	False
2	Bed And Breakfast Fee	\$0.00
3	Mass Gathering (includes fairs, festivals, concerts) Fee	\$0.00
4	Care Facilities Fee	\$0.00
5	School (Physical) Fee	\$0.00
6	Mobile Food Unit Fee	\$100.00
7	Organized Camp Fee	\$0.00
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	\$0.00
17	Water Well Permits Fee	\$100.00
18	Campground Permits (1-10 Sites) Fee	\$50.00
19	Campground Permits (11-14 Sites) Fee	\$50.00
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	\$300.00
40	Food Service Establishment (Seating 51-80) (old 51-75) Fee	\$400.00
41	Food Service Establishment (Seating 51-80) (old 76-80) Fee	\$400.00

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Permit Fees

42	Food Service Establishment (Seating Over 80) Fee	\$400.00
43	Food Service Establishment w/ Liquor add Fee	\$25.00
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	\$150.00
52	Manufactured Home Communities (Up to 20 Sites) Fee	\$0.00
53	Manufactured Home Communities (25 Sites) Fee	\$0.00
54	Manufactured Home Communities (30 Sites) Fee	\$0.00
55	Manufactured Home Communities (35 Sites) Fee	\$0.00

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Permit Fees

56	Manufactured Home Communities (40 Sites) Fee	\$0.00
57	Manufactured Home Communities (45 Sites) Fee	\$0.00
58	Manufactured Home Communities (50 Sites) Fee	\$0.00
59	Manufactured Home Communities (55 Sites) Fee	\$0.00
60	Manufactured Home Communities (60 Sites) Fee	\$0.00
61	Manufactured Home Communities (65 Sites) Fee	\$0.00
62	Manufactured Home Communities (70 Sites) Fee	\$0.00
63	Manufactured Home Communities (75 Sites) Fee	\$0.00
64	Manufactured Home Communities (80 Sites) Fee	\$0.00
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	\$180.00
73	Subdivisions (19-23 Lots) Fee	\$230.00
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	\$0.00
82	Body Piercing Studio Fee	\$0.00
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	\$5.00
3	Food Worker Training--food handler's cards Fee	\$5.00
4	Campground Re-Inspection Fee	\$0.00
5	Child Care Center Re-Inspection Fee	\$0.00
6	Food Establishment Re-Inspection Fee	\$0.00
7	Hotel/Motel/ Lodging Re- Inspection Fee	\$0.00
8	Manufactured Home Community Re-Inspection Fee	\$0.00
9	Recreational Water Facilities Re-Inspection Fee	\$0.00
10	School Re-Inspection Fee (physical plant only) Fee	\$0.00
11	Sewage Re-Inspection Fee	\$0.00
12	Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	\$0.00
13	Food Establishment Plan Review Fee (0-35 Seating Capacity) Fee	\$0.00

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Service Fees

14	Food Establishment Plan Review Fee (36-75 Seating Capacity) Fee	\$0.00
15	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	\$0.00
16	Other Facilities Plan Review Fee Fee	\$0.00
17	Home Loan Evaluations-Individual Water Wells Fee	\$75.00
18	Home Loan Evaluations-Sewage Only Fee	\$75.00
19	Home Loan Evaluation -Water & Sewage Fee	\$150.00
20	Home Loan Evaluation -New Installation Fee	\$150.00
21	Home Loan Evaluations-Additional Visits Fee	\$0.00
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	\$0.00
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

Full Program Plan Report

Doddridge County Health Department

2016 Reporting Year

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	\$5.00
41	Septic tank perc test inspection Fee	\$0.00

Full Program Plan Report

Doddridge County Health Department

2016 Reporting Year

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	\$0.00

Threat Preparedness

Primary Location:

Doddridge County Senior Citizens
Main Street

West Union, WV 26456
(304) 873-2061

Additional Location:

Feedback / Ideas

Training for staff on SharePoint how to access and do reporting in
Would like to see staff having to spend less time on paperwork, busy work type activities but realize this is important for grants management, etc...

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

Doddridge 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