



# Program Plan Reporting System

## Full Program Plan Report Kanawha-Charleston Health Department 2016 Reporting Year

### Transmittal Information

<i>Health Department Name:</i>	Kanawha-Charleston Health Department
<i>Mailing Street Address:</i>	PO Box 927
<i>Mailing City:</i>	Charleston
<i>Mailing County:</i>	Kanawha
<i>Mailing Zip:</i>	25323
<i>Phone:</i>	(304) 348-6494
<i>Fax:</i>	(304) 348-6821
<i>Email Address:</i>	kanawhalhd@wv.gov
<i>Website Address:</i>	https://www.kchdvw.org

<i>Health Department Type:</i>	Combined County/Municipal
<i>Delivery Street Address:</i>	108 Lee Street, East
<i>Delivery City:</i>	Charleston
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	25301

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

### Chairperson

Phone:	Fax:	Email
Chairperson Signature: _____ Brenda Isaac, RN		Date: 5/21/2015

### Health Officer

Health Officer Signature: _____ Arthur B. Rubin, DO	Date: 5/21/2015
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By signing the above, the Kanawha-Charleston 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

## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Emergency Information

Answering Machine:	No	
Answering Service:	Yes	(304) 348-8152
Office of Emergency Services/911/Communications Center:	No	
On-call Pager or Cell	No	

#### Services

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

# Full Program Plan Report

## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Services

Threat Preparedness	Yes
Tobacco	No
Tuberculosis Services	No
WIC	No

#### Fees

Clinical Fee	Yes
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

#### Mission Statement

We are a team with the purpose of helping all citizens of Charleston and Kanawha County achieve for themselves, according to each individual's capacity, a state of physical, mental, and social well-being.

#### 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*

Participation in health fairs and back to school and flu immunization clinics on an as needed basis. Immunization clinics held after hours one evening a month.

# Full Program Plan Report

## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Other Facilities

Location Name:	KCHD Public Health Unit
Address:	3101 MacCorkle Avenue S.E.
City:	Charleston
State:	WV
Zip:	25304
Contact Name:	Candace Nunley
Hours:	8:00 AM - 1:00 PM, 1 Days

#### Combined Health Department

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

# Full Program Plan Report

## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Location Information

Driving directions from Charleston: From 350 Capitol Street: Go northeast on Capitol Street Turn left onto Washington Street East Turn left onto Reynolds St Turn left onto Lee Street You are at 108 Lee St E, Charleston, WV 25301-1506	
Number of miles from Charleston	.60
Latitude	38.35638900
Longitude	81.63944400

#### Standards

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

# Full Program Plan Report

## Kanawha-Charleston Health Department

### 2016 Reporting Year

## Financial Information

### Projected Budget Information

Funding Source	Projected Revenue
State Revenue	\$1,686,385.00
Direct County Commission	\$200,000.00
County Levy	\$0.00
City Levy	\$0.00

# Full Program Plan Report

## Kanawha-Charleston Health Department

### 2016 Reporting Year

## Financial Information

### Projected Budget Information

Funding Source	Projected Revenue
Municipalities	\$150,000.00
Board of Education	\$0.00
Clinical Service Revenue	\$774,750.00
Environmental Fee Permits	\$429,250.00
Environmental Fee Services	\$20,000.00
Federal Revenue	\$489,401.00
Additional Revenue	\$1,006,600.00
Total:	\$4,756,386.00

### Projected Expenditures

Expense	Amount
Classified Service Personnel	\$2,561,955.00
Current Operating Expenditures	\$1,394,431.00
Capital Outlay Expenditures	\$800,000.00
Total:	\$4,756,386.00

### Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
DHHR Regional Epi Grant	\$80,000.00
Interest Income	\$300.00
WV Purchasing Card Rebates	\$10,000.00
Misc, record copies	\$1,300.00
Non DHHR grants	\$115,000.00
Cash reserve for building improvements (HVAC)	\$800,000.00
Total:	\$1,006,600.00

# Full Program Plan Report

## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Projected Budget Information Continued

Actual Ending Balance:	\$2,374,000.00
Number of FTE's (Full-time Equivalent):	37.56
Current Investments:	\$0.00
Accounting Software Program:	Quicken
Other Accounting Software Program:	
Software Year:	2013

	Personnel	Facility	Utilities	Other	Total
<b>County</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

#### Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$0.00
Behavioral Health	\$0.00
Breast/Cervical Cancer	\$2,184.00
Cancer Detection	\$0.00
Cardiac	\$0.00
Community Health Promotion	\$115,757.00
Dental	\$0.00
Diabetes	\$0.00
Disaster Response	\$0.00
Environmental Health	\$856,104.00
Epidemiology	\$80,000.00
Family Planning	\$49,541.00
Fluoride	\$0.00
General Health	\$2,799.00
Health Check	\$0.00

# Full Program Plan Report

## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Statewide Chart of Accounts

Account Name	Projected Program Expenditures
HIV/AIDS	\$39,919.00
Home Health	\$0.00
Hypertension	\$0.00
Immunization	\$849,638.00
Lab	\$0.00
Lead	\$0.00
Office Management and Administration	\$1,336,165.00
Other	\$800,000.00
Pediatric	\$0.00
Prenatal	\$0.00
Right from the Start	\$0.00
School Health	\$0.00
Sexually Transmitted Diseases	\$266,122.00
Threat Preparedness	\$338,172.00
Tobacco	\$0.00
Tuberculosis Services	\$19,985.00
WIC	\$0.00
<b>Total:</b>	<b>\$4,756,386.00</b>

#### 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.	An audit was performed for FY2014, however due to issues at the accounting firm (see letter from WSAO uploaded into PPRS), the audit is not finalized. The audit for FY2014 is in the process of being peer reviewed. Until the review is complete, we will not know if the audit will be finalized or if we will have to have the FY2014 audit repeated. We have notified Bryan Rosen, DHHR Finance and discussed the matter with Stuart Stickle, WVSAO.
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?	Yes

# Full Program Plan Report

## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Contacts by Position

Position	Name
Administrator	Mrs. Lolita Kirk
Primary Nursing Contact	Ms. Stephanie K. Dewees
Health Officer	Dr. Michael Brumage
Equipment and Information Technology Contact	Mr. Gregory Rinehart
Financial Management Contact	Mrs. Lolita Kirk
Environmental Health Contact	Mr. David A Winowich
Health Promotion Contact	Ms. Tina Ramirez
Epidemiology Contact 1	Ms. Janet Briscoe
Epidemiology Contact 2	Ms. Lindsey Mason
Rabies Contact	Ms. Janet Briscoe
Sexually Transmitted Disease Contact	Ms. Stephanie K. Dewees
Human Immunodeficiency Virus Contact	Ms. Stephanie K. Dewees
Tuberculosis Contact	Ms. Stephanie K. Dewees
Vaccine Preventable Disease Contact	Ms. Stephanie K. Dewees
Smallpox Contact	Ms. Stephanie K. Dewees
West Virginia Electronic Disease Surveillance System Contact	Ms. Janet Briscoe
Threat Preparedness Coordinator	Ms. Janet Briscoe
Threat Preparedness Back-up	Mr. Seth Staker
Strategic National Stockpile Coordinator	Ms. Janet Briscoe
Strategic National Stockpile Back-up	Ms. Christy Reed
Volunteer Coordinator	Ms. Christy Reed
Volunteer Coordinator Back-up	Mr. Seth Staker
Risk Communication Coordinator	Dr. Michael Brumage
Risk Communication Coordinator Back-up	Mr. John D. Law
Responder Health & Safety Coordinator	Ms. Sean Carver
Responder Health & Safety Coordinator Back-up	Ms. Christy Reed
Health Alert Network Coordinator	Mr. Gregory Rinehart
Health Alert Network Coordinator Back-up	Mrs. Lolita Kirk

#### Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
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# Full Program Plan Report

## Kanawha-Charleston Health Department

### 2016 Reporting Year

Ms. Lynne Hunt	\$2,071.00	1.00
Ms. Sandra Hill	\$1,624.00	1.00
Ms. Christy Reed	\$3,095.00	1.00
Ms. Tina Ramirez	\$3,433.00	1.00
Mr. John D. Law	\$3,863.00	1.00
-- Vacant --	\$0.00	0.00
Ms. Deanna Bonham	\$2,072.00	1.00
Ms. Janet Briscoe	\$6,276.00	1.00
Ms. Sean Carver	\$2,806.00	1.00
Mr. Rick A Ford	\$2,957.00	1.00
Ms. Vanessa Jordan	\$2,787.00	1.00
Mrs. Lolita Kirk	\$4,703.00	1.00
Ms. Vickie L Klennert	\$4,515.00	1.00
Ms. Maryanne Kraynanski	\$2,989.00	1.00
Ms. Yvonne Lawson	\$2,699.00	1.00
Mr. Floyd Keith Lyons	\$2,424.00	1.00
Mr. James S Knapp	\$2,580.00	1.00
Mr. Matthew E Law	\$2,661.00	1.00
Ms. Lindsey Mason	\$3,266.00	1.00
Ms. Carol McCormick	\$3,253.00	1.00
Ms. Ashley Meadows	\$2,715.00	1.00
Ms. Candace L Nunley	\$3,273.00	1.00
Ms. Nancy Parsons	\$3,756.00	1.00
Mr. Gregory Rinehart	\$3,975.00	1.00
Mr. Terry Shafer	\$1,923.00	1.00
Ms. Penny Spangler	\$2,487.00	1.00
Mr. Seth Staker	\$3,736.00	1.00
Ms. Juanita V Whittaker	\$3,501.00	1.00
Mr. David A Winowich	\$4,214.00	1.00
Ms. Anna Coleman	\$1,734.00	0.48
Mr. George Hanna	\$3,640.00	0.48
Ms. Sherry Graves	\$3,640.00	0.48
Ms. Sara Hedrick	\$4,680.00	0.48

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## Kanawha-Charleston Health Department

### 2016 Reporting Year

Dr. Cyrus Mali	\$15,600.00	0.24
Mr. Flem O'Dell	\$3,640.00	0.48
Mr. Richard K Snaman Jr	\$3,640.00	0.48
Ms. Trudy L Totten	\$2,251.00	1.00
Dr. Michael Brumage	\$14,161.00	1.00
Ms. Michele M. Bailey	\$3,640.00	0.25
Mr. Shaun P Clark	\$2,076.00	1.00
Mr. Cory C. Lambert	\$2,076.00	1.00
Ms. Ashley Laverty	\$3,640.00	0.25
Mr. Scott A Linville	\$1,734.00	0.48
Ms. Ciara M. Moore	\$1,734.00	0.28
Ms. Meagan E. Parsons	\$3,640.00	0.25
Ms. Heike I Rogers	\$2,500.00	1.00
Ms. Crystal L. Tucker	\$3,640.00	0.25
Ms. Crystal D. Wilson	\$3,640.00	0.25
Ms. Stephanie K. Dewees	\$4,667.00	1.00
Ms. Amanda R Furney	\$2,076.00	1.00
Mr. Philip P. Kelley	\$2,076.00	1.00
Mr. Jesse L. Hastings	\$2,076.00	1.00
Ms. Etta K. MacDonald	\$1,875.00	1.00
Ms. Lisa M. McGhee	\$3,640.00	0.25
Ms. Amy Hoyer	\$5,200.00	0.48
Ms. Megan Edwards	\$1,734.00	0.25
<b>Total</b>	<b>\$194,304.00</b>	<b>44.11</b>

# Full Program Plan Report

## Kanawha-Charleston 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>KCHD Board of Health support the billing of third party payers. KCHD actively bills insurance systems.</p>	

# Full Program Plan Report

## Kanawha-Charleston 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

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## Kanawha-Charleston Health Department

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

### Infectious Disease Epidemiology

<b>1</b>	Does your local health department use WVEDSS to report all infectious diseases?	Yes
<b>2</b>	Does your local health department report all outbreaks to DIDE within one hour of notification?	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

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## Kanawha-Charleston 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>	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

<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.	2014
<b>3</b>	If yes, when do you plan to start your next assessment?	1/1/2017
<b>4</b>	If no, within this fiscal year, when do you expect a community health needs assessment to be completed?	
<b>5</b>	If no, describe plans to complete the community health needs assessment and include a time line of these actions.	
<b>6</b>	<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>Obesity/Nutrition  Drug Abuse  Lack of physical activity</p>	

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## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Community Health Implementation Plan

Priority Area:	Obesity
Objective:	Reduce the porportion of children and adolescents who are overweight or obese
Activity	Continue working with Kanawha Coalition for Community Health Improvement and the Kanawha Family Resource Network

Priority Area:	Physical Activity
Objective:	Increase the percentage of adults and adolescents who engage in moderate physical activity for at least 30 minutes on five or more of the previous seven days
Activity	Continue working with community partners such as American Heart Association (ANCHOR grant) and KCCHI (Healthy Choices at Work project)

#### 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:	13	13 every Year
<b>2</b>	Body Piercing Studio:	5	5 every Year

#### Food

	Establishment or Discipline	Risk Based Inspections Conducted?	Number	Inspections
<b>1</b>	Food Establishment:	No	1250	2500 every Year

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### 2016 Reporting Year

Establishment or Discipline		Number	Inspections
<b>1</b>	Milk Samples:	36	0
<b>2</b>	Vending Machines:	46	46 every Year
<b>3</b>	Temporary Food Facilities:	30	30

### Housing / Institutions

Establishment or Discipline		Number	Inspections
<b>1</b>	Bed and Breakfast	1	1 every Year
<b>2</b>	Child Care Facilities	68	136 every Year
<b>3</b>	Home Loan Evaluations	35	35
<b>4</b>	Institutions	13	13 every Year
<b>5</b>	Labor Camps	0	0 every Year
<b>6</b>	Manufactured Home Communities	156	156 every Year
<b>7</b>	Motel/Hotel/Lodging	37	37 every Year
<b>8</b>	Other Care Facilities	1	1 every Year
<b>9</b>	Schools	74	74 every 2 Years

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#### Recreation

Establishment or Discipline		Number	Inspections
<b>1</b>	Campground	2	2 per Season
<b>2</b>	Fairs/Festivals/Mass Gatherings	20	20 per Event
<b>3</b>	Recreational Water Facilities	90	180 per Season
<b>4</b>	Organized Camps	3	3 per Year
<b>5</b>	Parks/Forests	25	25 per Year

#### Sewage

Establishment or Discipline		Number
<b>1</b>	Alternative System	20
<b>2</b>	Home Aeration Unit	15
<b>3</b>	Standard Individual Systems	60
<b>4</b>	Sewage Tank Cleaners	11

#### Water

Establishment or Discipline		Number
<b>1</b>	Individual Supply	8

#### Permit Fees

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## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Permit Fees

Permit		Fee for Permit as of July 1
<b>1</b>	Permit Late Fee Charged	False
<b>2</b>	Bed And Breakfast Fee	\$30.75
<b>3</b>	Mass Gathering (includes fairs, festivals, concerts) Fee	\$30.75
<b>4</b>	Care Facilities Fee	\$30.75
<b>5</b>	School (Physical) Fee	\$30.75
<b>6</b>	Mobile Food Unit Fee	\$100.00
<b>7</b>	Organized Camp Fee	\$75.00
<b>8</b>	Recreational Water Facility Fee	\$100.00
<b>9</b>	Retail Food Store (1 Checkout) Fee	\$50.00
<b>10</b>	Retail Food Store (2 Checkouts) Fee	\$100.00
<b>11</b>	Retail Food Store (3 Checkouts) Fee	\$150.00
<b>12</b>	Retail Food Store (4 Checkouts) Fee	\$200.00
<b>13</b>	Retail Food Store (5 Checkouts) Fee	\$250.00

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## Kanawha-Charleston 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	\$30.51
<b>19</b>	Campground Permits (11-14 Sites) Fee	\$42.71
<b>20</b>	Campground Permits (15 Sites) Fee	\$45.77
<b>21</b>	Campground Permits (20 Sites) Fee	\$61.03
<b>22</b>	Campground Permits (25 Sites) Fee	\$76.30
<b>23</b>	Campground Permits (30 Sites) Fee	\$91.55
<b>24</b>	Campground Permits (35 Sites) Fee	\$106.81
<b>25</b>	Campground Permits (40 Sites) Fee	\$121.90
<b>26</b>	Campground Permits (45 Sites) Fee	\$137.50
<b>27</b>	Campground Permits (50 Sites) Fee	\$152.40

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#### Permit Fees

<b>28</b>	Campground Permits (55 Sites) Fee	\$168.00
<b>29</b>	Campground Permits (60 Sites) Fee	\$182.00
<b>30</b>	Campground Permits (65 Sites) Fee	\$198.44
<b>31</b>	Campground Permits (70 Sites) Fee	\$213.70
<b>32</b>	Campground Permits (75 Sites) Fee	\$229.00
<b>33</b>	Campground Permits (80 Sites) Fee	\$244.14
<b>34</b>	Family Day Care (7-12 Children) Fee	\$50.00
<b>35</b>	Day Care Centers (13-25 Children) Fee	\$75.00
<b>36</b>	Day Care Centers (>25 Children) Fee	\$75.00
<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	\$152.50
<b>39</b>	Food Service Establishment (Seating 21-50) (old 36-50) Fee	\$152.50
<b>40</b>	Food Service Establishment (Seating 51-80) (old 51-75) Fee	\$300.00
<b>41</b>	Food Service Establishment (Seating 51-80) (old 76-80) Fee	\$300.00

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#### Permit Fees

<b>42</b>	Food Service Establishment (Seating Over 80) Fee	\$400.00
<b>43</b>	Food Service Establishment w/ Liquor add Fee	\$61.00
<b>44</b>	Hotel/Motel (0-20 Rooms) Fee	\$100.00
<b>45</b>	Hotel/Motel (21-50 Rooms) (old 21-35) Fee	\$152.50
<b>46</b>	Hotel/Motel (21-50 Rooms) (old 36-50) Fee	\$152.50
<b>47</b>	Hotel/Motel (51-80 Rooms) (old 51-75) Fee	\$300.00
<b>48</b>	Hotel/Motel (51-80 Rooms) (old 76-80) Fee	\$300.00
<b>49</b>	Hotel/Motel (Over 80 Rooms) Fee	\$400.00
<b>50</b>	Individual, Innovative & Alternative Sewage Systems - Conventional Single Family Dwelling Fee	\$150.00
<b>51</b>	Individual, Innovative & Alternative Sewage Systems--All other types Fee	\$300.00
<b>52</b>	Manufactured Home Communities (Up to 20 Sites) Fee	\$100.00
<b>53</b>	Manufactured Home Communities (25 Sites) Fee	\$125.00
<b>54</b>	Manufactured Home Communities (30 Sites) Fee	\$150.00
<b>55</b>	Manufactured Home Communities (35 Sites) Fee	\$152.50

# Full Program Plan Report

## Kanawha-Charleston 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

## Kanawha-Charleston 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

## Kanawha-Charleston 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	\$0.00
<b>3</b>	Food Worker Training--food handler's cards Fee	\$0.00
<b>4</b>	Campground Re-Inspection Fee	\$35.00
<b>5</b>	Child Care Center Re-Inspection Fee	\$35.00
<b>6</b>	Food Establishment Re-Inspection Fee	\$35.00
<b>7</b>	Hotel/Motel/ Lodging Re- Inspection Fee	\$35.00
<b>8</b>	Manufactured Home Community Re-Inspection Fee	\$35.00
<b>9</b>	Recreational Water Facilities Re-Inspection Fee	\$35.00
<b>10</b>	School Re-Inspection Fee (physical plant only) Fee	\$35.00
<b>11</b>	Sewage Re-Inspection Fee	\$35.00
<b>12</b>	Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	\$35.00
<b>13</b>	Food Establishment Plan Review Fee (0-35 Seating Capacity) Fee	\$125.00

# Full Program Plan Report

## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Service Fees

<b>14</b>	Food Establishment Plan Review Fee (36-75 Seating Capacity) Fee	\$125.00
<b>15</b>	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	\$125.00
<b>16</b>	Other Facilities Plan Review Fee Fee	\$125.00
<b>17</b>	Home Loan Evaluations-Individual Water Wells Fee	\$95.00
<b>18</b>	Home Loan Evaluations-Sewage Only Fee	\$200.00
<b>19</b>	Home Loan Evaluation -Water & Sewage Fee	\$295.00
<b>20</b>	Home Loan Evaluation -New Installation Fee	\$0.00
<b>21</b>	Home Loan Evaluations-Additional Visits Fee	\$65.00
<b>22</b>	Home Loan Evaluations-Sanitarian Fee Fee	\$0.00
<b>23</b>	Individual Water Samples Fee	\$40.00
<b>24</b>	Individual Water Sample Follow-up/Re-sample Fee	\$65.00
<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

## Kanawha-Charleston 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	\$100.00
<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	\$15.00
<b>38</b>	Change of Installer Fee	\$0.00
<b>39</b>	Permit Re-Issue Fee	\$15.00
<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

## Kanawha-Charleston Health Department

### 2016 Reporting Year

#### Service Fees

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

## Threat Preparedness

*Primary Location:*

KCHD Public Health Unit  
 CAMC Memorial Hospital Unit  
 3000 McCorkle Ave  
 Charleston, WV 25304  
 (304) 348-8160

*Additional Location:*

, WV

#### 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

## Kanawha-Charleston 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*