



Program Plan Reporting System

Full Program Plan Report Wheeling-Ohio Health Department 2016 Reporting Year

Transmittal Information

<i>Health Department Name:</i>	Wheeling-Ohio Health Department
<i>Mailing Street Address:</i>	1500 Chapline Street
<i>Mailing City:</i>	Wheeling
<i>Mailing County:</i>	Ohio
<i>Mailing Zip:</i>	26003
<i>Phone:</i>	(304) 234-3682
<i>Fax:</i>	(304) 234-6405
<i>Email Address:</i>	howard.p.gamble@wv.gov
<i>Website Address:</i>	www.ohiocountyhealth.com

<i>Health Department Type:</i>	Combined County/Municipal
<i>Delivery Street Address:</i>	1500 Chapline Street
<i>Delivery City:</i>	Wheeling
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	26003

Fiscal Year April 1, 2015 to July 31, 2015

Chairperson

Phone:	Fax:	Email:
Chairperson Signature: _____ John Holloway, MD		Date: 5/12/2015

Health Officer

Health Officer Signature: _____ William C. Mercer, MD	Date: 5/12/2015
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By signing the above, the Wheeling-Ohio 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) 234-2682
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	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	Yes
Pediatric	No
Prenatal	No
Right from the start	No
School Health	Yes
Sexually Transmitted Disease	Yes

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Services

Threat Preparedness	Yes
Tobacco	Yes
Tuberculosis Services	Yes
WIC	Yes

Fees

Clinical Fee	Yes
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

Mission Statement

The mission of the Wheeling-Ohio County Health Department is to fulfill and promote society's public health interest by assuring living conditions in which people can be healthy. To accomplish this mission, basic public health services will be delivered to and/or on the behalf of every resident of the City of Wheeling and Ohio County as resources allow. These basic public health services include the provision of communicable and reportable disease services, community health promotion services, and environmental health services. The Wheeling-Ohio County Health Department is also committed to the ongoing core functions of public health; assessment of the community's health needs and resources, policy development to address the health needs of the community, and assurance that the health needs of the community will be met.

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Hours of Operations

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

Activities outside normal hours of operation

WOCHD Women, Infants & Children Program (WIC) has offices in other counties and have different operational hours. •Hancock County WIC Program is located at 2619 Penn. Avenue, Suite 1, Weirton, WV. Phone number is (304) 723-3153 and clinic days are Monday, Wednesday and Thursdays from 8:30am to 4:30pm. Nutrition Education is held on Tuesdays from 8:30am 4:30pm. •Brooke County WIC Program is located at 192 Industrial Park Lane in Beech Bottom, WV. Phone number is (304) 394-5090 and clinic days are Monday and Tuesdays from 8:30am to 4:30pm. Nutrition Education is held on Wednesdays from 8:30am 4:30pm. •Ohio County WIC Program is located at 45 18th Street in Wheeling, WV. Phone number is (304) 234-3888 and clinic days are Monday, Tuesday, Wednesday and Thursdays from 8:30am to 6:30pm. Nutrition Education is held on Fridays from 8:30am 4:30pm. •Marshall County WIC Program is located at 500 Tele Tech Drive in Moundsville, WV. Phone number is (304) 845-7426 and clinic days are Monday, Tuesday, Wednesday, Thursdays and Fridays from 8:30am to 4:30pm. Nutrition Education is held daily. •Wetzel/Tyler County WIC Program is located at 430 South 2nd Avenue in Paden City, WV. Phone number is (304) 337-2011 and clinic days are Mondays, Tuesdays, Wednesdays and Thursdays from 8:30am to 4:30pm. Nutrition Education is held Monday thru Thursday.

Other Facilities

Location Name:	WIC Office
Address:	2619 Pennsylvania Avenue, Suite 1
City:	Weirton
State:	WV
Zip:	26062
Contact Name:	Hancock County
Hours:	8:30 AM - 4:30 PM, 4 Days

Location Name:	WIC Office
Address:	192 Industrial Park Lane
City:	Beech Bottom
State:	WV
Zip:	26030
Contact Name:	Brooke County
Hours:	8:30 AM - 4:30 PM, 3 Days

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Other Facilities

Location Name:	WIC Office
Address:	45 18th Street
City:	Wheeling
State:	WV
Zip:	26003
Contact Name:	Ohio County
Hours:	8:30 AM - 6:30 PM, 5 Days

Location Name:	WIC Office
Address:	500 Tele Tech Drive
City:	Moundsville
State:	WV
Zip:	26041
Contact Name:	Marshall County
Hours:	8:30 AM - 4:30 PM, 5 Days

Location Name:	WIC Office
Address:	430 South 2nd Ave
City:	Paden City
State:	WV
Zip:	26159
Contact Name:	Wetzel/Tyler Counties
Hours:	8:30 AM - 4:30 PM, 4 Days

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Combined Health Department

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

Location Information

Driving directions from Charleston: * I-77 N, toward Parkersburg, WV heading into the State of Ohio (130 miles) * I-70 E, Exit 44A to Wheeling, WV (46 miles) * Take US-40 E/WV-2 S Exit 1A To Downtown Wheeling * Take middle lane; proceed South on Main Street to 16th Street * Make Left onto 16th Street, go 2 blocks to Chapline Street * WOCHD is located in City/County Bldg. (Courthouse), Room 106	
Number of miles from Charleston	177.00
Latitude	40.06444400
Longitude	80.72083300

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	\$336,054.00
Direct County Commission	\$25,000.00
County Levy	\$0.00
City Levy	\$0.00
Municipalities	\$25,000.00
Board of Education	\$6,000.00
Clinical Service Revenue	\$20,500.00
Environmental Fee Permits	\$146,500.00
Environmental Fee Services	\$13,500.00
Federal Revenue	\$700,033.00
Additional Revenue	\$12,500.00
Total:	\$1,285,087.00

Projected Expenditures

Expense	Amount
Classified Service Personnel	\$734,814.00
Current Operating Expenditures	\$550,273.00
Capital Outlay Expenditures	\$0.00
Total:	\$1,285,087.00

Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
NACCHO MRC Grant	\$3,500.00
Brooke County NP Contract	\$5,000.00
State Aid carry over from FY15	\$4,000.00

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Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
Total:	\$12,500.00

Projected Budget Information Continued

Actual Ending Balance:	\$184,323.00
Number of FTE's (Full-time Equivalent):	25.70
Current Investments:	\$0.00
Accounting Software Program:	Peachtree
Other Accounting Software Program:	
Software Year:	2009

	Personnel	Facility	Utilities	Other	Total
County	\$0.00	\$40,000.00	\$10,000.00	\$0.00	\$50,000.00
Municipality	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Board of Education	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$40,000.00	\$10,000.00	\$0.00	\$50,000.00

Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$15,000.00
Behavioral Health	\$0.00
Breast/Cervical Cancer	\$1,000.00
Cancer Detection	\$0.00
Cardiac	\$0.00
Community Health Promotion	\$400.00
Dental	\$0.00
Diabetes	\$0.00
Disaster Response	\$400.00
Environmental Health	\$200,000.00
Epidemiology	\$511.00
Family Planning	\$6,000.00

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Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Fluoride	\$0.00
General Health	\$0.00
Health Check	\$0.00
HIV/AIDS	\$500.00
Home Health	\$0.00
Hypertension	\$150.00
Immunization	\$8,000.00
Lab	\$400.00
Lead	\$0.00
Office Management and Administration	\$350,000.00
Other	\$9,000.00
Pediatric	\$0.00
Prenatal	\$0.00
Right from the Start	\$0.00
School Health	\$0.00
Sexually Transmitted Diseases	\$250.00
Threat Preparedness	\$70,002.00
Tobacco	\$1,100.00
Tuberculosis Services	\$100.00
WIC	\$622,274.00
Total:	\$1,285,087.00

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?	Yes

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Contacts by Position

Position	Name
Administrator	Mr. Howard P Gamble
Primary Nursing Contact	Mrs. Becky J Beckett
Health Officer	Dr. William C Mercer MD
Equipment and Information Technology Contact	Mr. Howard P Gamble
Financial Management Contact	Mr. Howard P Gamble
Environmental Health Contact	Mr. Laughlin H Johnson
Health Promotion Contact	Mr. Howard P Gamble
Epidemiology Contact 1	Mr. Howard P Gamble
Epidemiology Contact 2	Mr. Howard P Gamble
Rabies Contact	Mr. Laughlin H Johnson
Sexually Transmitted Disease Contact	Mrs. Becky J Beckett
Human Immunodeficiency Virus Contact	Mrs. Becky J Beckett
Tuberculosis Contact	Mrs. Becky J Beckett
Vaccine Preventable Disease Contact	Mrs. Becky J Beckett
Smallpox Contact	Mrs. Becky J Beckett
West Virginia Electronic Disease Surveillance System Contact	Mrs. Lee Ann Speare
Threat Preparedness Coordinator	Mr. Wayland W Harris
Threat Preparedness Back-up	Mr. Howard P Gamble
Strategic National Stockpile Coordinator	Mr. Wayland W Harris
Strategic National Stockpile Back-up	Ms. Margaret E Sall
Volunteer Coordinator	Mr. Wayland W Harris
Volunteer Coordinator Back-up	Mr. Howard P Gamble
Risk Communication Coordinator	Mr. Howard P Gamble
Risk Communication Coordinator Back-up	Dr. William C Mercer MD
Responder Health & Safety Coordinator	Mr. Wayland W Harris
Responder Health & Safety Coordinator Back-up	Mr. Laughlin H Johnson
Health Alert Network Coordinator	Mr. Howard P Gamble
Health Alert Network Coordinator Back-up	Mr. Wayland W Harris

Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
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Heather S Tennant	\$1,236.80	0.80
Sherry Klug	\$0.01	0.80
Katie Bulian	\$0.01	0.80
-- Vacant --	\$0.00	0.00
Mr. Howard P Gamble	\$4,547.58	1.00
Mrs. Shelia Adams	\$1,665.79	1.00
Mrs. Tammy L Amos	\$2,778.92	1.00
Mrs. Kristina Bacca	\$0.01	0.10
Mrs. Becky J Beckett	\$3,765.83	1.00
Ms. Nada E Beneke	\$3,300.20	1.00
Mrs. Jan B Berardinelli	\$3,091.05	1.00
Mrs. Darlene Boniey	\$1,480.13	0.80
Mrs. Sue Chiodi	\$982.17	0.60
Mrs. Beth A Dowler	\$3,448.13	1.00
Mrs. Kim Eames	\$955.43	0.60
Mrs. Janette E Fahey	\$2,130.93	1.00
Mrs. Cynthia Greenlee	\$0.01	0.10
Mr. Wayland W Harris	\$3,045.00	1.00
Mr. Laughlin H Johnson	\$2,679.44	1.00
Mrs. Susan LaRue	\$2,294.33	1.00
Mrs. Mary Mattone	\$1,668.88	1.00
Dr. William C Mercer MD	\$2,854.00	0.10
Mrs. Carol A Patterson	\$1,273.90	0.80
Mr. Garen B Rhome	\$2,379.87	1.00
Ms. Margaret E Sall	\$2,835.46	1.00
Ms. Nancy L Shalvey	\$1,138.89	0.40
Mrs. Cynthia Siegart	\$1,684.33	1.00
Mrs. Lee Ann Speare	\$1,923.46	1.00
Mrs. Barbara Varlas	\$2,502.16	1.00
Mrs. Tina L Vetanze	\$1,584.88	1.00
Mrs. Barbara Warzynski	\$2,250.71	0.80
Mrs. Peggy A Williams	\$2,819.56	1.00
Total	\$62,317.87	25.70

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Communicable Disease

Immunization Services

1	Does your local health department report all immunizations administered to children 0-18 years of age every two weeks as required by 64C SR7?	Yes
2	Does your local health department document VFC eligibility (or lack thereof) in the immunization records entered into WVSIS, either through direct data entry into WVSIS or through the HealthStat 2000 system for export into WVSIS?	Yes
3	Does your local health department conduct case management activities related to infants born to HBsAg positive mothers and report findings to the Division of Immunization Services in a timely manner?	Yes
4	Does your local health department report vaccine doses administered and vaccine doses on-hand by the fifth business day of each month?	Yes
5	Does your local health department submit a completed temperature log by the fifth business day of each month?	Yes
6	Does your local health department submit a quarterly report documenting progress toward meeting the objectives outlined in the Immunization Action Plan within 15 days of the end of each quarterly reporting period?	Yes
7	Has your Local Board of Health been apprised of the BPH recommendation to adopt or expand a private vaccine purchasing and billing system which would require the LHD to bill third party payers and individuals (on sliding fee scale) for some out-of-pocket payment?	Yes
8	Has your Local Board of Health indicated any concern or unwillingness regarding the development or expansion of such a private vaccine immunization program?	No
9	<p>If you answered No or NA to any question, please explain:</p> <p>WOCBOH is willing to expand to private purchased vaccines. Currently purchasing private vaccines for Adult and Travel Clinics.</p>	

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STD, HIV and Hepatitis

1	Does your local health department collaborate with Disease Intervention Specialists (DIS) in investigating and assuring treatment for all syphilis, gonorrhea and Chlamydia cases (including all clinical cases i.e., all positives, all symptomatic, and all contacts of a known positive case) according to 2010 CDC STD Treatment Guidelines.	Yes
2	Does your local health department complete and submit the HIV/AIDS Confidential Case Report on all newly diagnosed HIV/AIDS cases to the West Virginia Division of STD/HIV and Hepatitis in a confidential, postage-paid envelope.	Yes
3	Does your local health department routinely recommend syphilis and HIV testing to all individuals who have tested positive for an STD?	Yes
4	Does your local health department offer HIV/AIDS testing and counseling including posttest counseling and referral on all HIV/AIDS positive cases?	Yes
5	Does your local health department complete and submit VD 91 (confidential morbidity and treatment report) on all positive Chlamydia, gonorrhea and syphilis cases.	Yes
6	Does your local health department routinely schedule appointments for individuals to return for their test results?	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	<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>More regional trainings and updates with limited travel would serve our workforce better.</p>
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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?	12/1/2015
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	<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>Reduction in heart disease rates among Ohio County residents Reduction in malignant neoplasms rates among Ohio County residents. Reduction in HIV cases in Ohio County. Reduction in smoking rates among adults and children in Ohio County. Increase in physical activity among Ohio County residents.</p>	

Community Health Implementation Plan

Priority Area:	Reduction in HIV cases in Ohio County
Objective:	Awareness of HIV and AIDS
Activity	Board of Health annual resolution focusing on HIV awareness.

Priority Area:	Reduction in influenza cases in Ohio County
Objective:	Awareness of flu and vaccination of infectious diseases
Activity	Board of Health annual resolution on healthcare worker flu vaccinations

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Community Health Implementation Plan

Priority Area:	Reduction in Influenza cases in Ohio County
Objective:	Increase vaccinations
Activity	Community vaccination clinics in schools, business and organizations

Priority Area:	Reduction in smoking rates among adults and children in Ohio County
Objective:	Increase in compliance with county's CIA regulation
Activity	After hours enforcement of the WOCBOH CIA regulation

Priority Area:	Reduction in smoking rates among adults and children in Ohio County
Objective:	Decrease in smoking rates for adults and kids
Activity	Expansion of the CIA regulation in Ohio County, through the BOH

Priority Area:	Reduction in smoking rates among adults and children in Ohio County
Objective:	Decrease in smoking rates for college students and business community
Activity	Assisting business and places of higher education to go smoke free campus wide

Training and Technical Assistance Needs

1	<p>List Training and Technical Assistance Needs</p> <p>Any type of public health training is welcomed, however, more trainings need to be done on a regional level (or using technology) to limit travel and costs for the local health department.</p>
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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

Establishment or Discipline		Risk Based Inspections Conducted?	Number	Inspections
1	Food Establishment:	No	542	1084 every Year

Establishment or Discipline		Number	Inspections
1	Milk Samples:	56	56
2	Vending Machines:	44	44 every Year
3	Temporary Food Facilities:	97	97

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Housing / Institutions

Establishment or Discipline		Number	Inspections
1	Bed and Breakfast	1	1 every Year
2	Child Care Facilities	20	40 every Year
3	Home Loan Evaluations	10	10
4	Institutions	0	0 every Year
5	Labor Camps	12	12 every Year
6	Manufactured Home Communities	31	31 every Year
7	Motel/Hotel/Lodging	15	15 every Year
8	Other Care Facilities	14	14 every Year
9	Schools	22	22 every 2 Years

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Recreation

Establishment or Discipline		Number	Inspections
1	Campground	14	14 per Season
2	Fairs/Festivals/Mass Gatherings	1	1 per Event
3	Recreational Water Facilities	29	58 per Season
4	Organized Camps	4	4 per Year
5	Parks/Forests	0	0 per Year

Sewage

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

Water

Establishment or Discipline		Number
1	Individual Supply	7

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	\$100.00
66	Subdivisions (6-10 Lots) Fee	\$100.00
67	Subdivisions (11 Lots) Fee	\$110.00
68	Subdivisions (12 Lots) Fee	\$120.00
69	Subdivisions (13 Lots) Fee	\$130.00

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Permit Fees

70	Subdivisions (14 Lots) Fee	\$140.00
71	Subdivisions (15 Lots) Fee	\$150.00
72	Subdivisions (16-18 Lots) Fee	\$180.00
73	Subdivisions (19-23 Lots) Fee	\$230.00
74	Subdivisions (24 Lots) Fee	\$240.00
75	Subdivisions (25 Lots) Fee	\$250.00
76	Subdivisions (26 Lots) Fee	\$260.00
77	Subdivisions (27 Lots) Fee	\$270.00
78	Subdivisions (28 Lots) Fee	\$280.00
79	Subdivisions (29 Lots) Fee	\$290.00
80	Subdivisions (30 Lots) Fee	\$300.00
81	Tattoo Studios Fee	\$200.00
82	Body Piercing Studio Fee	\$200.00
83	Sewage Cleaning Trucks Fee	\$16.00

Service Fees

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Service Fees

	Service	Fee for Service as of July 1
1	Duplicate Foodhandler's Card Fee	\$0.00
2	Food Worker Training-food handler's card- Volunteer/non-profit Fee	\$0.00
3	Food Worker Training--food handler's cards Fee	\$10.00
4	Campground Re-Inspection Fee	\$20.00
5	Child Care Center Re-Inspection Fee	\$20.00
6	Food Establishment Re-Inspection Fee	\$20.00
7	Hotel/Motel/ Lodging Re- Inspection Fee	\$20.00
8	Manufactured Home Community Re-Inspection Fee	\$20.00
9	Recreational Water Facilities Re-Inspection Fee	\$20.00
10	School Re-Inspection Fee (physical plant only) Fee	\$20.00
11	Sewage Re-Inspection Fee	\$20.00
12	Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	\$20.00
13	Food Establishment Plan Review Fee (0-35 Seating Capacity) Fee	\$100.00

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Service Fees

14	Food Establishment Plan Review Fee (36-75 Seating Capacity) Fee	\$200.00
15	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	\$300.00
16	Other Facilities Plan Review Fee Fee	\$100.00
17	Home Loan Evaluations-Individual Water Wells Fee	\$50.00
18	Home Loan Evaluations-Sewage Only Fee	\$100.00
19	Home Loan Evaluation -Water & Sewage Fee	\$150.00
20	Home Loan Evaluation -New Installation Fee	\$0.00
21	Home Loan Evaluations-Additional Visits Fee	\$50.00
22	Home Loan Evaluations-Sanitarian Fee Fee	\$0.00
23	Individual Water Samples Fee	\$0.00
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	\$50.00

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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	\$0.00
38	Change of Installer Fee	\$0.00
39	Permit Re-Issue Fee	\$10.00
40	Food handlers card 3-year profit or non-profit Fee	\$0.00
41	Septic tank perc test inspection Fee	\$0.00

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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:

Ohio County WIC Office
45 18th Street

Wheeling, WV 26003
(304) 234-3888

Additional Location:

Feedback / Ideas

none

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

Wheeling-Ohio 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