



# Program Plan Reporting System

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

### Transmittal Information

<i>Health Department Name:</i>	Hampshire County Health Department
<i>Mailing Street Address:</i>	HC 71 Box 9
<i>Mailing City:</i>	Augusta
<i>Mailing County:</i>	Hampshire
<i>Mailing Zip:</i>	26704
<i>Phone:</i>	(304) 496-9640
<i>Fax:</i>	(304) 496-9650
<i>Email Address:</i>	Stephanie.J.Shoemaker@wv.gov
<i>Website Address:</i>	http://www.hampshirecountyhealthdepartment.com

<i>Health Department Type:</i>	Single County
<i>Delivery Street Address:</i>	Route 50 East
<i>Delivery City:</i>	Augusta
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	26704

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

### Chairperson

Phone:	Fax:	Email:
Chairperson Signature: _____ Kelli Eglinger		Date: 1/21/2016

### Health Officer

Health Officer Signature: _____ Thomas W. Daugherty, MD	Date: 1/21/2016
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By signing the above, the Hampshire County Health Department agrees to comply with all applicable state and federal rules, regulations, Department of Health and Human Resources policies and standards.

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Emergency Information

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

#### Services

Adult Services	Yes
Behavioral Health	No
Breast/Cervical Cancer	Yes
Cancer Detection	Yes
Cardiac	Yes
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	Yes
HIV/AIDS	Yes
Home Health	No
Hypertension	Yes
Immunization	Yes
Lab	Yes
Lead	Yes
Pediatric	Yes
Prenatal	No
Right from the start	No
School Health	No
Sexually Transmitted Disease	Yes

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### 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

To provide quality, cost effective health, environmental and emergency preparedness services to the citizens of Hampshire County.

#### 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*

Immunization Clinic on first Monday of each month from 4:00 PM to 6:00 PM. Family Planning Clinic on first Thursday of each month from 5:00 PM to 8:00 PM, and second Thursday of each month from 7 AM to 10 AM.

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### 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:	

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Location Information

Driving directions from Charleston: I-79 North toward Clarksburg (appx. 148 miles) to I-68 East I-68 East toward Cumberland (appx. 82 miles) to Exit 43B Exit 43B, MD-51 Industrial Blvd. to Canal Parkway Travel Canal Parkway to WV line, Canal Parkway becomes WV Rt. 28 Travel Route 28 apprx. 25 miles to Romney, Route 50 East at Light Travel Route 50 East appx. 8 miles to August Pass Bank of Romney and Nationwide Insurance office on Right Hampshire LHD is next building on Right	
Number of miles from Charleston	263.00
Latitude	39.30000000
Longitude	78.62602800

#### Standards

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

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

## Financial Information

### Projected Budget Information

Funding Source	Projected Revenue
State Revenue	\$218,112.00
Direct County Commission	\$55,000.00
County Levy	\$0.00
City Levy	\$0.00

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

## Financial Information

### Projected Budget Information

Funding Source	Projected Revenue
Municipalities	\$0.00
Board of Education	\$0.00
Clinical Service Revenue	\$72,500.00
Environmental Fee Permits	\$62,643.00
Environmental Fee Services	\$16,100.00
Federal Revenue	\$43,792.00
Additional Revenue	\$16,000.00
Total:	\$484,147.00

### Projected Expenditures

Expense	Amount
Classified Service Personnel	\$379,522.00
Current Operating Expenditures	\$107,080.00
Capital Outlay Expenditures	\$0.00
Total:	\$486,602.00

### Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
MRC Award	\$3,500.00
Interest	\$3,000.00
P-card rebate	\$500.00
Gain on disposable assets	\$9,000.00
Total:	\$16,000.00

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Projected Budget Information Continued

Actual Ending Balance:	\$545.00
Number of FTE's (Full-time Equivalent):	6.45
Current Investments:	\$351,937.05
Accounting Software Program:	QuickBooks
Other Accounting Software Program:	
Software Year:	2015

	Personnel	Facility	Utilities	Other	Total
<b>County</b>	\$22,500.00	\$90,000.00	\$10,000.00	\$0.00	\$122,500.00
<b>Municipality</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Board of Education</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Other</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$22,500.00	\$90,000.00	\$10,000.00	\$0.00	\$122,500.00

#### Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$0.00
Behavioral Health	\$0.00
Breast/Cervical Cancer	\$7,000.00
Cancer Detection	\$0.00
Cardiac	\$0.00
Community Health Promotion	\$15,200.00
Dental	\$0.00
Diabetes	\$0.00
Disaster Response	\$0.00
Environmental Health	\$73,100.00
Epidemiology	\$11,500.00
Family Planning	\$40,100.00
Fluoride	\$0.00
General Health	\$0.00
Health Check	\$0.00

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Statewide Chart of Accounts

Account Name	Projected Program Expenditures
HIV/AIDS	\$950.00
Home Health	\$0.00
Hypertension	\$0.00
Immunization	\$67,552.00
Lab	\$0.00
Lead	\$0.00
Office Management and Administration	\$201,500.00
Other	\$0.00
Pediatric	\$0.00
Prenatal	\$0.00
Right from the Start	\$0.00
School Health	\$0.00
Sexually Transmitted Diseases	\$3,700.00
Threat Preparedness	\$61,000.00
Tobacco	\$0.00
Tuberculosis Services	\$5,000.00
WIC	\$0.00
<b>Total:</b>	<b>\$486,602.00</b>

#### 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

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Contacts by Position

Position	Name
Administrator	Stephanie J Shoemaker
Primary Nursing Contact	Mrs. Tamitha L Wilkins
Health Officer	Dr. Thomas W Daugherty
Equipment and Information Technology Contact	Ms. Melissa D Walker
Financial Management Contact	Mrs. Tina L Steelman
Environmental Health Contact	Mr. Derrick A Haggerty
Health Promotion Contact	Mrs. Tamitha L Wilkins
Epidemiology Contact 1	Mrs. Tamitha L Wilkins
Epidemiology Contact 2	Mrs. Carolyn J Kimble
Rabies Contact	Mr. Derrick A Haggerty
Sexually Transmitted Disease Contact	Mrs. Tamitha L Wilkins
Human Immunodeficiency Virus Contact	Mrs. Tamitha L Wilkins
Tuberculosis Contact	Mrs. Tamitha L Wilkins
Vaccine Preventable Disease Contact	Mrs. Tamitha L Wilkins
Smallpox Contact	Mrs. Tamitha L Wilkins
West Virginia Electronic Disease Surveillance System Contact	Mrs. Tamitha L Wilkins
Threat Preparedness Coordinator	Mrs. Tina L Steelman
Threat Preparedness Back-up	Stephanie J Shoemaker
Strategic National Stockpile Coordinator	Mrs. Tamitha L Wilkins
Strategic National Stockpile Back-up	Mrs. Carolyn J Kimble
Volunteer Coordinator	Mr. Derrick A Haggerty
Volunteer Coordinator Back-up	Mrs. Tina L Steelman

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Contacts by Position

Position	Name
Risk Communication Coordinator	Stephanie J Shoemaker
Risk Communication Coordinator Back-up	Mr. Derrick A Haggerty
Responder Health & Safety Coordinator	Mrs. Tamitha L Wilkins
Responder Health & Safety Coordinator Back-up	Ms. Melissa D Walker
Health Alert Network Coordinator	Ms. Melissa D Walker
Health Alert Network Coordinator Back-up	Mrs. Tina L Steelman

#### Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
-- Vacant --	\$0.00	0.00
Mr. Derrick A Haggerty	\$3,327.92	1.00
Mrs. Carolyn J Kimble	\$4,328.06	0.60
Mrs. Tina L Steelman	\$2,764.55	0.80
Ms. Melissa D Walker	\$2,254.19	1.00
Mrs. Bonnie W Welty	\$2,164.03	0.40
Mrs. Tamitha L Wilkins	\$4,402.45	1.00
Mrs. Juanita A Yowell	\$2,425.61	0.60
Stephanie J Shoemaker	\$4,583.34	1.00
Dr. Thomas W Daugherty	\$20,833.34	0.05
Chad Hott	\$17,333.33	0.00
<b>Total</b>	<b>\$64,416.82</b>	<b>6.45</b>

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

## 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?	No
<b>9</b>	<p>If you answered No or NA to any question, please explain:</p> <p>Our Local Board of Health has not had concern with developing a private vaccine immunization program.</p>	

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### 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.	Yes
<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>	If you answered No or NA to any question, please explain:	

#### 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

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

<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?	Yes
<b>3</b>	Does your local health department report infectious diseases, complete the investigation, and submit for review within one month of notification?	Yes
<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

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

<b>8</b>	If you answered No or NA to any question, please explain:
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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>Lab services to supply butterfly needles for STD/HIV blood draws. HealthStat does not consistently export to WVSIS and deduct vaccine usage.</p>
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# Full Program Plan Report

## Hampshire 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?	2/1/2016
<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)  Physical Activity, Nutrition, Obesity related Chronic Disease Tobacco Use Teen Pregnancy Substance Abuse	

### Community Health Implementation Plan

Priority Area:	Substance Abuse
Objective:	Reduce available outdated drugs in Hampshire County homes.
Activity	Promote Drug Take Back Day and offer collection space for the Sheriff.

Priority Area:	Teen Pregnancy
Objective:	Reduce teen pregnancy rates in Hampshire County.
Activity	Coordinate with school nurses in the elementary and junior high schools to provide information on puberty issues for students.

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Community Health Implementation Plan

Priority Area:	Teen Pregnancy
Objective:	Reduce teen pregnancy rates in Hampshire County.
Activity	Team with Adolescent Pregnancy Prevention Initiative representative to provide programs in the high school, in addition to everyday educational materials.

Priority Area:	Tobacco Use
Objective:	Reduce exposure to second hand smoke for Hampshire County workers and residents.
Activity	The Board of health is to review the Clean Indoor Air regulations for Hampshire County to make improvements.

Priority Area:	Physical Activity, Nutrition, and Obesity - Related Chronic Disease
Objective:	Provide education and awareness for obesity-related chronic diseases.
Activity	Work with local partners, such as the Wellness Center and Hampshire Memorial Hospital, to provide education to the public. Publish newspaper articles related to chronic disease. Market educational materials and available services through our website and social media avenues.

#### 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:	1	1 every Year

#### Food

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

Establishment or Discipline		Risk Based Inspections Conducted?	Number	Inspections
<b>1</b>	Food Establishment:	No	135	270 every Year

Establishment or Discipline		Number	Inspections
<b>1</b>	Milk Samples:	0	
<b>2</b>	Vending Machines:	0	0 every Year
<b>3</b>	Temporary Food Facilities:	15	15

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Housing / Institutions

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

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Recreation

Establishment or Discipline		Number	Inspections
<b>1</b>	Campground	23	23 per Season
<b>2</b>	Fairs/Festivals/Mass Gatherings	1	1 per Event
<b>3</b>	Recreational Water Facilities	14	28 per Season
<b>4</b>	Organized Camps	9	9 per Year
<b>5</b>	Parks/Forests	4	4 per Year

#### Sewage

Establishment or Discipline		Number
<b>1</b>	Alternative System	4
<b>2</b>	Home Aeration Unit	1
<b>3</b>	Standard Individual Systems	115
<b>4</b>	Sewage Tank Cleaners	4

#### Water

Establishment or Discipline		Number
<b>1</b>	Individual Supply	100

#### Permit Fees

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Permit Fees

Permit		Fee for Permit as of July 1
<b>1</b>	Permit Late Fee Charged	True
<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

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### 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

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### 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

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### 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	\$187.50
<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

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### 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

# Full Program Plan Report

## Hampshire 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	\$160.00
<b>73</b>	Subdivisions (19-23 Lots) Fee	\$190.00
<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

## Hampshire County Health Department

### 2016 Reporting Year

#### Service Fees

<b>Service</b>		<b>Fee for Service as of July 1</b>
<b>1</b>	Duplicate Foodhandler's Card Fee	\$0.00
<b>2</b>	Food Worker Training-food handler's card- Volunteer/non-profit Fee	\$5.00
<b>3</b>	Food Worker Training--food handler's cards Fee	\$10.00
<b>4</b>	Campground Re-Inspection Fee	\$0.00
<b>5</b>	Child Care Center Re-Inspection Fee	\$0.00
<b>6</b>	Food Establishment Re-Inspection Fee	\$0.00
<b>7</b>	Hotel/Motel/ Lodging Re- Inspection Fee	\$0.00
<b>8</b>	Manufactured Home Community Re-Inspection Fee	\$0.00
<b>9</b>	Recreational Water Facilities Re-Inspection Fee	\$0.00
<b>10</b>	School Re-Inspection Fee (physical plant only) Fee	\$0.00
<b>11</b>	Sewage Re-Inspection Fee	\$0.00
<b>12</b>	Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	\$0.00
<b>13</b>	Food Establishment Plan Review Fee (0-35 Seating Capacity) Fee	\$35.00

# Full Program Plan Report

## Hampshire County Health Department

### 2016 Reporting Year

#### Service Fees

<b>14</b>	Food Establishment Plan Review Fee (36-75 Seating Capacity) Fee	\$35.00
<b>15</b>	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	\$35.00
<b>16</b>	Other Facilities Plan Review Fee Fee	\$35.00
<b>17</b>	Home Loan Evaluations-Individual Water Wells Fee	\$75.00
<b>18</b>	Home Loan Evaluations-Sewage Only Fee	\$75.00
<b>19</b>	Home Loan Evaluation -Water & Sewage Fee	\$150.00
<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	\$55.00
<b>24</b>	Individual Water Sample Follow-up/Re-sample Fee	\$25.00
<b>25</b>	Subdivision Site Inspection Fee	\$0.00
<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

## Hampshire County Health Department

### 2016 Reporting Year

#### Service Fees

<b>28</b>	Community Water Consultation (No Charge if accompanied with a permit) Fee	\$0.00
<b>29</b>	Health Education Fee	\$0.00
<b>30</b>	Consultative Services (normally done in the field) Fee	\$0.00
<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	\$0.00
<b>34</b>	Nuisance Complaint Investigation Fee	\$0.00
<b>35</b>	Animal Specimen/Rabies Testing (including head removal) Fee	\$0.00
<b>36</b>	Animal Bite Inspections Fee	\$0.00
<b>37</b>	Duplicate Permit Fee	\$0.00
<b>38</b>	Change of Installer Fee	\$0.00
<b>39</b>	Permit Re-Issue Fee	\$0.00
<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

## Hampshire 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	\$30.00

## Threat Preparedness

*Primary Location:*

Hampshire County Health Dept.  
 HC 71 Box 9

Augusta , WV 26704  
 (304) 496-9640

*Additional Location:*

Augusta Church of Christ  
 15338 Northwestern Pike

Augusta, WV 26704  
 (304) 496-7775

#### Feedback / Ideas

Provide trainings/conferences in a more central area (defined by travel distance) of the state. Provide the funding necessary to maintain Threat Preparedness education, planning and exercises.

## 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

## Hampshire 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*