



Program Plan Reporting System

Full Program Plan Report Harrison-Clarksburg Health Department 2016 Reporting Year

Transmittal Information

<i>Health Department Name:</i>	Harrison-Clarksburg Health Department
<i>Mailing Street Address:</i>	330 West Main Street
<i>Mailing City:</i>	Clarksburg
<i>Mailing County:</i>	Harrison
<i>Mailing Zip:</i>	26301
<i>Phone:</i>	(304) 623-9308
<i>Fax:</i>	(304) 623-9364
<i>Email Address:</i>	joseph.c.bundy@wv.gov
<i>Website Address:</i>	HCHHealthDept.org

<i>Health Department Type:</i>	Combined County/Municipal
<i>Delivery Street Address:</i>	330 West Main Street
<i>Delivery City:</i>	Clarksburg
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	26301

Fiscal Year April 1, 2015 to July 31, 2015

Chairperson

Phone:	Fax:	Email:
Chairperson Signature: _____ George W. Shehl, M.D.		Date: 7/17/2014

Health Officer

Health Officer Signature: _____ Nancy Joseph, M.D.	Date: 7/17/2014
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By signing the above, the Harrison-Clarksburg 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) 623-9308
Answering Service:	No	
Office of Emergency Services/911/Communications Center:	No	
On-call Pager or Cell	No	

Services

Adult Services	Yes
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	Yes
Health Check	Yes
HIV/AIDS	Yes
Home Health	No
Hypertension	Yes
Immunization	Yes
Lab	Yes
Lead	Yes
Pediatric	No
Prenatal	No
Right from the start	Yes
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	Yes
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

Mission Statement

The mission of the Harrison-Clarksburg Board of Health is to protect and promote the public health of the citizens of Harrison County by encouraging health lifestyles and upholding and implementing all public health laws and regulations.

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

Environmental inspections are routinely conducted outside of regular business hours. Specialty clinics and direct observation therapy are conducted outside of regular business hours. Trainings and Education programs are conducted outside of regular business hours.

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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: *Take I-79 N toward Clarksburg (120 miles) *Take Exit 119, West Route 50 (3 miles) *Take 2nd Street Exit, Downtown Clarksburg (0.2 miles) * Bear Left N 2nd Street (0.1 miles) * At Second Light Turn Right onto East Pike Street * Go Left at First Light onto Fourth Street * Go Left at First Light onto West Main Street *LHD is on Left at 330 West Main Street	
Number of miles from Charleston	123.00
Latitude	39.28805600
Longitude	80.33905600

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	\$498,500.00
Direct County Commission	\$0.00
County Levy	\$137,727.00
City Levy	\$0.00

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Financial Information

Projected Budget Information

Funding Source	Projected Revenue
Municipalities	\$25,000.00
Board of Education	\$0.00
Clinical Service Revenue	\$213,000.00
Environmental Fee Permits	\$165,000.00
Environmental Fee Services	\$20,000.00
Federal Revenue	\$91,000.00
Additional Revenue	\$10,000.00
Total:	\$1,160,227.00

Projected Expenditures

Expense	Amount
Classified Service Personnel	\$870,000.00
Current Operating Expenditures	\$250,000.00
Capital Outlay Expenditures	\$0.00
Total:	\$1,120,000.00

Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
Interest	\$7,600.00
office Rental	\$2,400.00
Total:	\$10,000.00

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Projected Budget Information Continued

Actual Ending Balance:	\$762,760.00
Number of FTE's (Full-time Equivalent):	13.30
Current Investments:	\$0.00
Accounting Software Program:	QuickBooks
Other Accounting Software Program:	
Software Year:	2014

	Personnel	Facility	Utilities	Other	Total
County	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Municipality	\$0.00	\$0.00	\$0.00	\$2,700.00	\$2,700.00
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	\$2,700.00	\$2,700.00

Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$8,058.00
Behavioral Health	\$0.00
Breast/Cervical Cancer	\$56,235.00
Cancer Detection	\$0.00
Cardiac	\$0.00
Community Health Promotion	\$15,144.00
Dental	\$0.00
Diabetes	\$0.00
Disaster Response	\$0.00
Environmental Health	\$280,525.00
Epidemiology	\$29,686.00
Family Planning	\$102,820.00
Fluoride	\$0.00
General Health	\$0.00
Health Check	\$0.00

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Statewide Chart of Accounts

Account Name	Projected Program Expenditures
HIV/AIDS	\$0.00
Home Health	\$0.00
Hypertension	\$0.00
Immunization	\$117,185.00
Lab	\$0.00
Lead	\$0.00
Office Management and Administration	\$330,076.00
Other	\$0.00
Pediatric	\$0.00
Prenatal	\$0.00
Right from the Start	\$45,400.00
School Health	\$0.00
Sexually Transmitted Diseases	\$22,080.00
Threat Preparedness	\$107,287.00
Tobacco	\$0.00
Tuberculosis Services	\$5,504.00
WIC	\$0.00
Total:	\$1,120,000.00

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
Administrator	Mr. Joseph C. Bundy
Primary Nursing Contact	Mrs. Margaret K. Howe-White
Health Officer	Dr. Nancy L. Joseph
Equipment and Information Technology Contact	Mr. Joseph C. Bundy
Financial Management Contact	Mr. Joseph C. Bundy
Environmental Health Contact	Mr. Steven R. Hinerman
Health Promotion Contact	Mrs. Margaret K. Howe-White
Epidemiology Contact 1	Mrs. Margaret K. Howe-White
Epidemiology Contact 2	Mrs. Kavin K. Richardson
Rabies Contact	Mr. Steven R. Hinerman
Sexually Transmitted Disease Contact	Mrs. Kavin K. Richardson
Human Immunodeficiency Virus Contact	Mrs. Kavin K. Richardson
Tuberculosis Contact	Ms. Cynthia D. Reep
Vaccine Preventable Disease Contact	Ms. Cynthia D. Reep
Smallpox Contact	Mrs. Margaret K. Howe-White
West Virginia Electronic Disease Surveillance System Contact	Mrs. Margaret K. Howe-White
Threat Preparedness Coordinator	Mr. Joseph C. Bundy
Threat Preparedness Back-up	Mrs. Margaret K. Howe-White
Strategic National Stockpile Coordinator	Mrs. Margaret K. Howe-White

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Contacts by Position

Position	Name
Strategic National Stockpile Back-up	Mr. Joseph C. Bundy
Volunteer Coordinator	Mrs. Margaret K. Howe-White
Volunteer Coordinator Back-up	Mr. Joseph C. Bundy
Risk Communication Coordinator	Mr. Joseph C. Bundy
Risk Communication Coordinator Back-up	Mrs. Margaret K. Howe-White
Responder Health & Safety Coordinator	Mr. Steven R. Hinerman
Responder Health & Safety Coordinator Back-up	Mr. Joseph C. Bundy
Health Alert Network Coordinator	Mrs. Kavin K. Richardson
Health Alert Network Coordinator Back-up	Mrs. Margaret K. Howe-White

Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
-- Vacant --	\$0.00	0.00
Ms. Susan B Adkins	\$3,644.00	1.00
Mr. Joseph C. Bundy	\$6,535.00	1.00
Mrs. April L Custer	\$2,084.00	1.00
Mrs. Jill R. Foppiano-Williams	\$1,600.00	0.40
Mrs. Beverly A. Hinerman	\$880.00	0.40
Mr. Steven R. Hinerman	\$4,626.00	1.00
Mrs. Margaret K. Howe-White	\$6,087.00	1.00
Dr. Nancy L. Joseph	\$1,526.00	0.15
Ms. Sandra A. Murray	\$450.00	0.15
Mr. William E. Nestor	\$4,158.00	1.00
Ms. Cynthia D. Reep	\$4,501.00	1.00
Mrs. Kavin K. Richardson	\$4,591.00	1.00
Mr. Joshua A. Snider	\$2,944.00	1.00
Mrs. Marsha J. Stalnaker	\$2,609.00	1.00
Mrs. Ramona A. Swiger	\$1,100.00	0.20
Mrs. Melissa J. Wallace	\$1,999.00	1.00
Total	\$49,334.00	12.30

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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 WVSIIIS, either through direct data entry into WVSIIIS or through the HealthStat 2000 system for export into WVSIIIS?	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	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.	2011
3	If yes, when do you plan to start your next assessment?	1/1/2015
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)	
	Tobacco Use Obesity Sedentary Lifestyle	

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Community Health Implementation Plan

Priority Area:	Sedentary Lifestyle
Objective:	Increase Activity
Activity	"Harrison We Can" 6 week Community Health Program

Priority Area:	Tobacco Cessation, Obesity, Sedentary Lifestyle
Objective:	Educate the public on health risks
Activity	Health Fairs, Providing Literature and Counseling and Referral Resources

Priority Area:	Obesity and Sedentary Lifestyle
Objective:	To Educate Parents and Children as to proper nutrition and exercise and provide literature and referral resources
Activity	Lighthouse of Hope, Back to School Health Fair

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:	3	3 every Year
2	Body Piercing Studio:	0	0 every Year

Food

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Establishment or Discipline		Risk Based Inspections Conducted?	Number	Inspections
1	Food Establishment:	No	457	914 every Year

Establishment or Discipline		Number	Inspections
1	Milk Samples:		
2	Vending Machines:	12	12 every Year
3	Temporary Food Facilities:	86	172

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Housing / Institutions

Establishment or Discipline		Number	Inspections
1	Bed and Breakfast	1	1 every Year
2	Child Care Facilities	30	60 every Year
3	Home Loan Evaluations	60	120
4	Institutions	2	2 every Year
5	Labor Camps		0 every Year
6	Manufactured Home Communities	47	47 every Year
7	Motel/Hotel/Lodging	17	17 every Year
8	Other Care Facilities	2	2 every Year
9	Schools	32	32 every 2 Years

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Recreation

Establishment or Discipline		Number	Inspections
1	Campground	10	10 per Season
2	Fairs/Festivals/Mass Gatherings	14	14 per Event
3	Recreational Water Facilities	24	48 per Season
4	Organized Camps	0	0 per Year
5	Parks/Forests	10	10 per Year

Sewage

Establishment or Discipline		Number
1	Alternative System	10
2	Home Aeration Unit	40
3	Standard Individual Systems	90
4	Sewage Tank Cleaners	10

Water

Establishment or Discipline		Number
1	Individual Supply	25

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	\$50.00
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	\$50.00
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	\$200.00
82	Body Piercing Studio Fee	\$200.00
83	Sewage Cleaning Trucks Fee	\$50.00

Service Fees

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Service Fees

Service	Fee for Service as of July 1
1 Duplicate Foodhandler's Card Fee	\$5.00
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	\$35.00
5 Child Care Center Re-Inspection Fee	\$35.00
6 Food Establishment Re-Inspection Fee	\$35.00
7 Hotel/Motel/ Lodging Re- Inspection Fee	\$35.00
8 Manufactured Home Community Re-Inspection Fee	\$35.00
9 Recreational Water Facilities Re-Inspection Fee	\$35.00
10 School Re-Inspection Fee (physical plant only) Fee	\$35.00
11 Sewage Re-Inspection Fee	\$35.00
12 Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	\$35.00
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	\$0.00
21	Home Loan Evaluations-Additional Visits Fee	\$35.00
22	Home Loan Evaluations-Sanitarian Fee Fee	\$35.00
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

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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	\$5.00
38	Change of Installer Fee	\$0.00
39	Permit Re-Issue Fee	\$5.00
40	Food handlers card 3-year profit or non-profit Fee	\$15.00
41	Septic tank perc test inspection Fee	\$0.00

Full Program Plan Report

Harrison-Clarksburg 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:

Harrison County Bureau of Emergency Services
420 Buckhannon Pike

Nutter Fort, WV 26301
(304) 623-6559

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

Specific Issue Addressed

Full Program Plan Report

Harrison-Clarksburg 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