



# Program Plan Reporting System

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

### Transmittal Information

<i>Health Department Name:</i>	Monroe County Health Department
<i>Mailing Street Address:</i>	P.O. Box 590
<i>Mailing City:</i>	Union
<i>Mailing County:</i>	Monroe
<i>Mailing Zip:</i>	24983
<i>Phone:</i>	(304) 772-3064
<i>Fax:</i>	(304) 772-5677
<i>Email Address:</i>	
<i>Website Address:</i>	

<i>Health Department Type:</i>	Single County
<i>Delivery Street Address:</i>	200 Health Center Drive
<i>Delivery City:</i>	Union
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	24983

Fiscal Year April 1, 2015 to July 31, 2015

### Chairperson

Phone:	Fax:	Email:
Chairperson Signature: _____ Shelby Jennings		Date: 5/27/2015

### Health Officer

Health Officer Signature: _____ John Travis Hansbarger, MD	Date: 5/27/2015
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By signing the above, the Monroe 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

## Monroe County Health Department

### 2016 Reporting Year

#### Emergency Information

Answering Machine:	Yes	(304) 772-3064
Answering Service:	Yes	(304) 256-7700
Office of Emergency Services/911/Communications Center:	No	
On-call Pager or Cell	No	

#### Services

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

# Full Program Plan Report

## Monroe County Health Department

### 2016 Reporting Year

#### Services

Threat Preparedness	Yes
Tobacco	No
Tuberculosis Services	Yes
WIC	No

#### Fees

Clinical Fee	No
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

#### Mission Statement

Working together to enhance, promote, and protect the health of residents and the communities we serve.

#### Hours of Operations

Monday	8:00 AM - 4:30 PM
Tuesday	8:00 AM - 6:00 PM
Wednesday	8:00 AM - 4:30 PM
Thursday	8:00 AM - 4:30 PM
Friday	8:00 AM - 4:30 PM
Saturday	Closed
Sunday	Closed

*Activities outside normal hours of operation*

None

# Full Program Plan Report

## Monroe County Health Department

### 2016 Reporting Year

#### Other Facilities

Location Name:	Monroe Health Center Peterstown Clinic
Address:	P.O. Box 580
City:	Peterstown
State:	WV
Zip:	24963
Contact Name:	Jim Nelson
Hours:	8:00 AM - 4:30 PM, 5 Days

#### Combined Health Department

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

# Full Program Plan Report

## Monroe County Health Department

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#### Location Information

Driving directions from Charleston: *I-77 to Beckley (59 miles) *Bear left at I-64 toward Lewisburg (50 miles) *US-219 via exit 169 to Lewisburg/Ronceverte *Turn right at US-219 toward Lewisburg/Ronceverte (2.9 miles) *Continue on Maplewood Avenue (1.1 miles) *Right at US-219 (18 miles) *Left at Health Center Drive *Follow road up and around the hill	
Number of miles from Charleston	136.00
Latitude	37.59166700
Longitude	80.54333300

#### Standards

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

# Full Program Plan Report

## Monroe County Health Department

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### Financial Information

#### Projected Budget Information

Funding Source	Projected Revenue
State Revenue	\$155,073.28
Direct County Commission	\$0.00

# Full Program Plan Report

## Monroe County Health Department

### 2016 Reporting Year

## Financial Information

### Projected Budget Information

Funding Source	Projected Revenue
County Levy	\$0.00
City Levy	\$0.00
Municipalities	\$0.00
Board of Education	\$0.00
Clinical Service Revenue	\$0.00
Environmental Fee Permits	\$17,000.00
Environmental Fee Services	\$3,000.00
Federal Revenue	\$41,143.00
Additional Revenue	\$0.00
Total:	\$216,216.28

### Projected Expenditures

Expense	Amount
Classified Service Personnel	\$0.00
Current Operating Expenditures	\$216,216.28
Capital Outlay Expenditures	\$0.00
Total:	\$216,216.28

### Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
Total:	

# Full Program Plan Report

## Monroe County Health Department

### 2016 Reporting Year

#### Projected Budget Information Continued

Actual Ending Balance:	\$336,532.56
Number of FTE's (Full-time Equivalent):	0.00
Current Investments:	\$0.00
Accounting Software Program:	QuickBooks
Other Accounting Software Program:	
Software Year:	2013

	Personnel	Facility	Utilities	Other	Total
<b>County</b>	\$0.00	\$6,000.00	\$0.00	\$0.00	\$6,000.00
<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
<b>Total</b>	\$0.00	\$6,000.00	\$0.00	\$0.00	\$6,000.00

#### Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$0.00
Behavioral Health	\$0.00
Breast/Cervical Cancer	\$0.00
Cancer Detection	\$0.00
Cardiac	\$0.00
Community Health Promotion	\$10,000.00
Dental	\$0.00
Diabetes	\$0.00
Disaster Response	\$1,000.00
Environmental Health	\$25,000.00
Epidemiology	\$15,000.00
Family Planning	\$0.00
Fluoride	\$500.00
General Health	\$0.00
Health Check	\$0.00

# Full Program Plan Report

## Monroe County Health Department

### 2016 Reporting Year

#### Statewide Chart of Accounts

Account Name	Projected Program Expenditures
HIV/AIDS	\$1,000.00
Home Health	\$0.00
Hypertension	\$0.00
Immunization	\$45,000.00
Lab	\$0.00
Lead	\$0.00
Office Management and Administration	\$61,716.28
Other	\$0.00
Pediatric	\$0.00
Prenatal	\$0.00
Right from the Start	\$0.00
School Health	\$0.00
Sexually Transmitted Diseases	\$1,000.00
Threat Preparedness	\$50,000.00
Tobacco	\$0.00
Tuberculosis Services	\$6,000.00
WIC	\$0.00
<b>Total:</b>	<b>\$216,216.28</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

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## Monroe County Health Department

### 2016 Reporting Year

#### Contacts by Position

Position	Name
Administrator	Julie Mundell
Primary Nursing Contact	Julie Mundell
Health Officer	Dr. J. Travis Hansbarger
Equipment and Information Technology Contact	Ms. Melissa Elmore
Financial Management Contact	Julie Mundell
Environmental Health Contact	Jackie Kirby
Health Promotion Contact	Julie Mundell
Epidemiology Contact 1	Julie Mundell
Epidemiology Contact 2	Dr. J. Travis Hansbarger

# Full Program Plan Report

## Monroe County Health Department

### 2016 Reporting Year

#### Contacts by Position

Position	Name
Rabies Contact	Jackie Kirby
Sexually Transmitted Disease Contact	Julie Mundell
Human Immunodeficiency Virus Contact	Julie Mundell
Tuberculosis Contact	Julie Mundell
Vaccine Preventable Disease Contact	Julie Mundell
Smallpox Contact	Julie Mundell
West Virginia Electronic Disease Surveillance System Contact	Julie Mundell
Threat Preparedness Coordinator	Kelly Shreve
Threat Preparedness Back-up	Julie Mundell
Strategic National Stockpile Coordinator	Julie Mundell
Strategic National Stockpile Back-up	Kelly Shreve
Volunteer Coordinator	Julie Mundell
Volunteer Coordinator Back-up	Kelly Shreve
Risk Communication Coordinator	Julie Mundell
Risk Communication Coordinator Back-up	Kelly Shreve
Responder Health & Safety Coordinator	Julie Mundell
Responder Health & Safety Coordinator Back-up	Kelly Shreve
Health Alert Network Coordinator	Julie Mundell
Health Alert Network Coordinator Back-up	Kelly Shreve

#### Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
-- Vacant --	\$0.00	0.00
Dr. J. Travis Hansbarger	\$0.00	0.00
Julie Mundell	\$0.00	0.00
Kelly Shreve	\$0.00	0.00
Ms. Melissa Elmore	\$0.00	0.00
Jackie Kirby	\$0.00	0.00
<b>Total</b>	\$0.00	0.00

# Full Program Plan Report

## Monroe 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?	Yes
<b>9</b>	If you answered No or NA to any question, please explain:	

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#### 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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## Monroe 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

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<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.	2010
<b>3</b>	If yes, when do you plan to start your next assessment?	8/3/2015
<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            Low or no income/lack of insurance/access to healthcare            Substance Abuse</p>	

# Full Program Plan Report

## Monroe County Health Department

### 2016 Reporting Year

#### Community Health Implementation Plan

Priority Area:	Obesity
Objective:	1. Increase knowledge of what BMI is a measurement of, how to prevent obesity, and healthy lifestyle choices. 2. Increase knowledge and awareness about obesity, risk factors, and how to make healthy lifestyle choices. 3. Increase awareness about obesity. 4. Increase knowledge and awareness of obesity as a serious health problem.
Activity	1. Obtain BMI measurements on patients and participants at clinic sponsored health fairs (women's, men's, and senior's), and provide educational literature about obesity, physical activity, nutrition, and healthy lifestyles. 2. Place articles in the local papers about obesity, including risk factors associated with obesity, healthy lifestyle choices, etc. 3. As able, provide healthy promotional items (such as water bottles, pedometers), at health fairs and/or other community events. 4. Support community wide efforts/initiatives on obesity awareness and prevention and provide guidance and/or assistance as requested or needed.

Priority Area:	Low or no income/lack of insurance/access to healthcare
Objective:	1. Increase access to quality healthcare, identification of people at risk for or already having chronic health conditions, appropriate referrals for treatment/management of diseases. 2. Increase access to WVBCCSP and FP services and to remove barriers to care. 3. Increase access to immunizations and to remove barriers to seeking immunizations. 4. Increase access to affordable quality healthcare and to remove barriers to seeking care. All children seen in wellness centers receive free care if they have no insurance. 5. Increase public awareness of what services and programs are available in the community. 6. Link individuals to appropriate agencies for assistance.
Activity	1. Provide free/low cost, or arrange for free/low cost health screenings through-out the year to identify people at risk or already with chronic health conditions (women's health fair--free breast exams, lipid panel, glucose level, BP, BMI, low cost pap smear; free Pap test day as able through WVBCCSP; arrange for free/low cost mammograms through mobile mammogram units. Men's health fair--free prostate exams, lipid panel, glucose, BP, BMI, low cost PSA. Senior health fair--free cholesterol level, thyroid level, basic metabolic panel, BP, BMI). 2. Offer WVBCCSP and FPP on a daily basis to eligible participants. 3. Offer the VFC Program on a daily basis to eligible participants. 4. Offer sliding scale fee bases on income. 5. Advertise services and programs that are available. 6. Provide referrals to community agencies for assistance.

Priority Area:	Substance Abuse
Objective:	1. Increase awareness of substance abuse as a growing problem in the state. 2. Continue collaboration among community organizations to increase awareness.
Activity	1. Provide educational literature about substance abuse at patient visits, community health fairs, and events. 2. Support community wide efforts on substance abuse awareness and prevention. 3. Place articles in the local papers about substance abuse.

#### Training and Technical Assistance Needs

<b>1</b>	List Training and Technical Assistance Needs
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# Full Program Plan Report

## Monroe County Health Department

### 2016 Reporting Year

## Environmental Health

### Disaster / Disease

Establishment or Discipline		Number	Inspections
<b>1</b>	Tattoo Studio:	0	0 every Year
<b>2</b>	Body Piercing Studio:	0	0 every Year

### Food

Establishment or Discipline		Risk Based Inspections Conducted?	Number	Inspections
<b>1</b>	Food Establishment:	No	54	108 every Year

Establishment or Discipline		Number	Inspections
<b>1</b>	Milk Samples:	0	0
<b>2</b>	Vending Machines:	0	0 every Year
<b>3</b>	Temporary Food Facilities:	5	5

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#### Housing / Institutions

Establishment or Discipline		Number	Inspections
<b>1</b>	Bed and Breakfast	1	1 every Year
<b>2</b>	Child Care Facilities	5	10 every Year
<b>3</b>	Home Loan Evaluations	10	10
<b>4</b>	Institutions	0	0 every Year
<b>5</b>	Labor Camps	0	0 every Year
<b>6</b>	Manufactured Home Communities	19	19 every Year
<b>7</b>	Motel/Hotel/Lodging	9	9 every Year
<b>8</b>	Other Care Facilities	0	0 every Year
<b>9</b>	Schools	7	7 every 2 Years

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## Monroe County Health Department

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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	4	4 per Event
<b>3</b>	Recreational Water Facilities	2	4 per Season
<b>4</b>	Organized Camps	2	2 per Year
<b>5</b>	Parks/Forests	3	3 per Year

#### Sewage

Establishment or Discipline		Number
<b>1</b>	Alternative System	0
<b>2</b>	Home Aeration Unit	0
<b>3</b>	Standard Individual Systems	50
<b>4</b>	Sewage Tank Cleaners	4

#### Water

Establishment or Discipline		Number
<b>1</b>	Individual Supply	25

#### Permit Fees

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## Monroe County Health Department

### 2016 Reporting Year

#### Permit Fees

<b>Permit</b>		<b>Fee for Permit as of July 1</b>
<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	\$50.00
<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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## Monroe 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	\$0.00
<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

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#### 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	\$146.25
<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

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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	\$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	\$100.00
<b>51</b>	Individual, Innovative & Alternative Sewage Systems--All other types Fee	\$0.00
<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	\$175.00

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#### 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	\$250.00
<b>60</b>	Manufactured Home Communities (60 Sites) Fee	\$250.00
<b>61</b>	Manufactured Home Communities (65 Sites) Fee	\$300.00
<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	\$150.00
<b>66</b>	Subdivisions (6-10 Lots) Fee	\$150.00
<b>67</b>	Subdivisions (11 Lots) Fee	\$150.00
<b>68</b>	Subdivisions (12 Lots) Fee	\$150.00
<b>69</b>	Subdivisions (13 Lots) Fee	\$150.00

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### 2016 Reporting Year

#### Permit Fees

<b>70</b>	Subdivisions (14 Lots) Fee	\$150.00
<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

## Monroe 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	\$0.00
<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	\$32.00
<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	\$0.00

# Full Program Plan Report

## Monroe County Health Department

### 2016 Reporting Year

#### Service Fees

<b>14</b>	Food Establishment Plan Review Fee (36-75 Seating Capacity) Fee	\$0.00
<b>15</b>	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	\$0.00
<b>16</b>	Other Facilities Plan Review Fee Fee	\$0.00
<b>17</b>	Home Loan Evaluations-Individual Water Wells Fee	\$35.00
<b>18</b>	Home Loan Evaluations-Sewage Only Fee	\$35.00
<b>19</b>	Home Loan Evaluation -Water & Sewage Fee	\$70.00
<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	\$15.00
<b>24</b>	Individual Water Sample Follow-up/Re-sample Fee	\$15.00
<b>25</b>	Subdivision Site Inspection Fee	\$32.50
<b>26</b>	Subdivision Consultation (No Charge if accompanied with a permit) Fee	\$32.00
<b>27</b>	Homeowner Installer's Test Fee	\$0.00

# Full Program Plan Report

## Monroe 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	\$25.00
<b>35</b>	Animal Specimen/Rabies Testing (including head removal) Fee	\$0.00
<b>36</b>	Animal Bite Inspections Fee	\$25.00
<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

## Monroe 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	\$0.00

## Threat Preparedness

*Primary Location:*

Monroe Health Center Peterstown Clinic  
P.O. Box 580

Peterstown, WV 24963  
(304) 753-4336

*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

## Monroe 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*