



**SAMPSON COUNTY
BOARD OF COMMISSIONERS
MEETING AGENDA
December 7, 2020**

This meeting is to be held during the unprecedented event of the COVID-19 pandemic; therefore, limitations have been placed on the number of persons allowed in the meeting room at one time. Given the restrictions on persons allowed in the meeting room, the meeting will be broadcast via YouTube. Comments related to public hearings and Public Comment have been welcomed via US Mail and email.

- 6:00 pm Convene Regular Meeting (County Auditorium)**
Invocation – Rev. Harvey Robinson
Pledge of Allegiance
Approve Agenda as Published
- Item 1 SWEARING IN CERMONY – The Honorable Henry L. Stevens 1**
Commissioners R. Jerol Kivett and Lethia R. Lee
Register of Deeds Anita Lane
Soil and Water Supervisors Curtis Barwick and Thomas Hobbs
- Item 2 Annual Organization of the Board 2**
- Item 3 Reports and Presentations**
- a. Public Health Department - COVID-19 Update 3 - 5
- b. Clinton City Schools – Presentation of 2020/21 Facility Needs Survey 6 - 76
- c. Recognition of Brian Royal as Recipient of NCRWA’s Bud Pate Service Award 77
- Item 4 Action Items**
- a. Designation of Voting Delegate for NCACC 2021 Legislative Goals Conference 78 - 79
- b. Appointments 80 - 87
- Health Advisory Board
 - Child Fatality Team
 - Convention and Visitors Bureau
 - Hospital Board of Trustees
 - Airport Advisory Board
 - Fire Commission
 - Planning Board

Item 5	Consent Agenda (General)	88
a.	Approve the minutes of the November 2, 2020 meeting	89 - 93
b.	Approve the Department of Aging’s submission of an application for United Way funding in the amount of \$30,000 for construction of wheelchair ramps	94 - 108
c.	Approve the revised policies for the Sampson-Clinton Public Library: Code of Conduct, Collection Development Policy, Computer/Internet Policy, Exhibit Policy, Privacy of Records Policy, Safe Child Policy, Volunteer Policy	109 - 124
d.	Adopt resolution authorizing Chairman to execute the bulk water purchase agreement between Sampson County and the City of Clinton	125 - 133
e.	Approve recommended names for private roads (public hearing held on November 2, 2020): Taylors Creek Way (PVT 1446 5404); Merlin Court (PVT 1446 5404 47); Southern Home Lane (PVT 421WIL 1961)	134
f.	Approve late applications for disabled veterans tax exclusion for Kim A. Newton, James H. Smith, Alonzo J. Vann, and Colin Stoeckel	135 - 146
g.	Approve a late present land use application for Micah/Holly Brewington	147 - 152
h.	Approve a late property tax exemption/release of applicable taxes for Enviva Pellet LLC	153 - 162
i.	Approve the tax refunds and releases as submitted	163 - 188
j.	Approve budget amendments as submitted	189 - 201
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k.	Approve the Electronic Health Imaging Policy	203 - 315
l.	Approve the Health Advisory Committee Operating Policy	316 - 324
m.	Approve Health Advisory Committee Conflict of Interest Policy	325 - 327
n.	Approve the Sampson County Health Department Fiscal Policy	328 - 372
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b.	Dangerous Dog Appeal Hearing Minutes, September 29, 2020	379 - 384
Item 7	County Manager’s Reports	

Comments will be received orally from those present (waiting in the lobby), following the Board's established Rules of Procedure. In addition, written comments will be accepted until 5 pm on the date of the meeting via mail or email. Comments received by the deadline will be read aloud by the Clerk and included in the official minutes of the meeting (unless they violate the Board's Rules of Procedure).

Recess to Reconvene on December 14, 2020 for Architects' Presentation



SAMPSON COUNTY BOARD OF COMMISSIONERS
SWEARING IN CEREMONY PROCEEDINGS

*Sampson County Auditorium
Monday, December 7, 2020
6:00 pm*

CALL TO ORDER OF THE BOARD OF COMMISSIONERS
Clark H. Wooten, Chairman, Sampson County Board of Commissioners

PLEDGE OF ALLEGIANCE

INVOCATION

Pastor Harvey Robinson

THE SWEARING IN CEREMONY

The Honorable Henry L. Stevens administering oaths

Each person to be sworn in will have a copy of his or her oath to read from. They will come forward as noted in the order below. Each person's family may join them in the Auditorium as the oath is being administered. However, once the oath is administered, the guests must depart the Auditorium to allow the next group to enter.

Board of Commissioners

(in alphabetical order) R. Jerol Kivett, Lethia R. Lee
Each will be seated on the dais after being sworn.

Register of Deeds

Anita H. Lane

Soil & Water Supervisors

(in alphabetical order) Curtis G. Barwick, Thomas G. Hobbs, Jr.

BOARD OF COMMISSIONERS MEETING RESUMES

Note to those being sworn in: We will have Bibles available for the swearing in ceremony. You may, of course, bring a family Bible to use if you so choose. Also, your spouse or family members may join you also for your swearing in. It is imperative that you sign your oath before leaving the ceremony! Copies will be available for your review before the ceremony.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 2

Meeting Date: December 7, 2020	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Annual Organization of the Board

DEPARTMENT: Governing Body

PUBLIC HEARING: No

CONTACT PERSON(S): Edwin W. Causey, County Manager (for election of Chairman)
Chairman (for election of Vice Chairman)
Joel Starling, County Attorney

PURPOSE: To conduct annual election of officers

ATTACHMENTS: None

BACKGROUND:

North Carolina General Statutes require that the Board elect its officers during its first meeting in December each year. Customarily, the County Manager presides over the election of the Chairman. Then, the newly-elected Chairman presides over the election of Vice Chairman.

The person conducting the election should ask for nominations from the Board (nominations do not require a second). After all nominations have been made, the Board should vote (typically in the order received) on the candidates, with each member casting one vote. The Board should agree in advance on what procedure to follow if no candidate receives a majority of the votes cast on the first round of voting. County Attorney Joel Starling will advise the Board on options for this procedure.

RECOMMENDED ACTION OR MOTION:

Elect officers as prescribed by General Statutes

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 3 (a)

Meeting Date: December 7, 2020	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input checked="" type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/ Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: COVID 19 Update

DEPARTMENT: Health Department

PUBLIC HEARING: No

CONTACT PERSON(S): Wanda Robinson, Health Director

PURPOSE: To receive an update on COVID 19 cases in Sampson County

ATTACHMENTS: Resolution

BACKGROUND:

As of the preparation of the agenda, Sampson County was designated as an “orange” county in the State’s COVID-19 County Alert System, indicating substantial community spread of the virus. Public Health Director Wanda Robinson will update the Board on case statistics and virus impact.

RECOMMENDED ACTION OR MOTION:

Consider adoption of supporting resolution

**A RESOLUTION URGING SAMPSON COUNTY CITIZENS TO
FOLLOW PUBLIC HEALTH RECOMMENDATIONS
TO PREVENT THE SPREAD OF THE COVID-19 VIRUS**

WHEREAS, on March 11, 2020, the World Health Organization declared the COVID-19 outbreak a Public Health Pandemic of International Concern; and

WHEREAS, on March 13, 2020 the President of the United States announced a national emergency in response to the COVID-19 pandemic; and

WHEREAS, a public health state of emergency was declared by the State of North Carolina and on March 18, 2020 by the County of Sampson to address the COVID-19 pandemic; and

WHEREAS, on November 17, 2020, the State of North Carolina introduced a COVID-19 County Alert System which uses metrics informed by the White House Coronavirus Task Force and North Carolina’s key metrics to categorize counties into three tiers; and

WHEREAS, Sampson County was initially identified as one of ten “red” counties, indicating critical community spread of the virus, reporting more than 500 cases per 100,000 population and a positivity rate of more than 10% during a 14-day measuring period (the 5th worst of all of the State’s 100 counties); and

WHEREAS, as of the November 23, 2020 update, Sampson County was seeing improvement, transitioning to an “orange” county, nevertheless experiencing substantial community spread, still experiencing more than 500 cases per 100,000 population, and a positivity rate of 9.5%; and

WHEREAS, despite improvement, the increasing virus transmission continues to take a toll on our healthcare workers who are valiant frontline warriors combating the virus and threatens the capacity and ability of our healthcare system to meet the needs not only of COVID patients but those needing other critical care; and

WHEREAS, the pandemic continues to negatively impact our businesses and industries, and the delivery of government services to our citizens; and

WHEREAS, the Board of Commissioners of the County of Sampson are charged with the protection of public health, safety, and the welfare of the citizens of the County and are committed to reducing the impact this health crisis is having on the physical and mental health of our citizens and the economic health of our business and are committed to avoiding the more stringent restrictions that could be state-imposed unless the spread of the virus can be curbed.

NOW THEREFORE, BE IT RESOLVED THAT, the Sampson County Board of Commissioners urges all citizens to take critical actions to curb the spread of the COVID-19 virus to protect our health and our economy, including:

- Observe the 3 W's: WEAR a cloth mask over your nose and mouth all times outside the home; WAIT six feet apart, avoiding close contact; and WASH your hands or use hand sanitizer
- Avoid settings where large numbers of people congregate and where social distancing is not possible
- Reduce public interactions to essential activities such as going to work or school, caring for family members, buying food, or getting health care
- Consider take out or eating outside at restaurants
- Avoid non-essential travel
- Get tested if symptomatic and answer the call and participate in contact tracing if contacted

BE IT FUTHER RESOLVED THAT the Sampson County Board of Commissioners likewise encourages retailers, grocery stores, commercial establishments and farming operations to do their part by requiring workers and patrons to, among other COVID-19 mitigation measures, wear cloth face coverings in accordance with the White House Coronavirus Task Force recommendations and CDC guidelines.

ADOPTED this the 7th day of December, 2020.

Clark H. Wooten, Chairman

ATTEST:

Susan J. Holder, Clerk to the Board

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 3 (b)

Meeting Date: December 7, 2020	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input checked="" type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Presentation of 2020/21 Facility Needs Survey

DEPARTMENT: Clinton City Schools

PUBLIC HEARING: No

CONTACT PERSON(S): John Lowe, Executive Director of Technology & Auxiliary Services

PURPOSE: To authorize execution of the FY 2020/21 Facility Needs Survey

ATTACHMENTS: 2020/21 Facility Needs Survey

BACKGROUND:

Every five years, the State of North Carolina requires school districts to estimate their long-range facility needs. Clinton City School officials will present their report, which requires the signature of the Chairpersons of both the Board of Education and the Board of Commissioners prior to submission by the January 8, 2021 deadline.

It is important to note that such signature indicates that the Board of Commissioners has received and reviewed a copy of the survey. It does not necessarily constitute endorsement of or commitment to fund the Facility Needs Survey.

RECOMMENDED ACTION OR MOTION:

Hear presentation and authorize Chairman and County Manager to sign certification page



Administrative Unit: Clinton City Schools (Unit 821)

I. Certification of Board of Education

The Clinton City Schools Board of Education hereby submits its Facility Needs Survey dated 09252020 listing all improvements and additional facilities needed to accomodate projected enrollments through the 2020-21 school year and improvements to existing facilities to provide safe, comfortable environments that support the educational programs.

We do hereby certify that the needs identified herein are a true representation of our situation. Alternatives were considered and this plan provides the best balance between cost and benefit to our students. We understand that costs have been standardized to statewide averages to provide uniform comparisons.

Signed:

, Chairman Date

, Secretary, Ex-officio Date

2. Certification of Board of County Commissioners

The Sampson County Board of Commissioners has received and reviewed a copy of this survey prior to submission to the State Board of Education. This does not necessarily constitute endorsement of or committment to fund the Facility Needs Survey.

, Chairman Date

, County Manager or Clerk Date

2020-21 Facility Needs Survey Clinton City Schools

Every five years the State of North Carolina requires school districts to estimate the dollars needed for new construction, additions, or renovations to existing facilities.

North Carolina G.S. 115C-521(a) "Local boards of education shall submit their long-range plans for meeting school facility needs to the State Board of Education by January 1, 1988, and every five years thereafter."

Clinton City Schools (CCS) contracted BAISCA LLC to assist with the organization of existing data and completion of survey forms issued by the DPI School Planning Section. The attached reports are the results of the study. Data has been provided to CCS in two formats. A binder titled "**State Forms**" includes all printable forms and reports from the survey database, which is written in Microsoft Access. This is the information that will be submitted to the state.

This binder, which is titled "**BAISCA Workbook**" includes spreadsheets developed and used by BAISCA to compile facilities information requested by DPI School Planning. This information is presented in a series of spreadsheets written in Microsoft Excel. Ultimately, these reports can be more useful for CCS staff as they will provide additional detail, particularly regarding renovation data. BAISCA was not contracted to conduct field assessments or provide cost estimates. All information used to complete the 2020-21 Facility Needs Survey is based upon documents provided to BAISCA by CCS and interviews held with maintenance and other appropriate staff.

The chart below indicates the results of previous Facility Needs Surveys submitted by CCS to the state including the 5-year results of the BAISCA study.

	2000-01 Survey	2005-06 Survey	2010-11 Survey	2015-16 Survey	2020-21 Survey
New Facilities	\$ 11,517,028	\$ 28,967,346	\$ -	\$ -	\$ -
Additions	\$ 2,910,438	\$ -	\$ 3,908,822	\$ 8,206,665	\$ -
Renovations	\$ 7,359,744	\$ -	\$ 17,280,142	\$ 19,962,884	\$ 16,619,626
Furniture/Equipment	\$ 1,270,570	\$ 2,360,877	\$ 328,062	\$ 688,773	\$ 618,000
Land	\$ 90,000	\$ -	\$ 2,600,000	\$ 2,600,000	\$ -
Total	\$ 23,147,780	\$ 31,328,223	\$ 24,117,026	\$ 31,458,322	\$ 17,237,626

The state forms request facility needs data for the five-year period beginning in the 2020-21 school year. They also request facility needs data for an additional five-year period beginning in 2025-26. The attached reports indicate an additional **\$2,022,675** for that five-year period bringing the overall cost projections for a 10- year period to a grand total of **\$19,260,301**.

The state forms request information for instructional space only. The BAISCA study included facility needs for non-instructional facilities such as administrative offices, maintenance, transportation, and warehouse facilities. Although this information was not required for the state report, information received indicates an additional **\$4,849,020** in projected costs for these buildings over the next 10 years bringing the overall total to **\$24,109,320**.

Methodology

Data Collection

Upon receiving confirmation of the agreement with CCS, BAISCA began work by obtaining copies from CCS of prior State Facility Needs Surveys, existing facilities planning documents, capacity information for each school, and other facilities related documents. The project schedule was confirmed with CCS staff and a communications plan was developed, including contact information for staff members to be interviewed. Notices were sent by CCS to staff members indicating the background and purpose of the report and a proposed timeframe of the interview. Staff members were asked to bring lists, replacement schedules, and other pertinent documents to the interview. Staff interviews regarding current building conditions were held at CCS.

Use of Existing Facilities Information

To the extent information was available, CCS provided:

- Existing facilities reports prepared within the last five years
- List of all facilities detailing:
 - Current Use
 - Dates of Construction/Additions
 - Square Footage
 - Capacity
- Latest Capital Improvement Plan (CIP) or Master Plan
- 2015 Facilities Needs Report
- 2019-2020 ADM Enrollment
- Enrollment Projections
- Schematic Drawings of Buildings/Sites
- Access to Survey Forms

Reports

In addition to entering data onto the forms supplied by DPI, all collected data has been organized in spreadsheet format providing greater detail on a school-by-school basis. Printouts of spreadsheets, the DPI forms, and an executive summary have been prepared for CCS in hard copy as well as electronically. Cost estimates were received from CCS staff or in some cases, determined as a result of unit costs and building area standards built into the DPI program software.

Capacity

Clinton City Schools has historically calculated school capacity by utilizing worksheets provided by the School Planning Division of DPI. BAISCA entered this information into the 2020-2021 Facility Needs Survey forms with updated calculation criteria including state mandated classroom size reduction. In the summary reports section of the BAISCA Workbook, a tabulation is offered of capacity values prepared by BAISCA. The values listed represent the capacity actually displayed in the state forms which in some cases was adjusted down in the absence of art or music rooms in elementary schools, the absence of health classrooms in middle schools and auxiliary gymnasiums in high schools.

Enrollment Projections

The two tables below were sourced from the DPI School Planning website. The 2020-2021 Facility Needs Survey forms are pre-loaded with similar data. The State Form reports include a report titled "Projected ADM by Year and Grade.

The state forms show ADM for 2019-2020 at **2,940**. Total Capacity for CCS is currently calculated at **3,347** indicating an overage of **407** seats, district-wide, in school capacity compared to enrollment. The state's 10-year enrollment projections do not currently indicate a significant need for additional capacity.

Cumulative Summary of ADM by Grade Level

Year	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
DPI Average Daily Membership (ADM) Enrollment Data														
2010-2011	274	235	257	267	274	256	241	238	212	242	195	159	157	3,007
2011-2012	249	269	208	257	254	259	259	219	228	214	203	189	148	2,956
2012-2013	257	232	256	205	246	256	257	259	209	240	197	185	180	2,979
2013-2014	269	261	232	254	192	244	250	266	252	226	224	186	166	3,022
2014-2015	266	264	269	229	251	189	230	247	272	259	192	207	171	3,046
2015-2016	227	263	261	258	226	241	206	234	244	286	223	183	195	3,047
2016-2017	233	233	242	262	252	226	242	202	221	257	242	195	177	2,984
2017-2018	270	225	223	241	258	244	227	239	210	240	219	205	176	2,977
2018-2019	247	270	216	215	241	243	252	226	228	221	195	191	191	2,936
2019-2020	247	250	263	216	224	238	248	243	219	268	183	164	177	2,940
DPI Average Daily Membership (ADM) Projections														
2020-2021	238	245	233	257	218	219	242	238	230	253	224	167	150	2,914
2021-2022	236	235	236	227	263	214	223	232	230	265	209	198	144	2,912
2022-2023	245	233	226	230	232	258	218	214	224	265	219	185	171	2,920
2023-2024	239	242	224	220	235	228	262	209	207	258	219	194	159	2,896
2024-2025	241	236	233	218	225	231	232	252	202	238	213	194	167	2,882
2025-2026	244	238	227	227	223	221	235	223	243	232	197	188	167	2,865
2026-2027	248	241	229	221	232	219	225	226	215	279	192	174	162	2,863
2027-2028	251	245	232	223	226	228	223	216	218	247	231	170	150	2,860
2028-2029	254	248	236	226	228	222	232	214	209	251	204	204	147	2,875
2029-2030	257	251	239	230	231	224	226	223	207	240	208	180	176	2,892

School Construction

The oldest active school buildings in Clinton City Schools are Butler Avenue Elementary and Sunset Avenue Elementary, each built 69 years ago in 1951. The last school constructed in Clinton City Schools was Clinton High School built 12 years ago in 2008.

Two different methods are used to index schools by age as shown in the tables below. If there have been major additions to the original school building, using the year of construction of the largest square footage may be a more useful tool for facilities planning.

School Age Sorted by Original Construction Year			School Age Sorted by Largest Construction Year		
School	Original Construction	Age (2020)	School	Largest Construction	Age (2015)
Butler Avenue Elementary	1951	69	Butler Avenue Elementary	1951	69
Sunset Avenue Elementary	1951	69	Langdon C Kerr Elementary	1954	66
Langdon C Kerr Elementary	1954	66	Sampson Middle	1976	44
Sampson Middle	1976	44	Sunset Avenue Elementary	1982	38
Clinton High	2008	12	Clinton High	2008	12
	Average	52		Average	46
	Mean	66		Mean	44

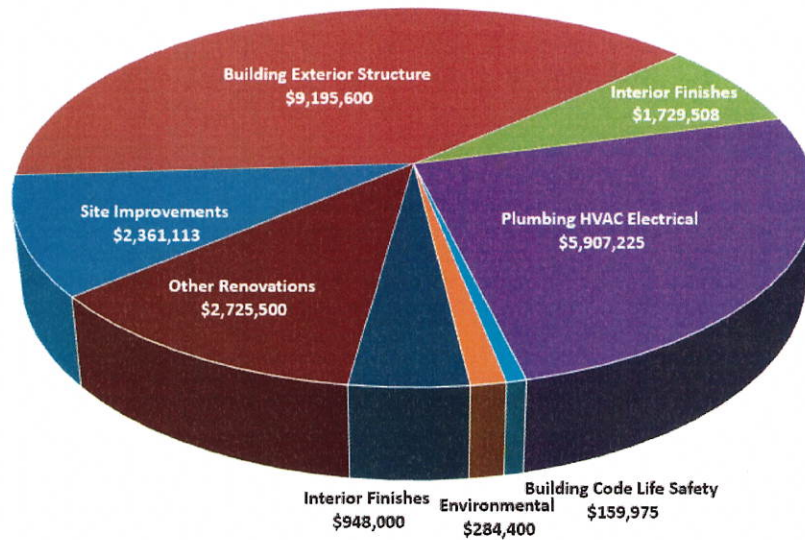
Number of Schools Constructed by Decade									
	50s'	60s'	70s'	80s'	90s'	00s'	10s'	20s'	Total
Original Construction	3	0	1	0	0	1	0	0	5
Largest Construction	2	0	1	1	0	1	0	0	5

Summary of Renovations Data

The following chart indicates a breakdown of renovation costs by categories established in the DPI 2020-21 Facility Needs Survey. Category level renovation costs align with values in the state report.

Renovations Costs by Category

Total = \$23,311,320



Cost associated with significant projects detailed in the summary are listed as “approximate” as they have been rounded and, in some cases, combined into project groupings.

Site improvements - \$2,361,112

This category comprises 10% of the total estimated renovation costs. Significant project groups include:

- Paving - \$1.6M
- Covered Walkways - \$380K
- Fencing - \$118K
- Grading/Drainage – 104K
- Sewer System – 94K
- Sidewalks - \$41
- Landscape - \$6K

Building Exterior/Structure - \$9,195,600

This category comprises 39% of the total estimated renovation costs. Significant project groups include:

- Roofing - \$4.5M (\$1M Academic Building at Samson Middle School – Priority A)
- Structural - \$3M (\$2.5M - Multiple structural Issues at College Street two story building)
- Window Replacements \$1M (\$500K - College Street two story building)
- Painting – \$332K
- Lock and Key - \$201K
- Masonry - \$47K
- Exterior Doors - \$36K

Interior Finishes - \$1,729,508

This category comprises 7% of the total estimated renovation costs. Significant project groups include:

- *Painting - \$1.1M*
- *Ceilings - \$296K*
- *Stage Curtains - \$148K*
- *Flooring - \$142K*
- *Blinds - \$41K*
- *Partitions/Wall Construction - \$9K*

Plumbing/HVAC/Electrical – \$ 5,907,225

This category comprises 25% of the total estimated renovation costs. Significant project groups include:

- *HVAC \$4.7M (\$2M Humidity control at Butler Avenue Elem., Langdon C. Kerr Elem.)*
- *Lighting \$379K*
- *Wireless Campus \$320K*
- *Cameras - \$255K*
- *Plumbing - \$124K*
- *Tech Wiring - \$47K*
- *Electrical - \$30K*

Building Code/Life Safety - \$159,975

This category comprises 1% of the total estimated renovation costs. Significant project groups include:

- *ADA Access - \$124K*
- *Intercom - \$35K*

Environmental - \$284,000

This category comprises 1% of the total estimated renovation costs. Significant project groups include:

- *Hazardous Material Abatement - \$237K*
- *Septic Tank - \$47k*

Athletic Facilities - \$948,000

This category comprises 4% of the total estimated renovation costs. Significant project groups include:

- *Tracks – \$444K*
- *Fields - \$385K*
- *Lighting - \$118*

Other Renovations - \$2,725,500

This category comprises 12% of the total estimated renovation costs. Significant project groups include:

- *Auditorium Renovation and New Staff restrooms - \$1.15M (Sunset Avenue Elem.)*
- *Soccer Field House - \$1.1M (Clinton High School)*
- *Restroom Renovation - \$150K (Butler Avenue Elem.)*

Summary of Other Cost Items

Aside from costs associated with renovations to existing facilities, the DPI 2020-2021 Facility Needs Survey requests information related to the following categories:

Furniture - \$540,000

- *Classrooms - \$300,000*
- *Cafeteria Seating - \$240,000*

Kitchen Equipment - \$266,000

- *Serving Line \$140,000*
- *Food Prep - \$88,000*
- *Food Storage (Refrigeration) - \$38,000*

Utilities – The total cost for electricity, natural gas, water/sewer for the district during the 2019-2020 school year was **\$667,526**. Based on the total square footage for all CCS facilities, the district is paying **\$1.08** per square foot which under normal conditions would be considered low compared to other districts. It will be difficult to benchmark the 2019-2020 school year due to buildings remaining closed due to the pandemic.

Special Note

College Street Building - \$4,339,175

For the intent and purposes of the DPI 2020 Facility Needs Survey, the buildings located on College Street in the center of town were considered “non-instructional space” and therefore not included in the state survey forms. It is understood that Clinton City Schools utilizes one of the annex buildings as an alternative school and the facilities department is responsible for care and maintenance of all of the buildings on the site. Capital needs in this space were given the same consideration as instructional space in the other schools however; they are minimal and therefore included with capital costs for other support facilities. The primary two-story building at the front of the site is currently vacant and in need of significant structural repairs along with other critical infrastructure upgrades which comprise the majority of the \$4.3M renovation costs associated with the site.



Clinton City Schools Cost Summary (0 to 5 years)

Unit: 821		Priority	New School	Additions	Renovations	Furn/Eqpt	Land	Total
304	Butler Avenue Elementary	2	0	0	2,595,150	20,000	0	\$2,615,150
308	Clinton High	2	0	0	3,350,588	105,000	0	\$3,455,588
316	Langdon C Kerr Elementa	2	0	0	2,675,138	0	0	\$2,675,138
320	Sampson Middle	2	0	0	4,023,075	155,000	0	\$4,178,075
330	Sunset Avenue Elementar	2	0	0	3,975,675	338,000	0	\$4,313,675
Totals:			0	0	16,619,626	618,000	0	\$17,237,626

Note: the following table does not appear on the state forms. It has been added by BAISCA on the district's printed copies to assist in comparisons to BAISCA's spreadsheets that frequently examine combined data over the 10 year period.

Period	New School	Additions	Renovations	Furn/Eqpt	Land	Totals
0-5 Years			\$ 16,619,626	\$ 618,000	\$ -	\$ 17,237,626
6-10 Years	\$ -	\$ -	\$ 1,842,675	\$ 180,000	\$ -	\$ 2,022,675
	\$ -	\$ -	\$ 18,462,301	\$ 798,000	\$ -	\$ 19,260,301



Clinton City Schools Cost Summary (6 - 10 years)

Unit: 821		Priority	New School	Additions	Renovations	Furn/Eqpt	Land	Total
304	Butler Avenue Elementary	3	0	0	29,625	0	0	\$29,625
308	Clinton High	3	0	0	651,750	0	0	\$651,750
316	Langdon C Kerr Elementa	3	0	0	29,625	0	0	\$29,625
320	Sampson Middle	3	0	0	142,200	0	0	\$142,200
330	Sunset Avenue Elementar	3	0	0	989,475	180,000	0	\$1,169,475
Totals:			0	0	1,842,675	180,000	0	\$2,022,675

Note: the following table does not appear on the state forms. It has been added by BAISCA on the district's printed copies to assist in comparisons to BAISCA's spreadsheets that frequently examine combined data over the 10 year period.

Period	New School	Additions	Renovations	Furn/Eqpt	Land	Totals
0-5 Years			\$ 16,619,626	\$ 618,000	\$ -	\$ 17,237,626
6-10 Years	\$ -	\$ -	\$ 1,842,675	\$ 180,000	\$ -	\$ 2,022,675
	\$ -	\$ -	\$ 18,462,301	\$ 798,000	\$ -	\$ 19,260,301



Clinton City Schools

Average Daily Membership

UNIT: 821

		2019-20 Average Daily Membership *			
Name		Elem	Middle	High	Total
304	Butler Avenue Elementary	515	0	0	515
308	Clinton High	0	0	782	782
316	Langdon C Kerr Elementary	248	0	0	248
320	Sampson Middle	0	711	0	711
330	Sunset Avenue Elementary	684	0	0	684
Total:		1,447	711	782	2,940
2024-25 Projected:		1,384	686	812	2,882

* ADM is based on NCDPI data for 5th Month 2019-20



Clinton City Schools Average Daily Membership

unit	year	K	1	2	3	4	5	6	7	8	9	10	11	12
821	2020-2021	238	245	233	257	218	219	242	238	230	253	224	167	150
821	2021-2022	236	235	236	227	263	214	223	232	230	265	209	198	144
821	2022-2023	245	233	226	230	232	258	218	214	224	265	219	185	171
821	2023-2024	239	242	224	220	235	228	262	209	207	258	219	194	159
821	2024-2025	241	236	233	218	225	231	232	252	202	238	213	194	167
821	2025-2026	244	238	227	227	223	221	235	223	243	232	197	188	167
821	2026-2027	248	241	229	221	232	219	225	226	215	279	192	174	162
821	2027-2028	251	245	232	223	226	228	223	216	218	247	231	170	150
821	2028-2029	254	248	236	226	228	222	232	214	209	251	204	204	147
821	2029-2030	257	251	239	230	231	224	226	223	207	240	208	180	176



Clinton City Schools Capacity Summary & Plan (0 to 5 years)

UNIT: 821			ADM 2019-20	Current Capacity					Mobile	Teach Station	Needs	Planned Capacity (future)				
				Pre-K	K-5	Middle	High	K-12				Pre-K	K-5	Middle	High	K-12
821	304	Butler Avenue Elementa	515	0	482	0	0	482	0	0	Renovations	0	482	0	0	482
821	308	Clinton High	782	0	0	0	1,168	1,168	0	0	Renovations	0	0	0	1,168	1,168
821	316	Langdon C Kerr Elemen	248	180	272	0	0	272	1	0	Renovations	180	272	0	0	272
821	320	Sampson Middle	711	0	0	713	0	713	0	0	Renovations	0	0	713	0	713
821	330	Sunset Avenue Element	684	0	712	0	0	712	0	0	Renovations	0	712	0	0	712
Totals:			2,940	180	1,466	713	1,168	3,347	1	0		180	1,466	713	1,168	3,347

	<u>K-5</u>	<u>Middle</u>	<u>High</u>	<u>K-12</u>
Current Capacity:	1,466	713	1,168	3,347
ADM 2019-20:	1,447	711	782	2,940
Difference:	19	2	386	407

	<u>K-5</u>	<u>Middle</u>	<u>High</u>	<u>K-12</u>
Total Capacity:	1,466	713	1,168	3,347
Proj Enrollment 2024-25:	1,384	686	812	2,882
Difference:	82	27	356	465



Clinton City Schools Capacity Summary & Plan (6 to 10 years)

UNIT: 821			ADM 2019-20	Current Capacity					Mobile	Teach Station	Needs	Planned Capacity (future)				
				Pre-K	K-5	Middle	High	K-12				Pre-K	K-5	Middle	High	K-12
821	304	Butler Avenue Elementa	515	0	482	0	0	482	0	0	Renovations	0	482	0	0	482
821	308	Clinton High	782	0	0	0	1,168	1,168	0	0	Renovations	0	0	0	1,168	1,168
821	316	Langdon C Kerr Elemen	248	180	272	0	0	272	0	1	Renovations	180	272	0	0	272
821	320	Sampson Middle	711	0	0	713	0	713	0	0	Renovations	0	0	713	0	713
821	330	Sunset Avenue Element	684	0	712	0	0	712	0	0	Renovations	0	712	0	0	712
Totals:			2,940	180	1,466	713	1,168	3,347	1	0		180	1,466	713	1,168	3,347

	<u>K-5</u>	<u>Middle</u>	<u>High</u>	<u>K-12</u>
Current Capacity:	1,466	713	1,168	3,347
ADM 2019-20:	1,447	711	782	2,940
Difference:	19	2	386	407

	<u>K-5</u>	<u>Middle</u>	<u>High</u>	<u>K-12</u>
Total Capacity:	1,466	713	1,168	3,347
Proj Enrollment 2029-30:	1,432	656	804	2,892
Difference:	34	57	364	455

There has not been any New Construction or Additions identified.



Butler Avenue Elementary

School Number: 821-304
Priority: 2

Planned Capacity: 482
Pre-K Capacity: 0

Renovations

Site Improvements	Size/ Amount	Notes/ Description	Cost
Parking/ Drives:\$	120,000	Repave Parking/Drives	120,000
Sewer System:	<input type="checkbox"/>	Check box to add sewer system.	30,000
Water System (well):	<input type="checkbox"/>	Check box to add a well.	
Grading/ Drainage:\$			
Canopy (cov. walk):		s.f.	25,000
Other Sitework (describe):\$	315,000	Install New Fencing/Drive for Qing Area	315,000
Building/ Exterior/ Structure			
Roof Replacement:		s.f.	100,000
Structural Repairs:\$			
Window Replacement:		s.f.	
Masonry/ Ext. Wall Repairs:\$			
Other Bldg/Exterior (describe):\$	190,000	Upgrade Access Control/Repl Bld Up/Remove	190,000
Interior/ Finishes			
Partition/Wall Construction:\$			
Ceilings:		s.f.	
Flooring:		s.f.	
Painting:		s.f.	90,000
Other Bldg/Interior (describe):\$			
Plumbing/ HVAC/ Electrical			
Air Conditioning:		s.f.	10,000
Electrical Service:		s.f.	
Lighting:		s.f.	40,000
Computer/ Tech. Wiring:		s.f.	
Plumbing:\$	15,000	Replace Grease Trap	15,000
Other Plbg/HVAC/Elec.(describe):\$	1,065,000	Upgrade Wireless/Security Cameras/Install Ro	1,065,000
Bldg. Code/ Life Safety			
Bldg. Code/ Life Safety:\$			
ADA Ramps/H.C. Access:\$			
ADA Toilet Renovations:\$			
Fire Alarm:\$			
Sprinkler System:		s.f.	
Other Code/Safety (describe):\$			
Hazardous Mat'l/ Environmental			
Hazardous Matl. Abatement:\$			
Indoor Air Quality:\$			
Inground Fuel Tanks:\$			
Radon Management:\$			
Other Environmental (describe):\$	40,000	Replace Septic Tank	40,000
Other Renovations (not incl. above)			
Other Renovations (describe)1.\$	150,000	Restroom Renovation	150,000
2.\$			
3.\$			
Subtotal:			2,190,000
Contingency (10% of renovation cost):			219,000
Admin. and Design Fees (8.5% of renovation cost):			186,150
Total Renovation Cost:			\$2,595,150



Butler Avenue Elementary

School Number: 821-304
Priority: 2

Planned Capacity: 482
Pre-K Capacity: 0

Furnishings/ Equipment

Furn./ Eqpt. for Addition*:			
Kitchen Equipment:	<input type="checkbox"/>	Check to add kitchen equipment	
Media Center Furnishings*:	<input type="checkbox"/>	Check to add media center furnishings	
Other Furn./ Eqpt. (describe):	20,000	Replace Cafeteria Seating/Repair Walk-In Co	20,000
Total Furn./ Eqpt.			\$20,000

Total Cost of Additions and Renovations: \$2,615,150

Notes/Comments:

Justifications Why are these improvements needed?

1. Depreciation/ Deferred Maintenance
2. Building Code / Life Safety

Funding

Likelihood that County will fund project:

If "Very Unlikely," why will County funding not be available?

What other funding sources are available for the project?



Butler Avenue Elementary

School Number: 821-304

Planned Capacity: 482

Priority: 3

Pre-K Capacity: 0

Renovations

Site Improvements	Size/ Amount	Notes/ Description	Cost
Parking/ Drives:\$			
Sewer System:	<input type="checkbox"/>	Check box to add sewer system.	
Water System (well):	<input type="checkbox"/>	Check box to add a well.	
Grading/ Drainage:\$			
Canopy (cov. walk):		s.f.	
Other Sitework (describe):\$			
Building/ Exterior/ Structure			
Roof Replacement:		s.f.	
Structural Repairs:\$			
Window Replacement:		s.f.	
Masonry/ Ext. Wall Repairs:\$			
Other Bldg/Exterior (describe):\$			
Interior/ Finishes			
Partition/Wall Construction:\$			
Ceilings:		s.f.	
Flooring:		s.f.	
Painting:		s.f.	
Other Bldg/Interior (describe):\$	25,000	Replace Stage Curtains	25,000
Plumbing/ HVAC/ Electrical			
Air Conditioning:		s.f.	
Electrical Service:		s.f.	
Lighting:		s.f.	
Computer/ Tech. Wiring:		s.f.	
Plumbing:\$			
Other Plbg/HVAC/Elec.(describe):\$			
Bldg. Code/ Life Safety			
Bldg. Code/ Life Safety:\$			
ADA Ramps/H.C. Access:\$			
ADA Toilet Renovations:\$			
Fire Alarm:\$			
Sprinkler System:		s.f.	
Other Code/Safety (describe):\$			
Hazardous Mat'l/ Environmental			
Hazardous Matl. Abatement:\$			
Indoor Air Quality:\$			
Inground Fuel Tanks:\$			
Radon Management:\$			
Other Environmental (describe):\$			
Other Renovations (not incl. above)			
Other Renovations (describe)1.\$			
2.\$			
3.\$			
Subtotal:			25,000
Contingency (10% of renovation cost):			2,500
Admin. and Design Fees (8.5% of renovation cost):			2,125
Total Renovation Cost:			\$29,625



Butler Avenue Elementary

School Number: 821-304

Planned Capacity: 482

Priority: 3

Pre-K Capacity: 0

Furnishings/ Equipment

Furn./ Eqpt. for Addition*:			
Kitchen Equipment:	<input type="checkbox"/>	Check to add kitchen equipment	
Media Center Furnishings*:	<input type="checkbox"/>	Check to add media center furnishings	
Other Furn./ Eqpt. (describe):			
Total Furn./ Eqpt.			

Total Cost of Additions and Renovations: \$29,625

Notes/Comments:

Justifications: (Why are these improvements needed?)

1.
2.



School Planning

NC Department of Public Instruction
Safe and Healthy Schools Division



Butler Avenue Elementary

School No: 821304

Date: 9/10/2020

General Building Information

Building Construction History

Form Instructions: Enter building construction history for this school. For example, original building, classroom addition, mini-gym addition, etc. Also complete the requested information concerning the particular construction..

For definition Press Condition or Accessibility

Building	Year Built	SF Area	Condition	Accessibility
Main Building	1951	32517	Fair	In Compliance
Multi-purpose Building	1988	6363	Good	In Compliance
300 Hall Building	1992	10768	Good	In Compliance
600 Hall Building	2000	11205	Good	In Compliance

School Total Area	SF	60853	<i>Enter the total square feet area of school.</i>
School Site Acreage	Acreage	8	<i>Enter the total site acreage of school.</i>

Utility Costs

Complete the following utility cost for FY 2019-20. If there are solar arrays on the site or school roof, complete Solar Energy section.

UTILITY COST (\$)			VALUE OF SOLAR ENERGY (\$)	
ELEC	GAS	WATER / SEWER	USED	SOLD TO UTILITY
58722	4300	2163	0	0
UTILITY CONSUPTION			SOLAR ENERGY CONSUMPTION	
ELEC (MW)	GAS (THERM)	WATER (GAL)	USED (MW)	SOLD TO UTILITY (MW)
544		94594		

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Mobile Units

Note: The capacity of mobile classroom units is NOT included in the school capacity totals.

Mobile Units Type	No	Teaching Stations	no.	Capacity
Single Wide		Total Teaching Stations		
Double Wide		Total Teaching Stations		
Mega-module		Total Teaching Stations		
Total from Above		Total from Above		
		Total from Capacity and Needs Plan		



Butler Avenue Elementary

School No: 821304

Date: 9/10/2020

School Capacity

Form Instructions: Enter the number of classrooms and other spaces. Include additions and new schools that are under construction or in the design phase.

Pre-K	Quantity	Capacity
Pre-K Classrooms		

Note: The capacity of Pre-K Classrooms is NOT included in the school capacity totals.

Academic	Classrooms/Spaces			Capacity		
	Elem	Middle	High	Elem	Middle	High
Kindergartens						
Grade 1	14			224		
Grades 2-3	14			238		
Grades 4-5						
LA/SS/Math Classrooms						
Math / Science Classrooms						
Science Labs						
Science Classrooms						
Exception S/C		2		20		
Resource		6				
4+ Computers in each room?		<input type="checkbox"/> Yes?				
Computer Rooms		1				

Arts Education	Elem	Middle	High			
Visual Arts	1					
Dance / Drama						
General Music	1					
Instrumental Music (Band)						
Vocal Music (Chorus)						
Subtotal - Arts	2					

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Vocational	Elem	Middle	High			
Keyboarding Labs						
Prevocational Labs						
Business / Office Ed.						
Service / Marketing						
Technology Labs						
Agri / Trade + Ind						



Butler Avenue Elementary

School No: 821304

Date: 9/10/2020

Physical Education, etc.

	Elem	Middle	High			
P.E. / Multi / Gymnasium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Gym Seating						
Auxilliary Gym		<input type="checkbox"/>	<input type="checkbox"/>			
Health / P.E.						
Weight Room						
Wrestling						
ROTC						

Capacity Totals (sum from the capacity above):	482	0	0
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Capacity Totals (sum from Capacity Plan form):	482	0	0
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Butler Avenue Elementary

School No: 821304

Date: 9/10/2020

Core Capacity

Media Center	Facilities		Capacity	
Media RLV Area:	2,904		sq.ft. / 4 =	726
Media Support Area:	<input type="radio"/> Sma	<input checked="" type="radio"/> OK	<input type="radio"/> Good	

Dining and Kitchen	Facilities		Capacity	
Dining Area	3,300		sq.ft. / 4 =	825
Kitchen Area:	<input checked="" type="radio"/> Small	<input type="radio"/> OK	<input type="radio"/> Good	
# of Serving Lines:	2			
Minimum Core Capacity:				726

Auditorium	Facilities			
Auditorium:	<input type="checkbox"/> Yes?			
# of Seats:				
Admin/Guidance Area:	<input type="radio"/> Small	<input type="radio"/> OK	<input type="radio"/> Good	



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-304** School: **Butler Avenue Elementary**

Type: **Elementary** Grades: **0K-05** Current ADM **515**

General Information Survey (this school)

- 1. Operational calendar.
- 2. For high schools, provide current scheduling format.
- 3. Does this school have a special programmatic focus: Magnet / CTE / IB / Early College, etc.?
- 4. Are all science labs at this school in compliance with NCDPI's Science Safety Checklist?
<https://files.nc.gov/dpi/documents/schoolplanning/science-safety-checklist.pdf>
- 5. Does the main entrance at this school include a Security Vestibule to control visitor entry?
- 6. Is the main office at this school equipped with the required Silent Panic Alarm to directly call emergency first responders?
- 7. Staff or private janitorial services?
- 8. LEED certification? (any buildings)
- 9. Number of mobile units on this campus - in use?
- 10. Number of mobile units on this campus - out of use?
- 11. Number of SROs?
- 12. Number of School Nurses?
- 13. Number of Assistant Principals?
- 14. Number of School Counselors?
- 15. Total expenditures for Capital Projects last 5 years? (this campus)



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-304** School: **Butler Avenue Elementary**

Type: **Elementary** Grades: **0K-05** Current ADM **515**

Special Programs / Facilities Survey (this campus)

16. Pre-K? (not child care)
17. CTE programs?
-
18. Auto body/paint shop?
19. Auto repair shop?
20. JROTC program?
21. Shooting range?
22. Greenhouse?
23. Swimming pool?
24. Fire training facility?
25. List any other specialty programs and/or facilities.

Shared Campus Usage Survey (this campus)

26. Alternative school?
27. Childcare Facility? (not Pre-K)
28. Lunch prepared on this site for transport to other schools?
29. Community College use?
30. Parks and Recreation use?
31. Public Library use?
32. Community Health Clinic?
33. Designation as a storm shelter / emergency shelter?
34. Site serves as a regional bus facility?
35. List any other critical / shared facility services operating under an MOU?



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-304** School: **Butler Avenue Elementary**

Type: **Elementary** Grades: **0K-05** Current ADM **515**

Campus Infrastructure Survey (this campus)

- | | |
|--|---|
| <input type="text" value="1951"/> | 36. Oldest building on campus - year built? |
| <input type="text" value="2000"/> | 37. Newest building on campus - year built? |
| <input type="text" value="2000"/> | 38. Year of most recent renovation? |
| <input type="text" value="No"/> | 39. Are there retaining walls on site? |
| <input type="text" value="Municipal"/> | 40. Water service provider? |
| <input type="text" value="Municipal"/> | 41. Sewer service provider? |
| <input type="text" value="None"/> | 42. Emergency generator use? |
| <input type="text" value="Natural Gas"/> | 43. Fossil fuel type used on this campus? |
| <input type="text" value="No"/> | 44. Underground fuel storage tanks remaining? |
| <input type="text" value="No"/> | 45. Is campus totally abated / known to be free of asbestos, lead, etc.? |
| <input type="text" value="No"/> | 46. Any all-wood constructed educational buildings on campus? |
| <input type="text" value="No"/> | 47. Use of any PV / solar arrays? |
| <input type="text" value="Yes"/> | 48. Bus lot with parking for local route only? |
| <input type="text" value="Fiber"/> | 49. Technology / Broadband service type? |
| <input type="text" value="0.6"/> | 50. Percentage of students with reliable home internet connection? |
| <input type="text" value="NA"/> | 51. Status of named storm damage repairs, if any? |
| <input type="text" value="N/A"/> | 52. Has campus ever been closed long term due to damage from a catastrophic event such as fire, tornado, hurricane, flooding? |



Langdon C Kerr Elementary

School Number: **821-316**
Priority: **2**

Planned Capacity: **272**
Pre-K Capacity: **180**

Renovations

Site Improvements	Size/ Amount	Notes/ Description	Cost
Parking/ Drives:\$	95,000	Repave Parking/Drives	95,000
Sewer System:	<input type="checkbox"/>	Check box to add sewer system.	30,000
Water System (well):	<input type="checkbox"/>	Check box to add a well.	
Grading/ Drainage:\$	7,500	Grading Playground	7,500
Canopy (cov. walk):		s.f.	30,000
Other Sitework (describe):\$	185,000	Install Sidewalk/New Fencing/Repave Parking/	185,000
Building/ Exterior/ Structure			
Roof Replacement:		s.f.	400,000
Structural Repairs:\$			
Window Replacement:		s.f.	
Masonry/ Ext. Wall Repairs:\$			
Other Bldg/Exterior (describe):\$	180,000	Upgrade Access Control/Replace Roof/Replac	180,000
Interior/ Finishes			
Partition/Wall Construction:\$			
Ceilings:		s.f.	
Flooring:		s.f.	20,000
Painting:		s.f.	100,000
Other Bldg/Interior (describe):\$			
Plumbing/ HVAC/ Electrical			
Air Conditioning:		s.f.	1,070,000
Electrical Service:		s.f.	
Lighting:		s.f.	40,000
Computer/ Tech. Wiring:		s.f.	35,000
Plumbing:\$	35,000	Replace Grease Trap/Water Heater	35,000
Other Plbg/HVAC/Elec.(describe):\$	30,000	Upgrade Security Cameras	30,000
Bldg. Code/ Life Safety			
Bldg. Code/ Life Safety:\$			
ADA Ramps/H.C. Access:\$			
ADA Toilet Renovations:\$			
Fire Alarm:\$			
Sprinkler System:		s.f.	
Other Code/Safety (describe):\$			
Hazardous Mat'l/ Environmental			
Hazardous Matl. Abatement:\$			
Indoor Air Quality:\$			
Inground Fuel Tanks:\$			
Radon Management:\$			
Other Environmental (describe):\$			
Other Renovations (not incl. above)			
Other Renovations (describe)1.\$			
2.\$			
3.\$			
Subtotal:			2,257,500
Contingency (10% of renovation cost):			225,750
Admin. and Design Fees (8.5% of renovation cost):			191,888
Total Renovation Cost:			\$2,675,138



Langdon C Kerr Elementary

School Number: 821-316
Priority: 2

Planned Capacity: 272
Pre-K Capacity: 180

Furnishings/ Equipment

Furn./ Eqpt. for Addition*:			
Kitchen Equipment:	<input type="checkbox"/>	Check to add kitchen equipment	
Media Center Furnishings*:	<input type="checkbox"/>	Check to add media center furnishings	
Other Furn./ Eqpt. (describe):			
Total Furn./ Eqpt.			

Total Cost of Additions and Renovations: \$2,675,138

Notes/Comments:

Justifications Why are these improvements needed?

1. Depreciation/ Deferred Maintenance
2. Building Code / Life Safety

Funding

likelihood that County will fund project:

If "Very Unlikely," why will County funding not be available?

What other funding sources are available for the project?



Langdon C Kerr Elementary

School Number: 821-316

Planned Capacity: 272

Priority: 3

Pre-K Capacity: 180

Renovations

Site Improvements	Size/ Amount	Notes/ Description	Cost
Parking/ Drives:\$			
Sewer System:	<input type="checkbox"/>	Check box to add sewer system.	
Water System (well):	<input type="checkbox"/>	Check box to add a well.	
Grading/ Drainage:\$			
Canopy (cov. walk):		s.f.	
Other Sitework (describe):\$			
Building/ Exterior/ Structure			
Roof Replacement:		s.f.	
Structural Repairs:\$			
Window Replacement:		s.f.	
Masonry/ Ext. Wall Repairs:\$			
Other Bldg/Exterior (describe):\$			
Interior/ Finishes			
Partition/Wall Construction:\$			
Ceilings:		s.f.	
Flooring:		s.f.	
Painting:		s.f.	
Other Bldg/Interior (describe):\$	25,000	Replace Stage Curtains	25,000
Plumbing/ HVAC/ Electrical			
Air Conditioning:		s.f.	
Electrical Service:		s.f.	
Lighting:		s.f.	
Computer/ Tech. Wiring:		s.f.	
Plumbing:\$			
Other Plbg/HVAC/Elec.(describe):\$			
Bldg. Code/ Life Safety			
Bldg. Code/ Life Safety:\$			
ADA Ramps/H.C. Access:\$			
ADA Toilet Renovations:\$			
Fire Alarm:\$			
Sprinkler System:		s.f.	
Other Code/Safety (describe):\$			
Hazardous Mat'l/ Environmental			
Hazardous Matl. Abatement:\$			
Indoor Air Quality:\$			
Inground Fuel Tanks:\$			
Radon Management:\$			
Other Environmental (describe):\$			
Other Renovations (not incl. above)			
Other Renovations (describe)1.\$			
2.\$			
3.\$			
Subtotal:			25,000
Contingency (10% of renovation cost):			2,500
Admin. and Design Fees (8.5% of renovation cost):			2,125
Total Renovation Cost:			\$29,625



Langdon C Kerr Elementary

School Number: 821-316

Planned Capacity: 272

Priority: 3

Pre-K Capacity: 180

Furnishings/ Equipment

Furn./ Eqpt. for Addition*:			
Kitchen Equipment:	<input type="checkbox"/>	Check to add kitchen equipment	
Media Center Furnishings*:	<input type="checkbox"/>	Check to add media center furnishings	
Other Furn./ Eqpt. (describe):			
Total Furn./ Eqpt.			

Total Cost of Additions and Renovations: \$29,625

Notes/Comments:

Justifications: (Why are these improvements needed?)

1.
2.



School Planning

NC Department of Public Instruction
Safe and Healthy Schools Division



Langdon C Kerr Elementary School No: 821316 Date: 9/10/2020

General Building Information

Form Instructions: Enter building construction history for this school. For example, original building, classroom addition, mini-gym addition, etc. Also complete the requested information concerning the particular construction..

Building Construction History

For definition Press Condition or Accessibility

Building	Year Built	SF Area	Condition	Accessibility
Main Building	1954	36246	Fair	In Compliance
Media & Classroom Building	1992	28000	Good	In Compliance
Kindergarten & PreK Buildin	2000	9104	Good	In Compliance

School Total Area	SF	73350	<i>Enter the total square feet area of school.</i>
School Site Acreage	Acreage	6	<i>Enter the total site acreage of school.</i>

Utility Costs *Complete the following utility cost for FY 2019-20. If there are solar arrays on the site or school roof, complete Solar Energy section.*

UTILITY COST (\$)			VALUE OF SOLAR ENERGY (\$)	
ELEC	GAS	WATER / SEWER	USED	SOLD TO UTILITY
50004	5408	1807	0	0

UTILITY CONSUPTION			SOLAR ENERGY CONSUMPTION	
ELEC (MW)	GAS (THERM)	WATER (GAL)	USED (MW)	SOLD TO UTILITY (MW)
464		82505		

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Mobile Units *Note: The capacity of mobile classroom units is NOT included in the school capacity totals.*

Mobile Units Type	No
Single Wide	
Double Wide	1
Mega-module	
Total from Above	1

Teaching Stations	no.	Capacity
Total Teaching Stations		
Total Teaching Stations		
Total Teaching Stations		
Total from Above		

Total from Capacity and Needs Plan	
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Langdon C Kerr Elementary

School No: 821316

Date: 9/10/2020

School Capacity

Form Instructions: Enter the number of classrooms and other spaces. Include additions and new schools that are under construction or in the design phase.

Pre-K	Quantity	Capacity
Pre-K Classrooms	10	180

Note: The capacity of Pre-K Classrooms is NOT included in the school capacity totals.

	Classrooms/Spaces			Capacity		
	Elem	Middle	High	Elem	Middle	High
Kindergartens	14			252		
Grade 1						
Grades 2-3						
Grades 4-5						
LA/SS/Math Classrooms						
Math / Science Classrooms						
Science Labs						
Science Classrooms						
Exception S/C		2		20		
Resource		4				
4+ Computers in each room?		<input type="checkbox"/> Yes?				
Computer Rooms		2				

Arts Education	Elem	Middle	High			
	Visual Arts	1				
Dance / Drama						
General Music	1					
Instrumental Music (Band)						
Vocal Music (Chorus)						
Subtotal - Arts	2					

Scroll Down

Vocational	Elem	Middle	High			
	Keyboarding Labs					
Prevocational Labs						
Business / Office Ed.						
Service / Marketing						
Technology Labs						
Agri / Trade + Ind						



Langdon C Kerr Elementary

School No: 821316

Date: 9/10/2020

Physical Education, etc.

	Elem	Middle	High			
P.E. / Multi / Gymnasium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Gym Seating						
Auxilliary Gym		<input type="checkbox"/>	<input type="checkbox"/>			
Health / P.E.						
Weight Room						
Wrestling						
ROTC						

Capacity Totals (sum from the capacity above):	272	0	0
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Capacity Totals (sum from Capacity Plan form):	272	0	0
--	------------	----------	----------



Langdon C Kerr Elementary

School No: 821316

Date: 9/10/2020

Core Capacity

Media Center	Facilities		Capacity	
Media RLV Area:	3,300		sq.ft. / 4 =	825
Media Support Area:	<input type="radio"/> Sm	<input checked="" type="radio"/> OK	<input type="radio"/> Good	

Dining and Kitchen	Facilities		Capacity	
Dining Area	2,640		sq.ft. / 4 =	660
Kitchen Area:	<input type="radio"/> Small	<input type="radio"/> OK	<input type="radio"/> Good	
# of Serving Lines:	2			
Minimum Core Capacity:				660

Auditorium	Facilities			
Auditorium:	<input type="checkbox"/> Yes?			
# of Seats:				
Admin/Guidance Area:	<input type="radio"/> Small	<input type="radio"/> OK	<input checked="" type="radio"/> Good	



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-316** School: **Langdon C Kerr Elementary**

Type: **Elementary** Grades: **0K-05** Current ADM: **248**

General Information Survey (this school)

- | | |
|--|--|
| <input type="text" value="Traditional"/> | 1. Operational calendar. |
| <input type="text" value="Period"/> | 2. For high schools, provide current scheduling format. |
| <input type="text" value="No"/> | 3. Does this school have a special programmatic focus: Magnet / CTE / IB / Early College, etc.? |
| <input type="text" value="No"/> | 4. Are all science labs at this school in compliance with NCDPI's Science Safety Checklist?
https://files.nc.gov/dpi/documents/schoolplanning/science-safety-checklist.pdf |
| <input type="text" value="No"/> | 5. Does the main entrance at this school include a Security Vestibule to control visitor entry? |
| <input type="text" value="Yes"/> | 6. Is the main office at this school equipped with the required Silent Panic Alarm to directly call emergency first responders? |
| <input type="text" value="Staff"/> | 7. Staff or private janitorial services? |
| <input type="text" value="No"/> | 8. LEED certification? (any buildings) |
| <input type="text" value="0"/> | 9. Number of mobile units on this campus - in use? |
| <input type="text" value="0"/> | 10. Number of mobile units on this campus - out of use? |
| <input type="text" value="0"/> | 11. Number of SROs? |
| <input type="text" value="1"/> | 12. Number of School Nurses? |
| <input type="text" value="1"/> | 13. Number of Assistant Principals? |
| <input type="text" value="1"/> | 14. Number of School Counselors? |
| <input type="text" value="381210.81"/> | 15. Total expenditures for Capital Projects last 5 years? (this campus) |



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-316** School: **Langdon C Kerr Elementary**

Type: **Elementary** Grades: **0K-05** Current ADM **248**

Special Programs / Facilities Survey (this campus)

- 16. Pre-K? (not child care)
- 17. CTE programs?
-
- 18. Auto body/paint shop?
- 19. Auto repair shop?
- 20. JROTC program?
- 21. Shooting range?
- 22. Greenhouse?
- 23. Swimming pool?
- 24. Fire training facility?
- 25. List any other specialty programs and/or facilities.

Shared Campus Usage Survey (this campus)

- 26. Alternative school?
- 27. Childcare Facility? (not Pre-K)
- 28. Lunch prepared on this site for transport to other schools?
- 29. Community College use?
- 30. Parks and Recreation use?
- 31. Public Library use?
- 32. Community Health Clinic?
- 33. Designation as a storm shelter / emergency shelter?
- 34. Site serves as a regional bus facility?
- 35. List any other critical / shared facility services operating under an MOU?



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-316** School: **Langdon C Kerr Elementary**

Type: **Elementary** Grades: **0K-05** Current ADM **248**

Campus Infrastructure Survey (this campus)

- | | |
|-------------|---|
| 1951 | 36. Oldest building on campus - year built? |
| 1999 | 37. Newest building on campus - year built? |
| 1999 | 38. Year of most recent renovation? |
| No | 39. Are there retaining walls on site? |
| Municipal | 40. Water service provider? |
| Municipal | 41. Sewer service provider? |
| None | 42. Emergency generator use? |
| Natural Gas | 43. Fossil fuel type used on this campus? |
| No | 44. Underground fuel storage tanks remaining? |
| No | 45. Is campus totally abated / known to be free of asbestos, lead, etc.? |
| No | 46. Any all-wood constructed educational buildings on campus? |
| No | 47. Use of any PV / solar arrays? |
| No | 48. Bus lot with parking for local route only? |
| Fiber | 49. Technology / Broadband service type? |
| 0.6 | 50. Percentage of students with reliable home internet connection? |
| NA | 51. Status of named storm damage repairs, if any? |
| N/A | 52. Has campus ever been closed long term due to damage from a catastrophic event such as fire, tornado, hurricane, flooding? |



Sunset Avenue Elementary

School Number: 821-330

Planned Capacity: 712

Priority: 2

Pre-K Capacity: 0

Renovations

Site Improvements	Size/ Amount	Notes/ Description	Cost
Parking/ Drives:\$	80,000	Repave Teacher Parking	80,000
Sewer System:	<input type="checkbox"/>	Check box to add sewer system.	
Water System (well):	<input type="checkbox"/>	Check box to add a well.	
Grading/ Drainage:\$	30,000	Grading Playground	30,000
Canopy (cov. walk):		s.f.	30,000
Other Sitework (describe):\$	120,000	Replace Cover Walk/Upgrade Parking/Drives	120,000
Building/ Exterior/ Structure			
Roof Replacement:		s.f.	165,000
Structural Repairs:\$	15,000	Re-Set Floor	15,000
Window Replacement:		s.f.	400,000
Masonry/ Ext. Wall Repairs:\$	40,000	Repair Walls	40,000
Other Bldg/Exterior (describe):\$	535,000	Upgrade Access Control/Repaint/Replace Roo	535,000
Interior/ Finishes			
Partition/Wall Construction:\$			
Ceilings:		s.f.	250,000
Flooring:		s.f.	35,000
Painting:		s.f.	200,000
Other Bldg/Interior (describe):\$	110,000	Replace Blinds/Stage Curtains	110,000
Plumbing/ HVAC/ Electrical			
Air Conditioning:		s.f.	830,000
Electrical Service:		s.f.	
Lighting:		s.f.	60,000
Computer/ Tech. Wiring:		s.f.	
Plumbing:\$			
Other Plbg/HVAC/Elec.(describe):\$	75,000	Upgrade Wireless/Security Cameras	75,000
Bldg. Code/ Life Safety			
Bldg. Code/ Life Safety:\$			
ADA Ramps/H.C. Access:\$	30,000	Install ADA Lift	30,000
ADA Toilet Renovations:\$			
Fire Alarm:\$			
Sprinkler System:		s.f.	
Other Code/Safety (describe):\$			
Hazardous Mat'l/ Environmental			
Hazardous Matl. Abatement:\$			
Indoor Air Quality:\$			
Inground Fuel Tanks:\$			
Radon Management:\$			
Other Environmental (describe):\$			
Other Renovations (not incl. above)			
Other Renovations (describe)1.\$	350,000	Auditorium Renovation/Install Staff Restrooms	350,000
2.\$			
3.\$			
Subtotal:			3,355,000
Contingency (10% of renovation cost):			335,500
Admin. and Design Fees (8.5% of renovation cost):			285,175
Total Renovation Cost:			\$3,975,675



Sunset Avenue Elementary

School Number: 821-330

Planned Capacity: 712

Priority: 2

Pre-K Capacity: 0

Furnishings/ Equipment

Furn./ Eqpt. for Addition*:			
Kitchen Equipment:	<input type="checkbox"/>	Check to add kitchen equipment	
Media Center Furnishings*:	<input type="checkbox"/>	Check to add media center furnishings	
Other Furn./ Eqpt. (describe):	338,000	Age Appropriate Seat/Repr Walk-In Freez/Stre	338,000
Total Furn./ Eqpt.			\$338,000

Total Cost of Additions and Renovations: \$4,313,675

Notes/Comments:

[Empty text box for notes/comments]

Justifications Why are these improvements needed?

1. Depreciation/ Deferred Maintenance
2. Building Code / Life Safety

Funding

Reliability that County will fund project: [Empty text box]

If "Very Unlikely," why will County funding not be available? [Empty text box]

What other funding sources are available for the project? [Empty text box]



Sunset Avenue Elementary

School Number: 821-330

Planned Capacity: 712

Priority: 3

Pre-K Capacity: 0

Renovations

Site Improvements	Size/ Amount	Notes/ Description	Cost
Parking/ Drives:\$			
Sewer System:	<input type="checkbox"/>	Check box to add sewer system.	
Water System (well):	<input type="checkbox"/>	Check box to add a well.	
Grading/ Drainage:\$			
Canopy (cov. walk):		s.f.	
Other Sitework (describe):\$			
Building/ Exterior/ Structure			
Roof Replacement:		s.f.	
Structural Repairs:\$			
Window Replacement:		s.f.	
Masonry/ Ext. Wall Repairs:\$			
Other Bldg/Exterior (describe):\$			
Interior/ Finishes			
Partition/Wall Construction:\$			
Ceilings:		s.f.	
Flooring:		s.f.	
Painting:		s.f.	
Other Bldg/Interior (describe):\$			
Plumbing/ HVAC/ Electrical			
Air Conditioning:		s.f.	
Electrical Service:		s.f.	
Lighting:		s.f.	
Computer/ Tech. Wiring:		s.f.	
Plumbing:\$			
Other Plbg/HVAC/Elec.(describe):\$	35,000	Replace Gas Water Heaters	35,000
Bldg. Code/ Life Safety			
Bldg. Code/ Life Safety:\$			
ADA Ramps/H.C. Access:\$			
ADA Toilet Renovations:\$			
Fire Alarm:\$			
Sprinkler System:		s.f.	
Other Code/Safety (describe):\$			
Hazardous Mat'l/ Environmental			
Hazardous Matl. Abatement:\$			
Indoor Air Quality:\$			
Inground Fuel Tanks:\$			
Radon Management:\$			
Other Environmental (describe):\$			
Other Renovations (not incl. above)			
Other Renovations (describe)1.\$	800,000	Auditorium Renovation	800,000
2.\$			
3.\$			
Subtotal:			835,000
Contingency (10% of renovation cost):			83,500
Admin. and Design Fees (8.5% of renovation cost):			70,975
Total Renovation Cost:			\$989,475



Sunset Avenue Elementary

School Number: 821-330

Planned Capacity: 712

Priority: 3

Pre-K Capacity: 0

Furnishings/ Equipment

Furn./ Eqpt. for Addition*:			
Kitchen Equipment:	<input type="checkbox"/>	Check to add kitchen equipment	
Media Center Furnishings*:	<input type="checkbox"/>	Check to add media center furnishings	
Other Furn./ Eqpt. (describe):	180,000	New Seating in Cafeteria	180,000
Total Furn./ Eqpt.			\$180,000

Total Cost of Additions and Renovations: \$1,169,475

Notes/Comments:

Justifications: (Why are these improvements needed?)

1. Depreciation/ Deferred Maintenance
2. Building Code / Life Safety



School Planning

NC Department of Public Instruction
Safe and Healthy Schools Division



Sunset Avenue Elementary

School No: 821330

Date: 9/10/2020

General Building Information

Form Instructions: Enter building construction history for this school. For example, original building, classroom addition, mini-gym addition, etc. Also complete the requested information concerning the particular construction..

Building Construction History

For definition Press Condition or Accessibility

Building	Year Built	SF Area	Condition	Accessibility
Finch Street Building	1951	24953	Fair	In Compliance
Auditorium	1958	10240	Fair	Partial Compliance
Gym / Music Rooms	1947	17074	Fair	In Compliance
Kerr Street Classrooms	1982	34000	Good	In Compliance
Classroom Addition	1999	20000	Good	In Compliance

School Total Area	SF	106267	<i>Enter the total square feet area of school.</i>
School Site Acreage	Acreage		<i>Enter the total site acreage of school.</i>

Utility Costs

Complete the following utility cost for FY 2019-20. If there are solar arrays on the site or school roof, complete Solar Energy section.

Scroll Down

UTILITY COST (\$)			VALUE OF SOLAR ENERGY (\$)	
ELEC	GAS	WATER / SEWER	USED	SOLD TO UTILITY
92464	3281	2222	0	0

UTILITY CONSUPTION			SOLAR ENERGY CONSUMPTION	
ELEC (MW)	GAS (THERM)	WATER (GAL)	USED (MW)	SOLD TO UTILITY (MW)
835		102453		

Mobile Units

Note: The capacity of mobile classroom units is NOT included in the school capacity totals.

Mobile Units Type	No
Single Wide	
Double Wide	
Mega-module	
Total from Above	

Teaching Stations	no.	Capacity
Total Teaching Stations		
Total Teaching Stations		
Total Teaching Stations		
Total from Above		
Total from Capacity and Needs Plan		



Sunset Avenue Elementary

School No: 821330

Date: 9/10/2020

School Capacity

Form Instructions: Enter the number of classrooms and other spaces. Include additions and new schools that are under construction or in the design phase.

Pre-K
Pre-K Classrooms

Quantity	Capacity

Note: The capacity of Pre-K Classrooms is NOT included in the school capacity totals.

	Classrooms/Spaces			Capacity		
	Elem	Middle	High	Elem	Middle	High
Kindergartens						
Grade 1						
Grades 2-3	11			187		
Grades 4-5	20			520		
LA/SS/Math Classrooms						
Math / Science Classrooms						
Science Labs						
Science Classrooms						
Exception S/C		3		30		
Resource		8				
4+ Computers in each room?		<input type="checkbox"/> Yes?				
Computer Rooms				(25)		

Arts Education

	Elem	Middle	High			
Visual Arts	1					
Dance / Drama						
General Music	1					
Instrumental Music (Band)						
Vocal Music (Chorus)						
Subtotal - Arts	2					

Scroll Down

Vocational

	Elem	Middle	High			
Keyboarding Labs						
Prevocational Labs						
Business / Office Ed.						
Service / Marketing						
Technology Labs						
Agri / Trade + Ind						



Sunset Avenue Elementary

School No: 821330

Date: 9/10/2020

Physical Education, etc.

	Elem	Middle	High			
P.E. / Multi / Gymnasium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Gym Seating						
Auxiliary Gym		<input type="checkbox"/>	<input type="checkbox"/>			
Health / P.E.						
Weight Room						
Wrestling						
ROTC						

Capacity Totals (sum from the capacity above):	712	0	0
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Capacity Totals (sum from Capacity Plan form):	712	0	0
--	------------	----------	----------



Sunset Avenue Elementary

School No: 821330

Date: 9/10/2020

Core Capacity

Media Center	Facilities		Capacity	
Media RLV Area:	3,140		sq.ft. / 4 =	785
Media Support Area:	<input type="radio"/> Sm	<input type="radio"/> OK	<input type="radio"/> Good	

Dining and Kitchen	Facilities		Capacity	
Dining Area	3,888		sq.ft. / 4 =	972
Kitchen Area:	<input type="radio"/> Small	<input checked="" type="radio"/> OK	<input type="radio"/> Good	
# of Serving Lines:	2			
Minimum Core Capacity:				785

Auditorium	Facilities			
Auditorium:	<input type="checkbox"/> Yes?			
# of Seats:	935			
Admin/Guidance Area:	<input type="radio"/> Small	<input checked="" type="radio"/> OK	<input type="radio"/> Good	



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-330** School: **Sunset Avenue Elementary**

Type: **Elementary** Grades: **0K-05** Current ADM: **684**

General Information Survey (this school)

- | | |
|--|--|
| <input type="text" value="Traditional"/> | 1. Operational calendar. |
| <input type="text" value="Block"/> | 2. For high schools, provide current scheduling format. |
| <input type="text" value="No"/> | 3. Does this school have a special programmatic focus: Magnet / CTE / IB / Early College, etc.? |
| <input type="text" value="No"/> | 4. Are all science labs at this school in compliance with NCDPI's Science Safety Checklist?
https://files.nc.gov/dpi/documents/schoolplanning/science-safety-checklist.pdf |
| <input type="text" value="Yes"/> | 5. Does the main entrance at this school include a Security Vestibule to control visitor entry? |
| <input type="text" value="Yes"/> | 6. Is the main office at this school equipped with the required Silent Panic Alarm to directly call emergency first responders? |
| <input type="text" value="Staff"/> | 7. Staff or private janitorial services? |
| <input type="text" value="No"/> | 8. LEED certification? (any buildings) |
| <input type="text" value="0"/> | 9. Number of mobile units on this campus - in use? |
| <input type="text" value="0"/> | 10. Number of mobile units on this campus - out of use? |
| <input type="text" value="1"/> | 11. Number of SROs? |
| <input type="text" value="1"/> | 12. Number of School Nurses? |
| <input type="text" value="2"/> | 13. Number of Assistant Principals? |
| <input type="text" value="2"/> | 14. Number of School Counselors? |
| <input type="text" value="232949.33"/> | 15. Total expenditures for Capital Projects last 5 years? (this campus) |



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-330** School: **Sunset Avenue Elementary**

Type: **Elementary** Grades: **0K-05** Current ADM: **684**

Special Programs / Facilities Survey (this campus)

- 16. Pre-K? (not child care)
- 17. CTE programs?
-
- 18. Auto body/paint shop?
- 19. Auto repair shop?
- 20. JROTC program?
- 21. Shooting range?
- 22. Greenhouse?
- 23. Swimming pool?
- 24. Fire training facility?
- 25. List any other specialty programs and/or facilities.

Shared Campus Usage Survey (this campus)

- 26. Alternative school?
- 27. Childcare Facility? (not Pre-K)
- 28. Lunch prepared on this site for transport to other schools?
- 29. Community College use?
- 30. Parks and Recreation use?
- 31. Public Library use?
- 32. Community Health Clinic?
- 33. Designation as a storm shelter / emergency shelter?
- 34. Site serves as a regional bus facility?
- 35. List any other critical / shared facility services operating under an MOU?



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-330** School: **Sunset Avenue Elementary**

Type: **Elementary** Grades: **0K-05** Current ADM: **684**

Campus Infrastructure Survey (this campus)

- | | |
|-------------|---|
| 2008 | 36. Oldest building on campus - year built? |
| 2008 | 37. Newest building on campus - year built? |
| 2008 | 38. Year of most recent renovation? |
| No | 39. Are there retaining walls on site? |
| Municipal | 40. Water service provider? |
| Municipal | 41. Sewer service provider? |
| Permanent | 42. Emergency generator use? |
| Natural Gas | 43. Fossil fuel type used on this campus? |
| No | 44. Underground fuel storage tanks remaining? |
| Yes | 45. Is campus totally abated / known to be free of asbestos, lead, etc.? |
| No | 46. Any all-wood constructed educational buildings on campus? |
| No | 47. Use of any PV / solar arrays? |
| No | 48. Bus lot with parking for local route only? |
| Fiber | 49. Technology / Broadband service type? |
| 0.6 | 50. Percentage of students with reliable home internet connection? |
| Complete | 51. Status of named storm damage repairs, if any? |
| N/A | 52. Has campus ever been closed long term due to damage from a catastrophic event such as fire, tornado, hurricane, flooding? |



Sampson Middle

School Number: 821-320

Planned Capacity: 713

Priority: 2

Pre-K Capacity: 0

Renovations

Site Improvements

Size/ Amount

Notes/ Description

Cost

Parking/ Drives:\$	90,000	Repave Teacher Parking	90,000
Sewer System:	<input type="checkbox"/>	Check box to add sewer system.	20,000
Water System (well):	<input type="checkbox"/>	Check box to add a well.	
Grading/ Drainage:\$	30,000	Grading/Drainage	30,000
Canopy (cov. walk):		s.f.	
Other Sitework (describe):\$	180,000	Frencing/Repave Parking/Drives/Install Cover	180,000

Building/ Exterior/ Structure

Roof Replacement:		s.f.	985,000
Structural Repairs:\$			
Window Replacement:		s.f.	
Masonry/ Ext. Wall Repairs:\$			
Other Bldg/Exterior (describe):\$	1,200,000	Upgrade Access Control/Paint/Replace Roof	1,200,000

Interior/ Finishes

Partition/Wall Construction:\$			
Ceilings:		s.f.	
Flooring:		s.f.	30,000
Painting:		s.f.	225,000
Other Bldg/Interior (describe):\$			

Plumbing/ HVAC/ Electrical

Air Conditioning:		s.f.	390,000
Electrical Service:		s.f.	
Lighting:		s.f.	60,000
Computer/ Tech. Wiring:		s.f.	
Plumbing:\$	20,000	Replace Urinals	20,000
Other Plbg/HVAC/Elec.(describe):\$	90,000	Upgrade Wireless/Security Cameras	90,000

Bldg. Code/ Life Safety

Bldg. Code/ Life Safety:\$			
ADA Ramps/H.C. Access:\$	75,000	Install Handicapped Lift	75,000
ADA Toilet Renovations:\$			
Fire Alarm:\$			
Sprinkler System:		s.f.	
Other Code/Safety (describe):\$			

Hazardous Mat'l/ Environmental

Hazardous Matl. Abatement:\$			
Indoor Air Quality:\$			
Inground Fuel Tanks:\$			
Radon Management:\$			
Other Environmental (describe):\$			

Other Renovations (not incl. above)

Other Renovations (describe)1.\$			
2.\$			
3.\$			

Subtotal: 3,395,000

Contingency (10% of renovation cost): 339,500

Admin. and Design Fees (8.5% of renovation cost): 288,575

Total Renovation Cost: \$4,023,075



Sampson Middle

School Number: 821-320

Planned Capacity: 713

Priority: 2

Pre-K Capacity: 0

Furnishings/ Equipment

Furn./ Eqpt. for Addition*:			
Kitchen Equipment:	<input type="checkbox"/>	Check to add kitchen equipment	
Media Center Furnishings*:	<input type="checkbox"/>	Check to add media center furnishings	
Other Furn./ Eqpt. (describe):	155,000	Upgrade Furniture/Install Comby Oven/Servin	155,000
Total Furn./ Eqpt.			\$155,000

Total Cost of Additions and Renovations: \$4,178,075

Notes/Comments:

Justifications Why are these improvements needed?

1. Depreciation/ Deferred Maintenance
2. Building Code / Life Safety

Funding

Likelihood that County will fund project:

If "Very Unlikely," why will County funding not be available?

What other funding sources are available for the project?



Sampson Middle

School Number: 821-320

Planned Capacity: 713

Priority: 3

Pre-K Capacity: 0

Renovations

Site Improvements	Size/ Amount	Notes/ Description	Cost
Parking/ Drives:\$			
Sewer System:	<input type="checkbox"/>	Check box to add sewer system.	
Water System (well):	<input type="checkbox"/>	Check box to add a well.	
Grading/ Drainage:\$			
Canopy (cov. walk):		s.f.	120,000
Other Sitework (describe):\$			
Building/ Exterior/ Structure			
Roof Replacement:		s.f.	
Structural Repairs:\$			
Window Replacement:		s.f.	
Masonry/ Ext. Wall Repairs:\$			
Other Bldg/Exterior (describe):\$			
Interior/ Finishes			
Partition/Wall Construction:\$			
Ceilings:		s.f.	
Flooring:		s.f.	
Painting:		s.f.	
Other Bldg/Interior (describe):\$			
Plumbing/ HVAC/ Electrical			
Air Conditioning:		s.f.	
Electrical Service:		s.f.	
Lighting:		s.f.	
Computer/ Tech. Wiring:		s.f.	
Plumbing:\$			
Other Plbg/HVAC/Elec.(describe):\$			
Bldg. Code/ Life Safety			
Bldg. Code/ Life Safety:\$			
ADA Ramps/H.C. Access:\$			
ADA Toilet Renovations:\$			
Fire Alarm:\$			
Sprinkler System:		s.f.	
Other Code/Safety (describe):\$			
Hazardous Mat'l/ Environmental			
Hazardous Matl. Abatement:\$			
Indoor Air Quality:\$			
Inground Fuel Tanks:\$			
Radon Management:\$			
Other Environmental (describe):\$			
Other Renovations (not incl. above)			
Other Renovations (describe)1.\$			
2.\$			
3.\$			
Subtotal:			120,000
Contingency (10% of renovation cost):			12,000
Admin. and Design Fees (8.5% of renovation cost):			10,200
Total Renovation Cost:			\$142,200



Sampson Middle

School Number: 821-320

Planned Capacity: 713

Priority: 3

Pre-K Capacity: 0

Furnishings/ Equipment

Furn./ Eqpt. for Addition*:			
Kitchen Equipment:	<input type="checkbox"/>	Check to add kitchen equipment	
Media Center Furnishings*:	<input type="checkbox"/>	Check to add media center furnishings	
Other Furn./ Eqpt. (describe):			
Total Furn./ Eqpt.			

Total Cost of Additions and Renovations: \$142,200

Notes/Comments:

Justifications: (Why are these improvements needed?)

1.
2.



School Planning

NC Department of Public Instruction
Safe and Healthy Schools Division



Sampson Middle

School No: 821320

Date: 9/10/2020

General Building Information

Form Instructions: Enter building construction history for this school. For example, original building, classroom addition, mini-gym addition, etc. Also complete the requested information concerning the particular construction..

Building Construction History

For definition Press Condition or Accessibility

Building	Year Built	SF Area	Condition	Accessibility
Academic Building	1976	64502	Good	In Compliance
Gym/Vocational Building	1976	55638	Good	In Compliance
Academic Out Building	1999	8800	Good	In Compliance
Weight Room	2002	4500	Good	In Compliance

School Total Area

SF

133440

Enter the total square feet area of school.

School Site Acreage

Acreage

73

Enter the total site acreage of school.

Utility Costs

Complete the following utility cost for FY 2019-20. If there are solar arrays on the site or school roof, complete Solar Energy section.

UTILITY COST (\$)			VALUE OF SOLAR ENERGY (\$)	
ELEC	GAS	WATER / SEWER	USED	SOLD TO UTILITY
143342	7530	8365	0	0

Scroll Down

UTILITY CONSUPTION			SOLAR ENERGY CONSUMPTION	
ELEC (MW)	GAS (THERM)	WATER (GAL)	USED (MW)	SOLD TO UTILITY (MW)
1380		380007		

Mobile Units

Note: The capacity of mobile classroom units is NOT included in the school capacity totals.

Mobile Units Type	No
Single Wide	
Double Wide	
Mega-module	
Total from Above	

Teaching Stations	no.	Capacity
Total Teaching Stations		
Total Teaching Stations		
Total Teaching Stations		
Total from Above		

Total from Capacity and Needs Plan



Sampson Middle

School No: 821320

Date: 9/10/2020

School Capacity

Form Instructions: Enter the number of classrooms and other spaces. Include additions and new schools that are under construction or in the design phase.

Pre-K	Quantity	Capacity
Pre-K Classrooms		

Note: The capacity of Pre-K Classrooms is NOT included in the school capacity totals.

	Classrooms/Spaces			Capacity		
	Elem	Middle	High	Elem	Middle	High
Kindergartens						
Grade 1						
Grades 2-3						
Grades 4-5						
LA/SS/Math Classrooms		14			364	
Math / Science Classrooms		14			364	
Science Labs						
Science Classrooms					728	
Exception S/C		1			10	
Resource		10				
4+ Computers in each room?		<input type="checkbox"/> Yes?				
Computer Rooms		2				

Arts Education	Elem	Middle	High			
Visual Arts	1					
Dance / Drama						
General Music						
Instrumental Music (Band)		1				
Vocal Music (Chorus)						
Subtotal - Arts	2					

Scroll Down

Vocational	Elem	Middle	High			
Keyboarding Labs						
Prevocational Labs		3				
Business / Office Ed.						
Service / Marketing						
Technology Labs						
Agri / Trade + Ind						



Sampson Middle

School No: 821320

Date: 9/10/2020

Physical Education, etc.

	Elem	Middle	High			
P.E. / Multi / Gymnasium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Gym Seating						
Auxilliary Gym		<input type="checkbox"/>	<input type="checkbox"/>			
Health / P.E.		1			(25)	
Weight Room		1				
Wrestling						
ROTC						

Capacity Totals (sum from the capacity above):	0	713	0
--	---	-----	---

Capacity Totals (sum from Capacity Plan form):	0	713	0
--	---	-----	---



Sampson Middle

School No: 821320

Date: 9/10/2020

Core Capacity

Media Center	Facilities	Capacity
Media RLV Area:	4,500	sq.ft. / 4 = 1,125
Media Support Area:	<input type="radio"/> Sm <input type="radio"/> OK <input checked="" type="radio"/> Good	

Dining and Kitchen	Facilities	Capacity
Dining Area	4,343	sq.ft. / 4 = 1,086
Kitchen Area:	<input type="radio"/> Small <input type="radio"/> OK <input checked="" type="radio"/> Good	
# of Serving Lines:	2	
Minimum Core Capacity:		1,086

Auditorium	Facilities	
Auditorium:	<input type="checkbox"/> Yes?	
# of Seats:		
Admin/Guidance Area:	<input type="radio"/> Small <input type="radio"/> OK <input checked="" type="radio"/> Good	



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-320** School: **Sampson Middle**
 Type: **Middle** Grades: **06-08** Current ADM **711**

General Information Survey (this school)

- | | |
|--|--|
| <input type="text" value="Traditional"/> | 1. Operational calendar. |
| <input type="text" value="Period"/> | 2. For high schools, provide current scheduling format. |
| <input type="text" value="No"/> | 3. Does this school have a special programmatic focus: Magnet / CTE / IB / Early College, etc.? |
| <input type="text" value="No"/> | 4. Are all science labs at this school in compliance with NCDPI's Science Safety Checklist?
https://files.nc.gov/dpi/documents/schoolplanning/science-safety-checklist.pdf |
| <input type="text" value="No"/> | 5. Does the main entrance at this school include a Security Vestibule to control visitor entry? |
| <input type="text" value="Yes"/> | 6. Is the main office at this school equipped with the required Silent Panic Alarm to directly call emergency first responders? |
| <input type="text" value="Staff"/> | 7. Staff or private janitorial services? |
| <input type="text" value="No"/> | 8. LEED certification? (any buildings) |
| <input type="text" value="0"/> | 9. Number of mobile units on this campus - in use? |
| <input type="text" value="0"/> | 10. Number of mobile units on this campus - out of use? |
| <input type="text" value="1"/> | 11. Number of SROs? |
| <input type="text" value="1"/> | 12. Number of School Nurses? |
| <input type="text" value="2"/> | 13. Number of Assistant Principals? |
| <input type="text" value="2"/> | 14. Number of School Counselors? |
| <input type="text" value="307201.46"/> | 15. Total expenditures for Capital Projects last 5 years? (this campus) |



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-320** School: **Sampson Middle**

Type: **Middle** Grades: **06-08** Current ADM **711**

Special Programs / Facilities Survey (this campus)

<input type="text" value="NA"/>	16. Pre-K? (not child care)		
<input type="text" value="Business"/>	17. CTE programs?		
<input type="text" value="Ag Mech"/>	<input type="text" value="Horticulture"/>	<input type="text" value="Career Explore"/>	<input type="text" value="NA"/>
<input type="text" value="NA"/>	18. Auto body/paint shop?		
<input type="text" value="NA"/>	19. Auto repair shop?		
<input type="text" value="NA"/>	20. JROTC program?		
<input type="text" value="NA"/>	21. Shooting range?		
<input type="text" value="Yes"/>	22. Greenhouse?		
<input type="text" value="No"/>	23. Swimming pool?		
<input type="text" value="No"/>	24. Fire training facility?		
<input type="text" value="Robotics"/>	25. List any other specialty programs and/or facilities.		

Shared Campus Usage Survey (this campus)

<input type="text" value="No"/>	26. Alternative school?
<input type="text" value="No"/>	27. Childcare Facility? (not Pre-K)
<input type="text" value="No"/>	28. Lunch prepared on this site for transport to other schools?
<input type="text" value="No"/>	29. Community College use?
<input type="text" value="Yes"/>	30. Parks and Recreation use?
<input type="text" value="No"/>	31. Public Library use?
<input type="text" value="No"/>	32. Community Health Clinic?
<input type="text" value="Yes"/>	33. Designation as a storm shelter / emergency shelter?
<input type="text" value="No"/>	34. Site serves as a regional bus facility?
<input type="text" value="No"/>	35. List any other critical / shared facility services operating under an MOU?



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-320** School: **Sampson Middle**
Type: **Middle** Grades: **06-08** Current ADM **711**

Campus Infrastructure Survey (this campus)

- 36. Oldest building on campus - year built?
- 37. Newest building on campus - year built?
- 38. Year of most recent renovation?
- 39. Are there retaining walls on site?
- 40. Water service provider?
- 41. Sewer service provider?
- 42. Emergency generator use?
- 43. Fossil fuel type used on this campus?
- 44. Underground fuel storage tanks remaining?
- 45. Is campus totally abated / known to be free of asbestos, lead, etc.?
- 46. Any all-wood constructed educational buildings on campus?
- 47. Use of any PV / solar arrays?
- 48. Bus lot with parking for local route only?
- 49. Technology / Broadband service type?
- 50. Percentage of students with reliable home internet connection?
- 51. Status of named storm damage repairs, if any?
- 52. Has campus ever been closed long term due to damage from a catastrophic event such as fire, tornado, hurricane, flooding?



Clinton High

School Number: 821-308

Planned Capacity: 1168

Priority: 2

Pre-K Capacity: 0

Renovations

Site Improvements	Size/ Amount	Notes/ Description	Cost
Parking/ Drives:\$	100,000	Repave Driveway	100,000
Sewer System:	<input type="checkbox"/>	Check box to add sewer system.	
Water System (well):	<input type="checkbox"/>	Check box to add a well.	
Grading/ Drainage:\$	10,000	Grading	10,000
Canopy (cov. walk):		s.f.	
Other Sitework (describe):\$	100,000	Repave Driveway	100,000
Building/ Exterior/ Structure			
Roof Replacement:		s.f.	185,000
Structural Repairs:\$			
Window Replacement:		s.f.	
Masonry/ Ext. Wall Repairs:\$			
Other Bldg/Exterior (describe):\$	40,000	Upgrade Access Control/Roof Replacement	40,000
Interior/ Finishes			
Partition/Wall Construction:\$	7,500	Modify Partition Wall	7,500
Ceilings:		s.f.	
Flooring:		s.f.	
Painting:		s.f.	250,000
Other Bldg/Interior (describe):\$			
Plumbing/ HVAC/ Electrical			
Air Conditioning:		s.f.	160,000
Electrical Service:		s.f.	
Lighting:		s.f.	70,000
Computer/ Tech. Wiring:		s.f.	115,000
Plumbing:\$			
Other Plbg/HVAC/Elec.(describe):\$	60,000	Upgrade security cameras	60,000
Bldg. Code/ Life Safety			
Bldg. Code/ Life Safety:\$			
ADA Ramps/H.C. Access:\$			
ADA Toilet Renovations:\$			
Fire Alarm:\$			
Sprinkler System:		s.f.	
Other Code/Safety (describe):\$	30,000	Upgrade Intercom	30,000
Hazardous Mat'l/ Environmental			
Hazardous Matl. Abatement:\$			
Indoor Air Quality:\$			
Inground Fuel Tanks:\$			
Radon Management:\$			
Other Environmental (describe):\$			
Other Renovations (not incl. above)			
Other Renovations (describe)1.\$	1,700,000	Install Running Track/Replace Tennis Ct/ Lighti	1,700,000
2.\$			
3.\$			
Subtotal:			2,827,500
Contingency (10% of renovation cost):			282,750
Admin. and Design Fees (8.5% of renovation cost):			240,338
Total Renovation Cost:			\$3,350,588



Clinton High

School Number: 821-308

Planned Capacity: 1168

Priority: 2

Pre-K Capacity: 0

Furnishings/ Equipment

Furn./ Eqpt. for Addition*:			
Kitchen Equipment:	<input type="checkbox"/>	Check to add kitchen equipment	
Media Center Furnishings*:	<input type="checkbox"/>	Check to add media center furnishings	
Other Furn./ Eqpt. (describe):	105,000	Install Oven/2 Serving Lines	105,000
Total Furn./ Eqpt.			\$105,000

Total Cost of Additions and Renovations: \$3,455,588

Notes/Comments:

Justifications Why are these improvements needed?

1. Depreciation/ Deferred Maintenance
2. Building Code / Life Safety

Funding

Reliability that County will fund project:

If "Very Unlikely," why will County funding not be available?

What other funding sources are available for the project?



Clinton High

School Number: 821-308

Planned Capacity: 1168

Priority: 3

Pre-K Capacity: 0

Renovations

Site Improvements	Size/ Amount	Notes/ Description	Cost
Parking/ Drives:\$			
Sewer System:	<input type="checkbox"/>	Check box to add sewer system.	
Water System (well):	<input type="checkbox"/>	Check box to add a well.	
Grading/ Drainage:\$			
Canopy (cov. walk):		s.f.	
Other Sitework (describe):\$			
Building/ Exterior/ Structure			
Roof Replacement:		s.f.	
Structural Repairs:\$			
Window Replacement:		s.f.	
Masonry/ Ext. Wall Repairs:\$			
Other Bldg/Exterior (describe):\$			
Interior/ Finishes			
Partition/Wall Construction:\$			
Ceilings:		s.f.	
Flooring:		s.f.	
Painting:		s.f.	
Other Bldg/Interior (describe):\$			
Plumbing/ HVAC/ Electrical			
Air Conditioning:		s.f.	
Electrical Service:		s.f.	
Lighting:		s.f.	
Computer/ Tech. Wiring:		s.f.	
Plumbing:\$			
Other Plbg/HVAC/Elec.(describe):\$	450,000	Replace Chiller	450,000
Bldg. Code/ Life Safety			
Bldg. Code/ Life Safety:\$			
ADA Ramps/H.C. Access:\$			
ADA Toilet Renovations:\$			
Fire Alarm:\$			
Sprinkler System:		s.f.	
Other Code/Safety (describe):\$			
Hazardous Mat'l/ Environmental			
Hazardous Matl. Abatement:\$			
Indoor Air Quality:\$			
Inground Fuel Tanks:\$			
Radon Management:\$			
Other Environmental (describe):\$			
Other Renovations (not incl. above)			
Other Renovations (describe)1.\$	100,000	Replace Athletic Lighting	100,000
2.\$			
3.\$			
Subtotal:			550,000
Contingency (10% of renovation cost):			55,000
Admin. and Design Fees (8.5% of renovation cost):			46,750
Total Renovation Cost:			\$651,750



Clinton High

School Number: 821-308

Planned Capacity: 1168

Priority: 3

Pre-K Capacity: 0

Furnishings/ Equipment

Furn./ Eqpt. for Addition*:			
Kitchen Equipment:	<input type="checkbox"/>	Check to add kitchen equipment	
Media Center Furnishings*:	<input type="checkbox"/>	Check to add media center furnishings	
Other Furn./ Eqpt. (describe):			
Total Furn./ Eqpt.			

Total Cost of Additions and Renovations: \$651,750

Notes/Comments:

Justifications: (Why are these improvements needed?)

1. Depreciation/ Deferred Maintenance
2. Building Code / Life Safety



School Planning

NC Department of Public Instruction
Safe and Healthy Schools Division



Clinton High

School No: 821308

Date: 9/10/2020

General Building Information

Form Instructions: Enter building construction history for this school. For example, original building, classroom addition, mini-gym addition, etc. Also complete the requested information concerning the particular construction..

Building Construction History

For definition Press Condition or Accessibility

Table with 5 columns: Building, Year Built, SF Area, Condition, Accessibility. Row 1: Main Building (2 story), 2008, 175366, Very Good, In Compliance.

Summary rows: School Total Area (SF: 175366), School Site Acreage (Acreage: 46). Includes instructions to enter total square feet and acreage.

Utility Costs

Complete the following utility cost for FY 2019-20. If there are solar arrays on the site or school roof, complete Solar Energy section.

Utility Cost and Consumption tables. Includes columns for ELEC, GAS, WATER / SEWER, VALUE OF SOLAR ENERGY (USED, SOLD TO UTILITY), and UTILITY CONSUMPTION (ELEC, GAS, WATER, USED, SOLD TO UTILITY).

Scroll Down

Mobile Units

Note: The capacity of mobile classroom units is NOT included in the school capacity totals.

Mobile Units table with columns: Mobile Units Type, No., Teaching Stations, no., Capacity. Includes rows for Single Wide, Double Wide, Mega-module, and Total from Above.



Clinton High

School No: 821308

Date: 9/10/2020

School Capacity

Form Instructions: Enter the number of classrooms and other spaces. Include additions and new schools that are under construction or in the design phase.

Pre-K	Quantity	Capacity
Pre-K Classrooms		

Note: The capacity of Pre-K Classrooms is NOT included in the school capacity totals.

Academic	Classrooms/Spaces			Capacity		
	Elem	Middle	High	Elem	Middle	High
Kindergartens						
Grade 1						
Grades 2-3						
Grades 4-5						
LA/SS/Math Classrooms			26			624
Math / Science Classrooms						
Science Labs			6			144
Science Classrooms						
Exception S/C		1				10
Resource		7				
4+ Computers in each room?		<input type="checkbox"/> Yes?				
Computer Rooms		8				

Arts Education	Elem	Middle	High			
Visual Arts			1			22
Dance / Drama			1			22
General Music						
Instrumental Music (Band)			1			22
Vocal Music (Chorus)			1			22
Subtotal - Arts			4			

Scroll Down

Vocational	Elem	Middle	High			
Keyboarding Labs						
Prevocational Labs						
Business / Office Ed.			5			100
Service / Marketing			4			60
Technology Labs			2			30
Agri / Trade + Ind			1			15



Clinton High

School No: 821308

Date: 9/10/2020

Physical Education, etc.

	Elem	Middle	High			
P.E. / Multi / Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			50
Gym Seating						
Auxilliary Gym		<input type="checkbox"/>	<input checked="" type="checkbox"/>			25
Health / P.E.			1			22
Weight Room			1			
Wrestling						
ROTC			2			

Capacity Totals (sum from the capacity above):	0	0	1,168
--	---	---	-------

Capacity Totals (sum from Capacity Plan form):	0	0	1,168
--	---	---	-------



Clinton High

School No: 821308

Date: 9/10/2020

Core Capacity

Media Center	Facilities	Capacity
Media RLV Area:	5,108	sq.ft. / 4 = 1,277
Media Support Area:	<input type="radio"/> Sm <input type="radio"/> OK <input checked="" type="radio"/> Good	

Dining and Kitchen	Facilities	Capacity
Dining Area	4,200	sq.ft. / 4 = 1,050
Kitchen Area:	<input type="radio"/> Small <input type="radio"/> OK <input checked="" type="radio"/> Good	
# of Serving Lines:	3	
Minimum Core Capacity:		1,050

Consider an addition to the cafeteria

Auditorium	Facilities	
Auditorium:	<input type="checkbox"/> Yes?	
# of Seats:	627	
Admin/Guidance Area:	<input type="radio"/> Small <input type="radio"/> OK <input checked="" type="radio"/> Good	



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-308** School: **Clinton High**
Type: **High** Grades: **09-12** Current ADM **782**

General Information Survey (this school)

- 1. Operational calendar.
- 2. For high schools, provide current scheduling format.
- 3. Does this school have a special programmatic focus: Magnet / CTE / IB / Early College, etc.?
- 4. Are all science labs at this school in compliance with NCDPI's Science Safety Checklist?
<https://files.nc.gov/dpi/documents/schoolplanning/science-safety-checklist.pdf>
- 5. Does the main entrance at this school include a Security Vestibule to control visitor entry?
- 6. Is the main office at this school equipped with the required Silent Panic Alarm to directly call emergency first responders?
- 7. Staff or private janitorial services?
- 8. LEED certification? (any buildings)
- 9. Number of mobile units on this campus - in use?
- 10. Number of mobile units on this campus - out of use?
- 11. Number of SROs?
- 12. Number of School Nurses?
- 13. Number of Assistant Principals?
- 14. Number of School Counselors?
- 15. Total expenditures for Capital Projects last 5 years? (this campus)



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-308** School: **Clinton High**
Type: **High** Grades: **09-12** Current ADM: **782**

Special Programs / Facilities Survey (this campus)

<input type="text" value="School operated"/>	16. Pre-K? (not child care)		
<input type="text" value="NA"/>	17. CTE programs?		
<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>	<input type="text" value="NA"/>
<input type="text" value="NA"/>	18. Auto body/paint shop?		
<input type="text" value="NA"/>	19. Auto repair shop?		
<input type="text" value="NA"/>	20. JROTC program?		
<input type="text" value="NA"/>	21. Shooting range?		
<input type="text" value="NA"/>	22. Greenhouse?		
<input type="text" value="No"/>	23. Swimming pool?		
<input type="text" value="No"/>	24. Fire training facility?		
<input type="text" value="No"/>	25. List any other specialty programs and/or facilities.		

Shared Campus Usage Survey (this campus)

<input type="text" value="No"/>	26. Alternative school?
<input type="text" value="No"/>	27. Childcare Facility? (not Pre-K)
<input type="text" value="No"/>	28. Lunch prepared on this site for transport to other schools?
<input type="text" value="No"/>	29. Community College use?
<input type="text" value="No"/>	30. Parks and Recreation use?
<input type="text" value="No"/>	31. Public Library use?
<input type="text" value="No"/>	32. Community Health Clinic?
<input type="text" value="No"/>	33. Designation as a storm shelter / emergency shelter?
<input type="text" value="No"/>	34. Site serves as a regional bus facility?
<input type="text" value="No"/>	35. List any other critical / shared facility services operating under an MOU?



2020-21 DPI Facility Needs Survey Schools Questionnaire

School No: **821-308** School: **Clinton High**
Type: **High** Grades: **09-12** Current ADM **782**

Campus Infrastructure Survey (this campus)

- 36. Oldest building on campus - year built?
- 37. Newest building on campus - year built?
- 38. Year of most recent renovation?
- 39. Are there retaining walls on site?
- 40. Water service provider?
- 41. Sewer service provider?
- 42. Emergency generator use?
- 43. Fossil fuel type used on this campus?
- 44. Underground fuel storage tanks remaining?
- 45. Is campus totally abated / known to be free of asbestos, lead, etc.?
- 46. Any all-wood constructed educational buildings on campus?
- 47. Use of any PV / solar arrays?
- 48. Bus lot with parking for local route only?
- 49. Technology / Broadband service type?
- 50. Percentage of students with reliable home internet connection?
- 51. Status of named storm damage repairs, if any?
- 52. Has campus ever been closed long term due to damage from a catastrophic event such as fire, tornado, hurricane, flooding?

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 3 (c)

Meeting Date: December 7, 2020	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input checked="" type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/ Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Recognition of Brian Royal as Recipient of NCRWA’s Bud Pate Service Award

DEPARTMENT: Public Works

PUBLIC HEARING: No

CONTACT PERSON(S): Linwood Reynolds, Public Works Director

PURPOSE: To recognize Brian Royal as award recipient

ATTACHMENTS: Article from NCRWA publication, The Tarheel Pipeline

BACKGROUND:

Sampson County Public Works employee Brian Royal has received the NC Rural Water Association’s Bud Pate Service Award. Mr. Royal was recognized by NCRWA not only for his service in the Public Works Department’s well operations, but also for his dedication to serving the citizens of Sampson County outside of work. Mr. Royal is active in his church and community, serving as a member of the local 4H Club, as a volunteer in the CHS Booster Club, as the Fire Chief for the Keener Fire Department, a Den Leader for Boy Scout Pack #26, as a deacon in his church, and as a member of the North Carolina Baptist Men’s Association. He also volunteers his time building wheelchair ramps for the handicapped in his community.

RECOMMENDED ACTION OR MOTION:

Recognize Mr. Royal for his outstanding service to the citizens of the County and as a recipient of the NCRWA’s Bud Pate Award

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 4 (a)

Meeting Date: December 7, 2020	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input checked="" type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue
	<input type="checkbox"/>		<input type="checkbox"/>	

SUBJECT: Designation of Voting Delegate for NCACC Legislative Goals Conference

DEPARTMENT: Governing Body

PUBLIC HEARING: No

CONTACT PERSON(S): Edwin W. Causey, County Manager

PURPOSE: To designate one commissioner to serve as voting delegate at the NCACC Legislative Goals Conference in January

ATTACHMENTS: Voting Delegate Designation Form

BACKGROUND:

The final stage of the NCACC's legislative goals process is the Legislative Goals Conference, at which the goals and policies which will guide the Association's advocacy work are determined. The conference will be held by virtual platform Thursday and Friday, January 14-15, 2021. Each county will be entitled to vote on legislative goal proposal submissions brought before the membership. In order to facilitate the voting process, the Association asks that each county designate one voting delegate (*and also may assign one alternate voting delegate*) prior to the Conference. The voting delegate can be any county official, including non-elected officials, and a county may choose an alternate. No proxies are allowed.

The Board needs to discuss which member to delegate as its voting member.

RECOMMENDED ACTION OR MOTION:

Designate a voting delegate (and alternate if desired)



Designation of Voting Delegate to NCACC Legislative Goals Conference

January 14-15, 2021 (Thursday – Friday) | *VIA VIRTUAL FORMAT

Each Board of County Commissioners is hereby requested to designate a commissioner or other official as a voting delegate for the 2021 Legislative Goals Conference *(held via Virtual format). Each voting delegate should complete the following statement and **return it to the Association no later than Monday, January 11, 2021.**

I, _____, hereby certify that I am the duly designated voting delegate for _____ County at the North Carolina Association of County Commissioners 2021 Legislative Goals Conference.

Voting Delegate Name: _____

Title: _____

In the event the designated voting delegate is unable to attend, _____ has been selected as _____ County's alternate voting delegate.

Alternate Voting Delegate Name: _____

Title: _____

Article VI, Section of the Association's Constitution provides:

"On all questions, including the election of officers, each county represented shall be entitled to one vote, which shall be the majority expression of the delegates of that county. The vote of any county in good standing may be cast by any one of its County Commissioners who is present at the time the vote is taken; provided, if no commissioner be present, such vote may be cast by another county official, elected or appointed, who holds elective office or an appointed position in the county whose vote is being cast and who is formally designated by the Board of County Commissioners. These provisions shall likewise govern district meetings of the Association. A county in good standing is defined as one which has paid the current year's dues."

Please return this form to Alisa Cobb via email by Monday, January 11, 2021 close of business:

Email: alisa.cobb@ncacc.org

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 4 (b)

Meeting Date: December 7, 2020	<input type="checkbox"/> Information Only <input type="checkbox"/> Report/Presentation <input checked="" type="checkbox"/> Action Item <input type="checkbox"/> Consent Agenda	<input type="checkbox"/> Public Comment <input type="checkbox"/> Closed Session <input type="checkbox"/> Planning/Zoning <input type="checkbox"/> Water District Issue
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SUBJECT: Appointments

DEPARTMENT: Governing Body

PUBLIC HEARING: No

CONTACT PERSON: Vice Chairperson Sue Lee

PURPOSE: To consider appointments to various boards and commissions

Health Advisory Board

The Health Advisory Board is requesting the re-appointment of Linda Peterson for her third term. In addition, a County Commissioner appointment is requested with the departure of Commissioner Parker.

Child Fatality Team

A County Commissioner appointee is requested to replace Commissioner Harry Parker.

Convention and Visitors Bureau

The CVB is requesting the appointment of Sharad Sarati, owner of The Comfort Inn and Inn at Clinton, to replace Julie Stadig.

Hospital Board of Trustees

Four total appointees are needed for the hospital Board of Trustees. There are three active Board members whose terms expire on December 31, 2020. Two of the three are eligible and willing to be reappointed: Perry Solice and Will Waters. In addition, one other trustee, Anne Faircloth, has resigned, and a replacement is needed.

In accordance with their bylaws, the Board of Trustees has provided nominees for each available seat, and these nominees and alternates are noted on the attached correspondence.

Airport Advisory Board

The terms of Commissioner Kivett and Teddy St. Pierre have expired. Both are eligible for reappointment.

Fire Commission

In accordance with Section 1 of the Fire Commission Resolution, the Board of Commissioners shall appoint members of the Fire Commission the first Monday of December. The members proposed for 2021 are:

- Clark Wooten, County Commissioner appointee
- Ronald Bass, Director of Emergency Services appointee
- Jerry Cashwell, Sampson County Fire Marshal appointee
- Billy Lockamy, Citizen/Insurance Industry appointee
- Alan Williams, Fire Association President appointee
- Ken Jackson, Fire Chief recommended by Fire Association
- Anthony Troublefield, Rescue Association President appointee

Planning Board

There are two members of the Planning Board whose terms have expired. Recommended appointees are Jason Tyndall and Gail Gainey.

SAMPSON COUNTY HEALTH DEPARTMENT

Wanda Robinson
Health Director

360 County Complex Road, Suite 200
Clinton, NC 28328



To: Mr. Edwin Causey
County Manager

Susan Holder
Assistant County Manager

From: Wanda Robinson
Health Director

Subject: Health Department Advisory Committee appointment request

Date: November 23, 2020

Listed below are the requested appointments for the Sampson County Health Department:

- I. Health Advisory Board: Requesting the reappointment of Linda Peterson. This is her 2nd term which will expire in December 2020. The appointment is for a three year term.
- II. County Commissioner member: Request an appointment for this position due to the current member rotating off the Board of Commissioners.
- III. Child Fatality Team Member: Need replacement for the position of commissioner to serve on the Child Fatality Task force due to current member rotating off the Board of Commissioners.

Your assistance is much appreciated.



DATE: 17 November 2020

TO: Sue Lee, Vice Chair, Sampson County Board of Commissioners
VIA: Ed Causey, County Manager
Susan Holder, Assistant County Manager

FROM: Sheila Barefoot, Executive Director, Sampson County Tourism

SUBJECT: CVB Board Appointment – Effective December 1, 2020

The board of the Sampson County Convention & Visitors Bureau has an open position that was held by Ms. Julie Stadig. Ms. Stadig was the owner of The Ashford Inn, one of the lodging providers in Sampson County.

I have spoken with Sharad Sarati, owner of The Comfort Inn and Inn at Clinton, and he has agreed to serve on the CVB Board. Mr. Sarati, being an lodging provider, will be great for our board, and always in the past has had an interest in the CVB. The CVB would like to move forward with Mr. Sarati to fill the open position on the CVB Board of Directors.

His contact information is as follows:

Mr. Sharad Sarati
ATTN: The Inn at Clinton
1406 Sunset Ave
Clinton, NC 28328
910-592-1990

If you should have any questions or need additional information, please contact me or Ray Jordan.

Sincerely

Sheila Barefoot
Sampson County Tourism



607 Beaman Street ▪ Post Office Drawer 260 ▪ Clinton, NC 28329-0260
Telephone: (910) 592-8511 ▪ Fax: (910) 590-2321

November 13, 2020

Office of Sampson County Manager
406 County Complex Road
Clinton, NC 28328

Dear Mr. Causey,

Sampson Regional Medical Center is notifying you that the Board of Trustees has three (3) active Board members whose six-year terms are expiring on December 31, 2020.

Board members with terms ending that are eligible and willing for reappointment:

1. Perry Solice
2. Will Waters

In accordance with Sampson Regional Medical Center's Governing Board By-Laws, the Board of Trustees shall nominate two (2) persons for each vacancy to occur by the expiration of the term and shall immediately certify said nominations to the Sampson County Board of Commissioners, who shall fill such vacancy by appointment. Therefore, the Sampson Regional Medical Center Board of Trustees submit the following persons for consideration of appointment for the three (3) vacancies:

Recommendations for three vacancies:

1. Perry Solice
2. Will Waters
3. Holden Dubose

Alternate Recommendations:

1. Grover Ezzell

Additionally, the Board of Trustees has one (1) Board member, Anne Faircloth, who resigned from the Board of Trustees on October 27, 2020. Ms. Faircloth's appointment term was 01/01/2019 through 12/31/2025. In accordance with Sampson Regional Medical Center's Governing Board By-Laws, the Board of Trustees shall nominate two (2) persons for each vacancy and shall immediately certify said

nominations to the Sampson County Board of Commissioners, who shall fill such vacancy by appointment.

Recommendation for vacancy:

1. Tara Jackson

Alternate Recommendation

1. Telfair Simpson

Thank you for your consideration. If you have any questions, please contact me at 910-590-8716.

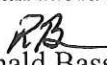
Best regards,

A handwritten signature in black ink, appearing to read "Shawn Howerton". The signature is fluid and cursive, with a large loop at the end.

Shawn Howerton, M.D.
Chief Executive and Medical Officer

NORTH CAROLINA'S
SAMPSON COUNTY
OFFICE OF EMERGENCY SERVICES

MEMORANDUM:

TO: Susan Holder, Assistant County Manager
FROM:  Ronald Bass, Emergency Management
DATE: November 13, 2020
SUBJECT: **2021 Fire Commission Membership Proposal**

Per Section 1. of the Sampson County Fire Commission Resolution, the Board of Commissioners shall appoint members of the Fire Commission the first Monday of every December. Please find, attached, a proposed list of members to serve the 2021 Fire Commission. Please place the attached on the December Board Agenda for approval.

RB/klc

Enclosures:

2021 Fire Commission Membership Proposal



107 Underwood Street | Clinton, NC 28328
OFFICE: (910) 592-8996 | FAX: (910) 592-5383

The Sampson County Fire Association met on November 10, 2020; at this meeting elections were held. Chief Alan Williams (Taylors Bridge FD) was elected president. Chief Ken Jackson (Plain View FD) was elected County Fire Chief.

These offices within the association will be effective January 1, 2021.

Listed below is the proposed membership for the 2021 Fire Commission:

Section 1. There is hereby created the Sampson County Fire Commission (hereinafter, the “Fire Commission”), to be composed of seven (7) members as follows:

- (A) One member of the Sampson County Board of Commissioners (hereinafter, the “Board of Commissioners”), to be appointed by the Board of Commissioners to the Office of Fire Commissioner; **Chairman Clark Wooten**
- (B) The Director of Sampson County Emergency Services; **Mr. Ronald Bass**
- (C) The Sampson County Fire Marshall; **Mr. Jerry Cashwell**
- (D) One resident of Sampson County who works in the insurance industry, to be appointed by the Board of Commissioners; **Mr. Billy Lockamy**
- (E) The President of the Sampson County Fireman’s Association; **Chief Alan Williams**
- (F) One Sampson County fire department chief, to be appointed by the Sampson County Fireman’s Association; **Chief Ken Jackson**
- (G) The President of the Sampson County Rescue Association; **Mr. Anthony Troublefield.**

As soon as possible after the adoption of this Resolution, the Board of Commissioners shall appoint the members of the Fire Commission. Those members shall serve until the first Monday in December following the adoption of this Resolution. Thereafter, on the first Monday of every December, appointments will be made to the Fire Commission for terms of one (1) year.

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 5

Meeting Date: December 7, 2020	<input type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input checked="" type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

SUBJECT: Consent Agenda

DEPARTMENT: Administration/Multiple Departments

ITEM DESCRIPTIONS/ATTACHMENTS:

Consent Agenda (General)

- a. Approve the minutes of the November 2, 2020 meeting
- b. Approve the Department of Aging's submission of an application for United Way funding in the amount of \$30,000 for construction of wheelchair ramps
- c. Approve the revised policies for the Sampson-Clinton Public Library: Code of Conduct, Collection Development Policy, Computer/Internet Policy, Exhibit Policy, Privacy of Records Policy, Safe Child Policy, Volunteer Policy
- d. Adopt resolution authorizing Chairman to execute the bulk water purchase agreement between Sampson County and the City of Clinton
- e. Approve recommended names for private roads (public hearing held on November 2, 2020): Taylors Creek Way (PVT 1446 5404); Merlin Court (PVT 1446 5404 47); Southern Home Lane (PVT 421WIL 1961)
- f. Approve late applications for disabled veterans tax exclusion for Kim A. Newton, James H. Smith, Alonzo J. Vann, and Colin Stoeckel
- g. Approve a late present land use application for Micah/Holly Brewington
- h. Approve a late property tax exemption/release of applicable taxes for Enviva Pellet LLC
- i. Approve the tax refunds and releases as submitted
- j. Approve budget amendments as submitted

Consent Agenda (Board of Health)

- k. Approve the Electronic Health Imaging Policy
- l. Approve the Health Advisory Committee Operating Policy
- m. Approve Health Advisory Committee Conflict of Interest Policy
- n. Approve the Sampson County Health Department Fiscal Policy

RECOMMENDED ACTION OR MOTION:

Motion to approve Consent Agenda as presented

The Sampson County Board of Commissioners convened for their regular meeting at 6:00 p.m. on Monday, November 2, 2020. Because the State and the County were under a State of Emergency during the COVID-19 pandemic, the meeting was conducted virtually via Zoom and broadcast via YouTube, proper notice of the virtual environment and broadcast information having been duly posted. Members present via virtual means, as verified by the Clerk's roll call were: Chairman Clark Wooten, Vice Chairperson Sue Lee, and Commissioner Harry Parker. Absent: Commissioner Kivett. Commissioner Thaddeus Godwin was present, however, due to audio malfunctions he was not immediately capable of participating in discussions and rejoined later as noted below.

Chairman Wooten called the meeting to order and acknowledged Vice Chairperson Lee who called on Commissioner Parker to provide the invocation. Vice Chairperson Lee then led Pledge.

Approval of Agenda

Upon a motion made by Commissioner Parker and seconded by Vice Chairperson Lee, the Board voted unanimously to approve the agenda with the following additions: Item 1 (a), Recognition of Brian Royal as Recipient of NCRWA's Bud Pate Service Award was removed from the agenda.

Item 1: Recognition

Recognition of Brian Royal as Recipient of NCRWA's Bud Pate Service Award The item was tabled to the December 7, 2020 meeting.

Item 2: Public Hearings

Public Hearing Regarding Naming of Private Roads The Chairman opened the hearing and called upon Assistant County Manager Susan Holder who reviewed the recommendations for naming certain private roads as follows:

PVT 1446 5404	Taylors Creek Way
PVT 1446 5404 47	Merlin Ct.
PVT 421WIL 1961	Southern Home Ln

The Chairman asked the Clerk to read public comments received, and the Clerk reported none had been received. The hearing was closed. In compliance with the

public hearing requirement set forth in G.S. 158-7.1(c) the Board deferred action to the December 7, 2020 meeting.

Item 3: Actions Items

Scheduling of Meeting for Architect Presentation of 911 and Emergency Services Facilities Design County Manager Ed Causey informed the Board that staff would be prepared to provide a presentation regarding the 911 and Emergency Services Facility Project in December and recommended Monday, December 14, 2020 at 3 p.m. as the presentation date. The Board agreed to schedule the meeting on Monday, December 14, 2020 at 3 p.m., as recommended.

Commissioner Godwin rejoined the meeting via video and audio at this time.

Appointments - Library Board of Trustees Upon a motion made by Vice Chairperson Lee and seconded by Commissioner Parker, the Board voted unanimously to appoint Ashley Gilmore, Oneta Manuel, Anna Bell, and Linda Williams to the Library Board of Trustees.

Item 4: Consent Agenda

Upon a motion made by Commissioner Parker and seconded by Vice Commissioner Godwin, the Board voted unanimously to approve the Consent Agenda as amended:

- a. Approved the minutes of the October 5, 2020 and October 8, 2020 meetings
- b. Adopted the resolution requesting addition of Agriculture Place Lane to NCDOT's Secondary Roads System (Copy filed in Inc. Minute Book ____ Page ____.)
- c. Approved the execution of the Memorandum of Understanding between the County and the City of Clinton regarding fire inspections (Copy filed in Inc. Minute Book ____ Page ____.)
- d. Authorized the execution of the Agreement for the Provision of County-Based Aging Services and Funding Plan between the Sampson County Department of Aging and Mid Carolina Council of Government for use of CARES Act funding (Copy filed in Inc. Minute Book ____ Page ____.)
- e. Authorized the execution of the FY 2021-2022 Memorandum of Understanding between Sampson County and the NCDHHS (Copy filed in Inc. Minute Book ____ Page ____.)
- f. Adopted the County Holiday Schedule for FY 2021
- g. Adopt the Board of Commissioners Meeting Schedule for FY 2021

- h. Approved late applications for disabled veterans tax exclusion for Tracy Elizabeth Kirkland
- i. Approved tax refunds and releases as submitted:

#9403	Kathy Robinson	\$122.40
#9375	Jamie Castillo	\$129.31
#9396	Terry Spell Mechanical	\$334.27
#9395	Mary Williams Hill & James Corbett	\$300.38
#9401	Becky Williams	\$107.09
#9409	Timothy Bruno, Jr.	\$178.60
#9392	Robert L. Rich	\$663.75
#9413	Donald Pearson	\$409.50
#9402	Northland Capital Financial Services, LLC	\$2,467.67
Tax Release	Advanced Physical Therapy	\$776.38
Tax Release	Richard Rickley	\$359.89
Tax Release	Arnold McNeill	\$209.42
Tax Release	Francisco Lira	\$111.12
Tax Release	Karen Jackson	\$457.76

- j. Approved budget amendments as submitted:

<u>EXPENDITURE</u>		Sampson County CVB		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
84761800	537000	Advertising and Marketing	\$5,000.00	
84761800	537000	Contracted Services	\$5,000.00	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
84036180	408900	Miscellaneous Revenue	\$10,000.00	

<u>EXPENDITURE</u>		Sampson County CVB		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
84761800	537000	Advertising and Marketing	\$13,000.00	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
84036180	408900	Miscellaneous Revenue	\$13,000.00	

<u>EXPENDITURE</u>		Transportation		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
16145000	554001	State-Transp Fund	\$180,000.00	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
16145000	403612	Co Vehicle-State	\$180,000.00	

<u>EXPENDITURE</u>		Juvenile Justice		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
05558310	581000	Transfer to State Agency	\$34,068.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
05435831	409906	FBA Youth Shelter Options	\$3,570.00	
05435831	409900	FBA JCPC Administration	\$4,637.00	
05435831	409905	FBA Innovations Program	\$3,500.00	
05435831	409903	FBA Youth Inspire Group	\$6,056.00	
05435831	409902	FBA Teen Court	\$16,305.00	
<u>EXPENDITURE</u>		Aging		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
02558800	522100	Nutrition – Meals	\$5,564.00	
02558800	526200	Nutrition – Dept Supplies	\$559.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
02035880	404202	Nutrition – Medicaid Reimbursemen	\$6,123.00	
<u>EXPENDITURE</u>		Aging		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
02558800	526200	Nutrition – Dept. Supplies	\$4,950.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
02035880	408900	Nutrition – Misc Services	\$4,950.00	
<u>EXPENDITURE</u>		Aging		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
02558670	524100	Home Repairs – Materials	\$18,000.00	
02558670	544000	Home Repairs – Contracted Labor	\$10,082.00	
02558800	522100	Nutrition - Meals	\$40,000.00	
02558800	526200	Nutrition – Dept Supplies	\$28,912.00	
02558800	554000	Nutrition – Capital Outlay - Vehicles	\$31,180.00	
02558680	526200	Senior Center – Dept Supplies	\$10,000.00	
<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
02035880	403601	Fund Balance Appropriated	\$100,092.00	
02035867	403601	Home Repairs – Mid-Carolina	\$28,082.00	
02035868	403901	Senior Center – Mid-Carolina	\$10,000.00	

<u>EXPENDITURE</u>		I40/NC 403 Well Project		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
67981550	508011	Well Construction	\$659,647.00	
67981550	509700	Contingency		\$270,486.00

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
67038155	403608	State Reserve Grant	\$143,082.00	
67038155	408922	Golden Leaf Grant		\$236,860.00
67035155	409100	Loan Proceeds	\$482,939.00	

<u>EXPENDITURE</u>		Social Services		
<u>Code Number</u>		<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
13553100	526201	Dept Supplies Equipment	\$59,504.00	

<u>REVENUE</u>				
<u>Code Number</u>		<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
13535310	408900	Miscellaneous Revenue	\$59,504.00	

Item 5: Board Information

The following item were provided to the Board as information only.

- a. NCACC – Notice of Dues Reduction

Item 6: County Manager’s Report

County Manager Ed Causey informed the Board that the annual audit was being completed. He noted that Finance will soon begin working with the Local Government Commission to begin the process of ensuring financing was available for the 911 and Emergency Services Facilities project. He then noted that discussion regarding budget adjustments in lieu of the pandemic would likely take place in December. Mr. Causey concluded by offering remarks of gratitude to Commissioner Parker for his years of service as a commissioner. Commissioner Parker then expressed thanks to the Board and staff.

Recess to Reconvene

Upon a motion made by Chairman Wooten and seconded by Commissioner Godwin, the Board voted unanimously adjourn.


Clark H. Wooten, Chairman

Susan J. Holder, Clerk to the Board

NORTH CAROLINA'S
SAMPSON COUNTY

Department of Aging and In-Home Services

MEMORANDUM

TO: Susan Holder, Assistant County Manager
FROM:  Lorie Sutton, Aging Services Director
DATE: November 16, 2020
RE: 2021 United Way Funding Application

Attached is the 2021 United Way Funding Application for our Wheelchair Ramp Program for disabled people under 60 years of age. I am requesting permission from the Board of Commissioners to allow me to request funding in the amount of \$30,000.

If we are permitted to submit the application, I will need the Chairman's signature on the first page of the application.

Please let me know if you need further information.

Thank you.

/ls

Attachment: United Way Program Funding Application

Program Funding

Request Application



United Way of Sampson County

Sponsoring Agency: Sampson County Department of Aging

Program Name: Wheelchair Ramp Program

Mailing Address: 405 County Complex Road; Suite 140 Clinton, NC 28328

Phone/email: 910-592-4653/lbsutton@sampsonnc.com

Funding Request for ~~2021~~ **2020** Program Funding \$ 30,000.00

CERTIFICATION

The requested amount herein was considered and approved for submission by the

Sampson County Department of Aging Board of Directors at a meeting on December 7, 2020
 (Sponsoring Agency) (date)

Our fiscal year is July 1 to June 30
 (date) (date)

Management and the Board of Directors have read and are prepared to discuss this Funding Request.

We acknowledge that funds allocated by United Way are contributed dollars and that fair and full disclosure is required in the completion of this Funding Request Application and all other requested information.

Lorie B. Sutton
Executive Director ~ Name

Clark Wooten
Board President or Authorized person Name
Chairman, Sampson County of Board of Commissioners
Volunteer Title

Signature - Executive Director
12/07/2020
Date

Signature ~ Board President or Authorized Person
12/07/2020
Date

REQUIRED: Specific use of UWSC funding. (Use only space provided)

The requested funding will be used to purchase materials and pay for contracted labor to build wheelchair ramps and perform minor home repairs for disabled people under the age of 60.

If we should not get enough applications for people under 60 years of age, we would use the remaining funding to build additional ramps for people over 60 years.

Organization's Governance & Oversight

Organizations *not currently* receiving UWSC funding *must* complete the following.

Board Meetings

1. How many meetings were scheduled during the last fiscal year? 12
2. How many times did the Board meet during the last fiscal year? 12
3. At how many of the Board meetings did you have a quorum during the last fiscal year? 12
4. Are detailed reports of agency activities provided to the board on a regular basis? Yes No

Current Demographics of Board of Directors

Male	4	Black	2	
Female	1	White	3	
Hispanic		Other		

Fiscal Oversight

1. Briefly describe the system used for safeguarding against unauthorized or improper disbursement of funds, (i.e. two signatures required on checks).

The North Carolina Fiscal Budget and Fiscal Control Act sets forth the fiscal controls which determine the budgetary and financial operations of the local government and its departments. Included in such controls are a pre-auditing obligation to ensure that revenues have been budgeted prior to any expenditure and an annual comprehensive audit by an independent auditor. With regards to the process of disbursement of funds for the Department of Aging, the County Finance Officer is responsible for disbursement of funds. The Senior Administrative Support Specialist at the Department of Aging makes a request with the Aging Director's final approval. The request is sent to a Finance Technician at the Finance Office who review and approves for checks to be issued. The Finance Officer and County Manager's signature are both on the check.

National/State Affiliations

1. Are you nationally and/or state affiliated? (Y / N)?
2. Does the organization adhere to national standards?

<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO

Please briefly describe those national standards.

ORGANIZATION OVERVIEW

Organizations *not currently* receiving UWSC funding *must* complete the following.

1. Describe the organization's mission.

Sampson County Department of Aging is an arm of the County Government. The main purpose of this department is to research, evaluate, implement, and administer a coordinated system of services for older and disabled adults in Sampson County in the most cost effective manner.

The coordinated system will allow this department to provide a greater range of services to a larger number of Sampson County citizens.

It is the intent of Sampson County Department of Aging to enhance the quality of life to the older and disabled adults of Sampson County.

2. List any organizations or programs with whom your organization has collaborated to provide joint programming, and briefly describe the type(s) of collaboration (co-sponsorship of events, seminars, community issues, etc.) and the results of those collaborations.

We often collaborate with other Home Health Agencies to provide educational seminars. We work with church groups and civic groups to build wheelchair ramps. When we partner to build ramps, it allows the funding to go much further and we are able to help more people in need.

5. Does the organization employ paid staff?

<input checked="" type="checkbox"/>	YES
<input checked="" type="checkbox"/>	YES

6. Does the organization have job descriptions for all staff?

<input type="checkbox"/>	NO
<input type="checkbox"/>	NO

PROGRAM OVERVIEW

Program Name:

Wheelchair Ramp Program

Program Director's name:

Lorie Sutton

1. Provide a *brief* program description and goals.

The Sampson County Department of Aging Home Improvement program's main objective is to help disabled adults remain in their home by providing assistance in maintaining their home to ensure their safety and well-being. United Way funding specifically allows people under the age of 60 who are disabled and have no other means of help to receive assistance with home improvements; such as wheelchair ramps, handrails, and minor home repairs. 100% of the funding pays for materials and contracted labor. Our goal is to help 15-20 people this year.

2. What social/human welfare issue(s) does this program address?

People under the age of 60 who are stricken with an illness/disease or have had a severe injury that has left them unable to work need help to remain safely in their home. Sampson County Department of Aging Home Improvement program provides assistance through United Way Funding to building wheelchair ramps, install handrails and/or grab bars.

3. What is the program's targeted population, capacity, and number of people to be served? Is it at capacity?

Our target population is people under the age of 60 who are disabled and who cannot afford to pay for service. We typically have more people on our waiting list than we can serve. It varies from year to year. Some years we could service as many as 24 clients per year, but funding usually doesn't allow.

4. Do you have a waiting list for this program? If so, how many are on the waiting list, and what is the expected waiting time before your program will be able to provide services to them?

We currently have 4 people on the waiting list. When funding is available, we will be able to begin building wheelchair ramps immediately.

5. What are the eligibility requirements for participating in this program?

They must be under 60 years of age and show proof of disability. The Information and Referral Specialist takes applications to determine initial eligibility and then the Program Coordinator will go to the home to perform an in-home assessment to determine if need is relevant.

6. What fees are charged for services, and what percent of participants pay fees?

The Program Coordinator determines the estimated cost of the service and based on their income we suggest a cost sharing amount to be paid toward the cost of the work. We follow the Health and Human Services Poverty guideline to determine if they should contribute to the cost.

7. What is the long range plan for insuring financial stability for the program?

This program relies solely on donations and grants to continue. There are no funding opportunities available through our other funding to help people under the age of 60. There is a program in Cumberland County (Independent Living) that will build wheelchair ramps for people under 60, however, their waiting list is extremely long.

8. What impact would UWSC funding have on this program's outcomes?

Currently UWSC funding is all we have for this program. Without the help of UWSC, we would not be able to help these people.

9. To what extent are volunteers utilized in this program?

We work with church groups and civic groups to build wheelchair ramps. Volunteers are used whenever available, however, our volunteer base is getting smaller each year.

10. Are reference/background checks complete on all volunteers? YES NO

11. What type of training do volunteers receive? Are they evaluated on a regular basis?

The churches that we partner with have been doing this for many years and are aware of the specifications for building the ramps. If a group is new, a "crew" leader is needed to supervise the work. The program coordinator will review the specifications before each job with the leader and provide technical support when needed. The program coordinator inspects all work when finished and before signing off on the job.

MEASURING PROGRAM EFFECTIVENESS OUTCOMES LOGIC MODEL

**PROGRAM
NAME**

Wheelchair Ramp Program

Please submit a logic model for the program for which UWSC funding is being requested. **Do Not** report on program outcomes in this model. Present in narrative format.

INPUTS	ACTIVITIES	OUTPUTS
<p>Staff:</p> <p>The Home Repairs program staffs a full-time coordinator who assesses and performs all the home repair/modification work that is performed. The program also has administrative staff to perform the clerical duties attached to this work which is paid for by County Funding.</p> <p>Contracted Labor: Paid for by United Way Funding</p> <p>Volunteers:</p> <p>Churches, Civic groups</p> <p>Donations: (Materials/Monetary) Churches, Civic groups, private individuals, family members.</p> <p>Tools/Equipment</p> <p>Materials: Paid for by United Way Funding</p>	<p>Complete application and other paperwork.</p> <p>Assess the needs of individuals under the age of 60 who are disabled.</p> <p>Provide Direct Services: i.e., building wheelchair ramps, installing portable ramp, installing grab bars or hand rails, or minor home repairs.</p>	<p>Build wheelchair ramps, install portable ramp, install grab bars or hand rails, or minor home repairs for 15-20 individuals.</p>

MEASURING PROGRAM EFFECTIVENESS OUTCOMES FRAMEWORK

**PROGRAM
NAME:**

Wheelchair Ramp Program

Complete an outcome measurement framework for the program for which UWSC funding is being requested.

OUTCOMES	INDICATORS	DATA SOURCE	DATA COLLECTION METHOD
<p>Physical well-being of client.</p> <p>Client feeling more independent and keeping Sampson County residents safely in their homes verses going to Nursing Facilities.</p> <p>Assistance for family members to safely maneuver loved ones in and out of their homes.</p>	<p>Home Repairs/modifications made to 15-20 homes to ensure safety.</p> <p>Wheelchair ramps built provide feeling of independence for disabled clients or installation of portable ramp for temporary situations or until permanent ramp can be built.</p> <p>Home Repairs/modifications made to 15-20 homes to ensure safety.</p>	<p>Agency records: Final assessment and client interviews. Client Files.</p> <p>Agency records: Final assessment and client interviews. Client Files.</p> <p>Agency records: Final assessment and client interviews. Client Files.</p>	<p>Data collected by staff.</p> <p>Data collected by staff.</p> <p>Data collected by staff.</p>

OUTCOMES MEASUREMENT RESULTS

Program Name: Wheelchair Ramp Program

1. Viewing your outcomes as your program's goals, how many participants do you estimate will achieve the outcome results that you have targeted for the funding cycle requested?

15-20 participants

2. How often do you measure this program's outcome results? (Daily, Monthly, Quarterly, Semi-Annually, etc)

Monthly

3. Who is responsible for implementing, collecting, and reviewing the outcomes/program effectiveness information for this program? (i.e. Committee, individuals with specific responsibilities, etc.)

Program Coordinator gathers client information. Administrative staff completes client folder and gathers statistical information for monthly review.

4. What level of involvement does the Board of Directors have in the process of program outcome measurements and implementation?

The Board of Commissioner's approve the service being performed, approve the budget and provide input at yearly review.

5. What changes have been planned or made to the program as a result of the outcome measurements?

No changes at this time.



Program Name: Wheelchair Ramp Program

	Actual 2020	Projected 2021	
	Program Budget	Program Budget	Program Variance
			Comments
DIRECT EXPENSES			
1 Salaries (list positions on attached sheet)			\$0
2 Employee Benefits			\$0
3 Payroll Taxes			\$0
4 Property and other Taxes			\$0
5 Advertising			\$0
6 Professional Fees & Contracts			\$0
7 Investment Expenses: (Bank charges, broker fees, etc.)			\$0
8 Supplies			\$0
9 Telephone			\$0
10 Postage & Shipping			\$0
11 Occupancy (Building and Grounds)			\$0
12 Utilities (power, water, etc)			\$0
13 Insurance			\$0
14 Property & Equipment (Purchased of 1 portable wheelchair ramps)	\$3,091	\$0	-\$3,091
15 Depreciation			\$0
16 Rental & Maintenance of Equipment			\$0
17 Outside Printing			\$0
18 Public/Private Transportation Fees			\$0
19 Other Transportation			\$0
20 Conference and Conventions			\$0
21 Training			\$0
22 Specific Assistance to Individuals	\$11,909	\$30,000	\$18,091
23 Organization Dues			\$0
24 Thrift store operating expenses			\$0
25 Special Events/Fundraiser/Sales to Public (Cookies, etc)			\$0
26 Miscellaneous 1: (explain)			\$0
27 Miscellaneous 2: (explain)			\$0
28 Miscellaneous 3: (explain)			\$0
29 Miscellaneous 4: (explain)			\$0
30 Miscellaneous 5: (explain)			\$0
31 TOTAL EXPENSES	\$15,000	\$30,000	\$15,000
REVENUE			
32 UW Sampson County (Include request for projected year)	\$15,000	\$30,000	\$15,000
33 Other United Ways			\$0
34 Other Foundation Grant 1 (explain)			\$0
35 Other Foundation Grant 2 (explain)			\$0
36 Other Foundation Grant 3 (explain)			\$0
37 Other Foundation Grant 4 (explain)			\$0
38 State Revenue/grants-1			\$0
39 State Revenue/grants-2			\$0
40 Federal Revenue/grants			\$0
41 County Revenue/grants			\$0
42 City Revenue/grants			\$0
43 Thrift Store, retail sales			\$0
44 Special Events/Fundraiser/Sales to Public (Cookies, etc)			\$0
45 Membership Dues, parent fees etc			\$0
46 Program Income: client fees, participant fees etc.			\$0
47 Investment Income (interest, dividends, gain on sale of assets)			\$0
48 Endowment Contribution			\$0
49 Contributions (Restricted & Unrestricted)			\$0
50 Refunds			\$0
51 Match Requirements			\$0
52 Miscellaneous 1: (explain)			\$0
53 Miscellaneous 2: (explain)			\$0
54 Miscellaneous 3: (explain)			\$0
55 Miscellaneous 4: (explain)			\$0
56 TOTAL REVENUE	\$15,000	\$30,000	\$15,000
57 SURPLUS/(DEFICIT)	\$0	\$0	(\$0)



Program Name: **Wheelchair Ramp Program**

UNDUPLICATED PEOPLE SERVED TOTAL	Actual 2020				Projected 2021			
	Male	Female	Unknown	Total	Male	Female	Unknown	Total
AGE								
0-12				0				0
13-18	1			1				0
19-45	3	1		4				0
46-64	2	3		5				0
65 +	1	1		2				0
Unknown				0			15	15
TOTAL	7	5	0	12	0	0	15	15
RACE/ETHNICITY								
Caucasian	4	4		8				0
Asian				0				0
African American	3	1		4				0
Hispanic				0				0
Native American				0				0
Other				0				0
Unknown				0			15	15
TOTAL	7	5	0	12	0	0	15	15
INCOME								
\$7,500 or less	3			3				0
\$7,501 - \$15,000	3	3		6			15	15
\$15,001 - \$30,000	1	1		2				0
\$30,001 - \$50,000		1		1				0
\$50,000 +				0				0
TOTAL	7	5	0	12	0	0	15	15



Program Name:

Wheelchair Ramp Program

	Staff Position	Salary	Number of Hours Worked/Week
1	Steven Wilson	\$44,268.00	40
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
TOTAL	1	\$44,268.00	40
	Average	\$44,268.00	40

This tool is provided for completion by each Agency applying for United Way funding in Sampson County. Some of the information may already be captured on the full application, however, this form is intended to provide clear, summarized program/impact statements which will not only assist applicant presentations to the UW Board but will also assist board members as considerations are given and award decisions made.

Introductory Statement

What is Community Impact? (as defined by United Way of Sampson County) The *measurable and substantial impact* made in the community by the *effective investment of funds to improve the lives of our residents.*

With the above impact statement in mind, please complete the following and restrict all responses to the allotted space for each.

AGENCY NAME: **Sampson County Department of Aging**

COMPLETED BY: **Lorie Sutton**

DATE: **November 20, 2020**

1. Amount of funding requested? **\$30,000.00**
 2. **For previous/current recipients:** Does your funding request reflect an increase, decrease or no change in relation to prior award? (Requests differing from prior year **must** include an explanation)

Our request reflects an increase of \$15,000. Due to COVID-19 the cost of materials has more than doubled. The increase will cover the cost of increase in materials to build wheelchair ramps.
 3. What high priority need(s) will you address using United Way funds? (education, financial stability, health issues)

We will be addressing health issues. Moreover, we will be helping disabled individuals stay in their homes longer, while dealing with health issues.
 4. List the TOTAL anticipated number of individuals that benefit through this project AND the number benefited SPECIFICALLY due to United Way funds. Please include categorical data (such as children, teenagers, adults, elderly, etc.) and how you will address diversity among those served. (Note: At the conclusion of the United Way funding year, recipients will be asked to complete a final report of actual outcome in comparison to anticipated.)

We anticipate helping 15 to 20 disabled individuals in 2021 with United Way Funding. The primary age bracket of individuals is under 60 years of age. However, if not enough requests come in for this age group, we will then build ramps for people 60+ years of age. This past year we helped 3 individuals under the age of 24 with health issues including stroke, seizures and a drive-by shooting incident that resulted in an innocent individual who was left paralyzed. The average age of individuals that we help range from 40 to 55 years of age.
 5. List two measurable project goals and the anticipated outcome that will be used to gauge the effectiveness of your investment as explained above. (Example: % Increase due to United Way Funds). (Note: At the conclusion of the United Way funding year, recipients will be asked to complete a final report detailing actual outcomes in comparison to anticipated outcomes).

We have two goals in mind for building wheelchair ramps for disabled people and those are: 1) keeping disabled individuals in their homes for as long as they wish, and 2) for their safety and well-being. We track these goals on a monthly basis to gauge the number of people we have helped off of our "waiting-list".
-

6. Please describe the impact on your project/services if you are not awarded United Way funding?

If we do not receive United Way funding, there will be no funding to build wheelchair ramps for people under 60 years of age.

7. Please describe how your Agency supports our United Way. (for example: Encouraging board members/employees to contribute to the annual campaign, increasing visibility via our logo on all written materials, mentioning our funding in newspaper articles, on social media, etc.)

Sampson County encourages all employees to contribute through payroll deductions. We also mention how United Way Funding helps the community through our Wheelchair Program, when we are making presentations to groups throughout the County.

Sampson-Clinton Public Library System

Code of Conduct

Purpose

The objective of this policy is to ensure that the Sampson-Clinton Public Library system provides each community member with a welcoming, pleasant, and safe environment free from harassment, physical discomfort, danger, and psychological / emotional stress. Library service will not be denied or abridged because of race, religion, age, gender, handicap conditions, national origin, belief, social and/or political views.

Overview and definitions

Any behavior or activity on library grounds that is disruptive, hinders a person's ability to use the library or poses a threat to the safety and wellbeing of patrons or staff is strictly prohibited.

It is at the library staff's discretion to identify / determine if a patron is engaged in any prohibited or disruptive conduct. Prohibited conduct includes any illegal activity as defined by County, State and Federal laws. To maintain our welcoming safe environment for all patrons, the following behaviors are prohibited:

- Willfully annoying, harassing, or threatening another person, physically or verbally.
- Loud talking, laughing, or using audio equipment or cell phones that disturbs or could disturb other patrons.
- Carrying weapons of any sort.
- Use of abusive or intimidating language or gestures to patrons or staff members
- Staring at or following another patron or library staff member in a manner which is intimidating or can reasonably be expected to disturb.
- Bringing animals into the library building or on library property, other than service animals as defined by the American with Disabilities Act 35.136.
- Using library equipment (i.e. library telephones) or supplies without approval.
- Engaging in boisterous or disruptive behavior such as fighting or threatening to fight, running, pushing, shoving or throwing things.
- Loitering, blocking or in any way interfering with the free movement of any person.
- Soliciting, petitioning, and posting notices, fundraising, selling, canvassing or distributing any written material unless authorized by the Library Director.
- Using the library as a place to conduct business or sales.
- Consuming alcohol, illegal substances, being intoxicated, smoking, vaping or using tobacco products.
- Drinks in covered containers and packaged snacks may be allowed in designated areas. No meals (fast food) are allowed in public areas
- Using or defacing the library building, furniture, or equipment in a manner that could cause harm to self, patrons, staff or personal or public property.
- Removal of material from the library collection without authorization through established lending procedure.
- The library does not allow the use of sports or recreational equipment on the property.

- Sleeping in the library or on the grounds and/or occupying excessive space beyond that of a reasonable footprint.
- Failure to maintain a level of personal cleanliness that prevents library patrons from enjoying their use of the Library. Performing personal hygiene, including shaving, bathing, or washing clothes in restrooms is prohibited.
- Unwelcomed interaction with minors is prohibited in the library.
- Entering into non-public areas, unless by invitation or approval of library personnel.
- Failure to wear proper attire at all times in the library. Shirts and shoes are required.
- Leaving personal items unattended on library grounds (The library is not responsible for the loss or theft of unattended items).
- Failure to exit the building at closing and/or not following directions from staff during an emergency.

Procedure

Library staff will deal with the disruptive behavior according to the guidelines of this policy, and may contact law enforcement whenever deemed appropriate.

- For minor disruptions: In the case of a minor disruption, the library patron will receive two warnings. If the disruptive behavior continues, the patron may be asked to leave the library for the day.
- For extreme disruptions: In the case of an extreme disruption based on the judgement of a staff member, the patron may be given only one warning, may be ordered to leave the Library immediately for a stated amount of suspension, or the police may be called.
- Serious or repeated violation of the rules may result in a patron being banned from the library and/or permanently denied services. Any person who fails to comply with a request from library staff shall be considered to be trespassing, and the staff person in charge will contact the police. The Library Director, or designee, is authorized to ban violators from the premises for a specified amount of time or permanently banned depending on the severity of the violation.

Incidents of unacceptable behavior may result in one or more of the following actions or disciplinary procedures:

- Oral warning
- Written warning
- Immediate dismissal or banning from the library in which the behavior occurred

Disruptive behavior meeting the criteria of immediate banning will be enforced at all Sampson-Clinton Public Libraries. The Library Director will:

- Send the patron a formal letter
- Change the account information to indicate that the patron is banned
- Notify each Library

BOC adoption 2014
SCPL revised 6.29.2020

Sampson-Clinton Public Library

Collection Development Policy

Purpose

This policy sets broad guidelines for the selection, collection, and withdrawal of library materials to support the Library's mission and goals.

Goal

The library will attempt to maintain as balanced and as varied a collection as possible. Materials will be selected to cover a variety of tastes, interests, purposes, and reading levels to fill the informational, recreational and educational needs of Sampson County residents.

The Library will endeavor to provide access to information in all fields and from all points of view. The Library, in collecting and acquiring publications and related materials representing the widest diversity of views, may include items which reflect controversial, unorthodox, or even unpopular ideas. The Library, the Library Board of Trustees, and Library personnel will not, either directly or indirectly, ban or censor any material. The presence of an item in the Library does not indicate any endorsement of its contents by the Library.

Responsibility

Ultimate responsibility for collection development and resource access rests with the Library Director who shall operate within the framework of this policy. The Library Director may designate staff members to participate in the selection of library resources. Both the public and library staff members may recommend materials for consideration.

Criteria for Collection

Any materials selection policy must be fairly general, and librarians must always exercise their knowledge and experience about all library materials and the community served. The goal of our library is to be inclusive, not exclusive, when developing our collections; therefore, no single set of selection criteria can be applied to all cases.

Each type of material shall be considered in terms of its own merit and the audience for whom it is intended. Reviews in professionally recognized resources are a primary source for materials selection. Standard bibliographies, book lists by recognized authorities and the advice of competent people in specific subject areas shall also be used.

Materials which are pornographic (prurient in nature) are not collected. However, even if some people consider an item objectionable, no material shall be excluded because of coarse language, violence or frank discussion of sexual episodes when the author is justified in what he portrays or when such episodes are pertinent to the plot or character delineation.

All requests from patrons will be considered. However, esoteric materials of limited community interest will not ordinarily be purchased.

The children's collection contains materials best suited to the abilities and interests of library users from birth through approximately age 12, while teen materials are intended for those approximately age twelve through eighteen. Children's and teen materials will be selected with the same care and judgment and following the same criteria as are adult materials.

Sampson-Clinton Public Library

Collection Development Policy

The library will not attempt to furnish materials required for classroom or academic use. The library's role is to provide supplementary materials to enrich the resources available to students and teachers through the educational system. Materials for self-study or to supplement classroom study will be selected according to their appropriateness to the collection for use by the library's patronage as a whole. Textbooks will be purchased only when they provide the best coverage of a subject and are useful to the general public. Educational workbooks or other consumable items will not be purchased. Multiple copies cannot be purchased in response to student demands. It is expected that each school will meet its own curriculum demands with adequate materials.

The library considers that non-book materials such as magazines, newspapers, audiobooks and DVDs represent an alternative format and may be selected when this form best meets the needs of the community. These materials may be purchased or leased when they may be found at reasonable prices.

The library keeps its collection vital and useful by retaining or replacing essential materials and removing on a systematic and continuous basis materials which are worn, out-dated, of little historical significance, or no longer in demand. See Withdrawal section for more details.

Access to Materials

The library by its very nature is established to perpetuate intellectual freedom. To that end, the Board of Trustees and the library staff supports the "Library Bill of Rights," the "Freedom to Read," "Freedom to View," and "Free Access to Libraries for Minors," as adopted by the American Library Association (see attached). The library assures free access to its holdings for all patrons who have the responsibility to select or reject for themselves any item in the collection. Individual or group bias or disapproval about a particular item or type of material in the collection may not preclude its use by others. It is the responsibility of the parents or guardians who wish to limit or restrict the reading of their own children to oversee their selections. The library staff and trustees cannot and do not act [in place of a parent or guardian](#).

Processing and shelving of materials shall in no way reflect a value judgment of the materials. All materials will be shelved in their proper order on open shelves, freely and easily accessible to the public, except for specific items which would be particularly hard or expensive to replace such as historical documents. These rare items may require staff supervision for use.

The entire library collection, with the exception of reference, genealogy materials, videos, DVD, and AV equipment, is available for use on the bookmobile, at nursing homes, for homebound service, and through inter-library loan.

Gifts

The library may accept gifts of books and other materials without commitment as to final disposition. SCPL assumes unconditional ownership of all items donated and retains the right to use or dispose of them as it sees fit.

Gift items must meet the same selection criteria as purchased materials. Items in poor physical

Sampson-Clinton Public Library

Collection Development Policy

condition will not be accepted. Duplicate copies of items already in the collection will be added only if needed. The library does not accept textbooks or older publications of magazines, serial publications, or encyclopedia sets. Gift items, if needed, will be integrated into the regular library collections in normal sequence, available to all library patrons, and otherwise handled as any other material belonging to the library. When a gift is no longer needed, it will be disposed of in the same manner as purchased.

Gift materials will not be accepted with restrictions or conditions that necessitate special and separate housing, processing, or treatment. The only form of donor or memorial identification will be a gift plate. Library staff cannot assign a dollar valuation for gifts of materials, but staff will provide the donor with a statement verifying the number and type of materials donated and accepted upon request. Appraisal of the gift shall be the responsibility of the donor.

Withdrawal of Materials

Item withdrawal is an important aspect of collection development. An up-to-date, attractive, and reliable collection can be maintained only by purchasing and retaining appropriate materials, and by removing items that are damaged, outdated, inaccurate, duplicating, and otherwise no longer useful. The collection shall be evaluated by authorized and qualified staff on a systematic and continuous basis to identify materials that should be withdrawn based on such guidelines as outlined in *CREW: A Weeding Manual for Modern Libraries* (Jeanette Larson, 2008). Items may be withdrawn for such reasons as (but not limited to):

1. Condition
2. Availability of superseding editions
3. Obsolete or inaccurate information
4. Duplicate copies of items
5. Lack of use

The Library Director, with the permission of the Sampson County governing agency, will make the final decision regarding the disposition of materials withdrawn from or items donated but not added to the collection. Possible options include but are not limited to:

1. Library book sales with the proceeds being added directly back into the library budget to be allocated at the discretion of the Library Director. The following prices for withdrawn or discarded materials are suggested guidelines. However, the Library Director has discretionary authority to increase or decrease the cost of items for reasons including but not limited to age and/or condition.
 - a. Hardbacks : \$2.00
 - b. Hardbacks with original price of \$35 or more : \$5.00
 - c. Trade paperbacks : \$1.00
 - d. Mass market paperbacks : \$.50
 - e. Easy / Juvenile hardbacks : \$1.00
 - f. Easy / Juvenile paperbacks : \$.50
 - g. Books on Cassette / Videos : \$1.00

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- h. Books on CD / DVDs : \$2.00
- 2. Incentive giveaways for library promotions and programming.
- 3. Donations to non-profit organizations or institutions.
- 4. Recycling when possible.

Requests for Reconsideration of Materials

A patron's choice of library materials for personal use shall be an individual matter. Responsibility for the use of materials by children and adolescents shall rest with their parents or legal guardians. While a person may reject materials for himself or herself and for his or her children, he or she shall not exercise censorship to restrict access to the materials by others. Any Sampson-Clinton Public Library cardholder who objects to the presence (or absence) of a work may do so by completing the *Statement of Concern about Library Resources* form. The Library Director and the Library Board shall review the patron's concerns. While an item is under review it shall remain in the collection for circulation. The patron shall be informed of the Board's decision regarding the objection by the Library Director, and this finding is final.

SCPL Board of Trustees 08-09
Sampson County BOC 09-09
[SCPL Revised 7.2020](#)

Sampson-Clinton Public Library

Collection Development Policy

Statement of Concern about Library Resources

The Library Board of Trustees has authorized the use of this form as part of its *Collection Development Policy*.

YOUR NAME: _____ DATE: _____

STREET ADDRESS: _____

TOWN/STATE/ZIP: _____

REPRESENT: MYSELF ____ ORGANIZATION (NAME) _____

TITLE OF ITEM: _____

AUTHOR: _____

FORMAT (book, audiobook, DVD, videotape, CD, etc.): _____

DID YOU READ/VIEW/LISTEN TO THE ENTIRE WORK? _____

WHAT CONCERNS YOU ABOUT THIS ITEM? _____

When completed, this form should be returned to :

Library Director
JC Holliday Library
217 Graham
Street, Clinton, NC 28328

Sampson-Clinton Public Library

Computer / Internet Access Policy

Statement of Purpose

It is [the mission of Sampson-Clinton Public Library system \(SCPL\)](#) to make available Internet access for the local demand. Our facilities provide FREE Wi-Fi access for residents with personal computers and other compatible electronic devices. We have public computers available for access by patrons with current SCPL cards in good standing. Patrons not eligible for an SCPL card may obtain a visitor's pass (see Fee Schedule). Users are responsible for critically evaluating the information found on the Internet.

Access Policy

As with other library materials, Library staff does not monitor what any user views or reads on the Internet. It is the responsibility of the parent or guardian to guide his or her own child's use of the Internet. Parents are encouraged to learn how to access the Internet along with their children, so that they may help guide the child toward appropriate and useful information.

Filtering Policy

In an attempt to block access to Internet sites which display obscene material, the Sampson-Clinton Public Library [system](#) does filter all search requests. In most cases, this can be overridden by staff for adult users (18 years or above) using the computer for research. Proof of age will be required.

Internet Use Rules and Procedures

By logging in to SCPL computers or networks, all patrons are agreeing to abide by the following:

- Those eligible for a SCPL card will use their own library card to access the computers.
- Users may login as many times as they will each day. Library staff are able to extend time for persons if there is a special task that requires extended time provided no one is waiting.
- As all workstations are in view of other patrons and staff, users are not permitted to access pornographic or obscene sites. Library staff will interrupt or terminate a patron's computer session if material displayed on the screen is not appropriate in a public environment. Willfully breaking this rule will result in the loss of computer access for a minimum of one month upon the first infraction and the permanent termination of computer access upon the second infraction.
- Access to on-line games and other programs that utilize excessive bandwidth may be terminated if these programs interfere with overall network performance.
- SCPL is not responsible for damage to patron's property or for any loss of data, damage or liability that may occur from use of or from the inability to use or access

the Library's computers / Internet connection / wireless network.

- Patrons will not use library computers or networks to violate the law.
- Patrons will be considerate of others. Talking, humming, having children who are crying or being disruptive, etc... interferes with others who are trying to use the workstations. Patrons will be warned once, and then they may be asked to log off in consideration of the other patrons.

Violations of this Policy

SCPL is providing this service free of charge. Please be considerate of the equipment and other users. Users who do not follow these rules and procedures will lose Internet access privileges at the library. SCPL staff reserves the right to terminate any Internet session at any time.

BOC adoption November, 2014
[SCPL Revised July 2020](#)

Sampson-Clinton Public Library

Exhibit Policy and Agreement

Policy

Part of the library's function is to provide access to intellectual and cultural resources for the citizens of Sampson County. In the spirit of cooperation in this endeavor, we are offering the use of the lobby when deemed appropriate by the Library Director.

The public is invited, as individuals or as organizations, to utilize this showcase for public exhibitions to bring attention to services, hobbies, projects, or holiday exhibits. Displays of county residents' artistic endeavors are also welcome.

Exhibits or displays will be viewed by everyone utilizing the library, both children and adults, with varying degrees of sophistication. With this in mind, it is necessary to request that the displays/exhibits be of "good taste" and of a nature that would generally be acceptable in our community. Exhibits may be planned to direct the public's attention to the materials, services, and programs provided by the library or they may provide exposure to the work of artists, writers, etc.

The Library Director or a designated representative shall decide on acceptable content and arrangement of all exhibits. Exhibits must meet the same level of quality and value as materials selected by the library for the collection, based on the library's approved Selection Policy. The library reserves the right to reject any part(s) of an exhibit that fails to meet these criteria. All publicity relating to exhibits must be approved by the Library Director.

No prices may be displayed. The exhibitor's name and contact telephone number may be displayed. Any purchase of exhibit items privately owned must be conducted after the display has ended and may not be conducted at the library. The library may not receive any remuneration for an exhibit. No items may be removed from the display before the end of the exhibit without the permission of the Library Director.

The library requests that all displays/exhibits be in place no longer than thirty (30) days, thus providing others the same opportunity to display their works. If there is not another display scheduled, the display that is in place may remain.

All items for display or exhibit are the responsibility of the individual or group to which they belong. Items must be put in place and removed by the responsible person or group. The library takes NO responsibility for any items damaged or lost.

Agreement

I (We) have read, understood, and agreed with the provisions of the above statement.

I (We) accept all risks and liability for items exhibited.

Signature _____ Phone Number _____ Date _____

Printed Name and Name of Organization if Applicable _____

Please contact the Library Director if you have any questions: 910.592.4153

SCPL 7/03
Library Board of Trustees Revised
11/16/04
BOC Adopted 12/06/04
SCPL Revised 6.29.2020
BoT Approved 10/19/2020

Sampson-Clinton Public Library System

Privacy of Records Policy

All records, formal and informal, in the Sampson-Clinton Public Library [system](#) relating to patron registration and the subsequent circulation by patrons of library materials provided by the library are considered to be confidential in nature.

In order to prevent an unreasonable invasion of personal privacy, the contents of registration and circulation records shall not be made available to anyone except under the written order of the Library Director, such order having been issued pursuant to a proper legal process, order, or subpoena under law.

Upon receipt of any process, order, or subpoena, the person named and/or served shall immediately report to and consult with the Library Director and legal counsel of the County of Sampson to determine if such process, order, or subpoena is proper and in full compliance with proper legal authority. In the event the legal process fails to sufficiently identify or name in specific terms or specifications the records on file in respect to an identified library patron, the request is considered to be defective and not binding upon the library and its personnel, except under further due process of law.

Any problems or conditions relating to the privacy of a patron through the records of the Sampson-Clinton Public Library [system](#) which are not provided in the policy statement shall be referred to the Library Director, who, after study and consultation with the Library Board and/or legal counsel, shall issue a written decision as to whether to heed the request for information.

City Directory or Cross-Reference Directory Information

The Sampson-Clinton Public Library System staff will not answer telephone requests for information from the City Directory or Cross-Reference Directory.

Library Board of Trustees Approved 11/16/04

BOC Adopted 12/06/04

[SCPL Revised 6.29.2020](#)

[BoT Approved 10/13/2020](#)

Safe Child Policy

Purpose

The Sampson-Clinton Public Library system welcomes children of all ages. The library staff encourages children to develop a love of reading and learning in a safe environment, but is not responsible for their care, their supervision, or for accidents or other emergencies that may take place within the library or library grounds.

In order to ensure their safety and well-being, certain guidelines must be followed.

Responsibility

- Parents or guardians are responsible for the conduct of their minor child(ren) (under 18) while the minors are on library property regardless of whether they accompany the minor to the library. This includes supervising access to library materials.
- At all times the responsibility for the care, safety, and behavior of children lies with the parent, guardian, or designated caregiver. This includes times when the parent, guardian or designated caregiver is not present within the library building or on library grounds. Library staff will determine whether a child's behavior is inappropriate and will respond to such situations in the manner deemed appropriate based on the Library's Code of Conduct policy.
- Parents, guardians, and/or designated caregivers are responsible for any actions including, but not limited to, monetary responsibility for property damage or loss caused by their children under the age of 18.

Rules of Safe Child Policy

- Children ages 5 and under must be supervised by a parent or guardian of at least 16 years of age who must remain in the immediate vicinity of the child(ren) at all times.
- Children between 6 and 12 must have a parent/caregiver in the Library building with them at all times, though the assigned caregiver does not have to be in the immediate vicinity of the child(ren).
- Children 13 and older may use the library on their own provided they comply with all Library rules and policies, and have the telephone number of a parent/caregiver who could assist them in an emergency.
- Arrangements should be made for pick up of all children under the age of 16 before library closing time. If parent/caregiver contact can not be established within 15 minutes after closing, the library staff will notify the police and the child will be placed in their custody. Library staff are not permitted to provide transportation for any child after closing.
- If a child violates the rules of conduct in the library, they may be asked to leave the premises according to the Sampson-Clinton Public Library system Code of Conduct.

BOC adoption November, 2014
SCPL revised 6.29.2020

Sampson-Clinton Public Library

Volunteer Policy

Purpose

Volunteer opportunities at the Sampson-Clinton Public Library are intended to:

- Supplement the efforts of paid library staff in meeting the demands for quality public service.
- Serve as a method for encouraging citizens to become familiar with their library and the services being offered.

The Sampson-Clinton Public Library may make use of the services of interested volunteers to supplement, but not replace, regular services provided by library staff. Volunteers will not be used in place of hiring full- or part-time staff. Volunteers may apply for paid positions under the same conditions as other outside applicants.

Definitions

Volunteer: Any individual, 17 years of age or older, who assists with work done at the Sampson-Clinton Public Library without remuneration. All volunteers must be formally accepted by the library prior to performance of assigned tasks (see selection of volunteers).

Student Intern: Any high school or college student who performs volunteer work without remuneration as part of an authorized school program to earn academic credit. All interns must be formally accepted by the library prior to performance of assigned tasks and are accepted under the same conditions as volunteers (see selection of volunteers).

Selection of Volunteers

Volunteers are selected based on their qualifications in relation to the needs of the library at any given time and based on the individual's ability to commit to a consistent schedule of volunteer hours. Volunteers may be asked to work on projects that are supportive of staff efforts. Examples include but are not limited to: shelving books, processing new materials, storytelling, helping to prepare for programs, assisting in the genealogy room, discarding materials, etc...

Interested individuals must complete a Sampson-Clinton Public Library Volunteer Application and visit with the Library Director and/or the supervisory staff member. Any volunteer under the age of 18 must have written permission from a parent or guardian to work at the Library. The library may check background and references and has the absolute right to decline anyone as a volunteer without cause or statement of reason. All personal information requested by the library and provided by volunteers is considered necessary for the normal conduct of business and is confidential in nature. It will not be disclosed to anyone, outside the course of normal business, without the volunteer's permission, except in cases of subpoena, court order, or other appropriate law enforcement request.

Upon the approval of the Library Director, the volunteer will be accepted for a 30-day trial period to allow for orientation and training. After 30 days the volunteer and his/her

supervisor will meet to evaluate the volunteer's performance and satisfaction with his/her assignment.

Volunteers will be given a copy of the volunteer job description (and addendum if necessary) that applies to them specifically. Reasonably accurate documentation of duties performed is important to the organization and the volunteer, and establishes the boundaries of responsibility for the volunteer. Supervisors may add or delete duties from time to time, (which are to be documented on the Addendum). Over time, as the volunteer's interests, training, experience, performance and the library's needs indicate, volunteers may change or add other more difficult responsibilities, thereby increasing their value to the library.

Hours of volunteer services will be determined by the supervisory staff member in discussion with the volunteer. Volunteers are expected to arrive at the library in time to begin work as scheduled or to call the library if they will be absent. All volunteer work must be completed within normal library hours when a supervisor is readily available. Exceptions may be made by the Library Director.

If there are no suitable volunteer opportunities, the application form will be kept on file for a period of six months. Applicants will be contacted if a project is identified which matches their interests or qualifications.

Expectations

Volunteer expectations are as follows:

- Familiarize and abide by all Library procedures and policies.
- Present a positive image to the public as an ambassador of the Library and of the County of Sampson. This includes maintaining a professional, friendly demeanor and conducting interactions with dignity, courtesy, and consideration at all times.
- Dress and groom appropriately for a business environment and in keeping with work assignments.
- Regard all personal information or library use information about patrons or library staff confidential. No information learned is to be discussed or transmitted to anyone except in the course of their official duties as a volunteer.
- Be open and honest regarding intent, goals and skills.
- Accept only realistic assignments and have a clear understanding of the job.
- Carry out duties promptly and reliably.
- Cooperate with the staff and accept the guidance and direction of the supervisor and other Library staff.
- Understand the function of the paid staff, maintain a smooth working relationship with them, and stay within the bounds of volunteer responsibility. This includes directing all questions to a staff member if approached by a patron. Staff members are trained to deal with questions about the library's collection, services, policies and procedures.
- Participate in any training required by the Library.
- Discuss satisfactions, dissatisfactions, or any other concerns with the volunteer supervisor so that they may be discussed and resolved.

- Be punctual, and notify your volunteer supervisor of absences as much in advance as possible.
- Notify the volunteer supervisor if you change or end your volunteer time with the Library.
- Keep a record of volunteer hours by signing in and out of the Volunteer Log.
- Wear a name badge that identifies you as a Library Volunteer.
- Be alert, sober and drug free while volunteering.
- Respect that Library-owned equipment and supplies are for library use only and may not be used for personal business.
- Understand that visits and telephone calls from family or friends during your assigned volunteer hours are generally not appropriate and should be kept to a minimum.
- Refrain from soliciting the general public for support or contributions to any event or activity while working at a volunteer assignment. Notices in the staff room may be posted, and appropriate solicitation of staff is permitted outside work hours.
- Refrain from representing themselves as anything other than a volunteer while on assignment for the library, unless specifically authorized and to the extent specified in writing for a specific purpose.
- Refrain from using his/her affiliation as a volunteer with the library in connection with partisan politics, religious matters, or community issues.

General Provisions

Nothing in this policy shall be deemed to create a contract between the volunteer or intern and the Sampson-Clinton Public Library or the County of Sampson. Both the volunteer and the Sampson-Clinton Public Library have the right to terminate the volunteer's association with the Library at any time, for any reason, with or without cause.

Volunteer recognition is based on quality of performance and length of service. Letters of reference may be requested, and volunteers will be recognized at the annual meeting of the Board of Trustees. Upon completion of 100 hours of volunteer service (not counting orientation and training) volunteers will acquire "fine exempt" status for as long as they remain an active volunteer with the Sampson-Clinton Public Library. Abuse of this privilege will necessitate its termination.

Neither the County of Sampson nor the library provides any medical, health, accident or worker's compensation benefits for any volunteer, and neither will be held responsible for any injuries incurred as a result of Volunteer services for the County.

Library Administration understands that circumstances may occur which would necessitate varying the application of this policy, and these instances will be handled on a case-by-case basis by the Library Director.

SCPL Board of Trustees 11/10
 Board of Commissioners 12/10
SCPL Revised 7/2020
BoT Approved 10/2020

NORTH CAROLINA'S
SAMPSON COUNTY
OFFICE *of the* COUNTY ATTORNEY

MEMORANDUM

TO: Susan J. Holder
FROM: Joel Starling
DATE: November 13, 2020
RE: Bulk Water Purchase Agreement Between Sampson County and the City of Clinton

Over the past several months, representatives from the County and the City of Clinton have negotiated a contract for the bulk purchase of water by Sampson County. Under the terms of the agreement, the City will allocate 7 million gallons of potable water per month to the County, and the County will agree to purchase at least 5 million gallons per month. The County will pay \$2.14 per thousand gallons for the first 5 million gallons it purchases each month and \$2.00 per thousand gallons for all water purchased in excess of 5 million gallons per month. Staff is available to address any questions that the Board of Commissioners may have regarding the proposed contract.

Materials:

1. Resolution Authorizing Execution of the Bulk Water Purchase Agreement; and
2. Bulk Water Purchase Agreement

RESOLUTION OF THE SAMPSON COUNTY BOARD OF COMMISSIONERS

WHEREAS, Sampson County and the City of Clinton have negotiated the terms of a Bulk Water Purchase Agreement, a copy of which is attached hereto and incorporated herein by reference; and

WHEREAS, the Clinton City Council has previously approved execution and delivery of said Bulk Water Purchase Agreement; and

WHEREAS, the Sampson County Board of Commissioners wishes to authorize its Chair, Clark H. Wooten, to execute and deliver said Bulk Water Purchase Agreement on behalf of Sampson County, thereby contractually binding Sampson County;

NOW, THEREFORE, BE IT RESOLVED that Clark H. Wooten, Chair of the Sampson County Board of Commissioners, is hereby authorized to execute and deliver to the City of Clinton on behalf of Sampson County the Bulk Water Purchase Agreement attached hereto and incorporated herein by reference.

ADOPTED, this the 7th day of December, 2020.

CLARK H. WOOTEN, Chair,
Sampson County Board of Commissioners

ATTEST:

SUSAN J. HOLDER,
Clerk to the Sampson County Board of Commissioners

STATE OF NORTH CAROLINA

COUNTY OF SAMPSON

BULK WATER PURCHASE AGREEMENT
BETWEEN SAMPSON COUNTY AND THE CITY OF CLINTON

THIS BULK WATER PURCHASE AGREEMENT (the “Agreement”) is made and entered into effective the 1st day of January, 2021 (the “Effective Date”), by and between Sampson County, a body corporate and politic and a political subdivision of the State of North Carolina (the “County”) and The City of Clinton, a body corporate and politic and a political subdivision of the State of North Carolina (the “City”). The County and the City may be referred to at times herein individually as a “Party” or collectively as the “Parties”.

WITNESSETH

WHEREAS, the County operates and manages water supply and water distribution facilities located within its boundaries, and has established a Department of Public Works for the purpose of operating and managing the facilities and systems; and

WHEREAS, the City operates and manages water supply and water distribution facilities located within its boundaries, and has established a Department of Public Utilities for the purpose of operating and managing the facilities and systems; and

WHEREAS, the County desires to acquire a supplemental supply of potable water with low disinfection byproducts formation potential from the City; and

WHEREAS, the County and the City have reached an agreement for providing and maintaining water supply and transmission facilities and for the sale and purchase of potable water described herein, and the parties desire to set forth the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual benefits, representations, and agreements contained herein and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

I. **Purpose.**

The Purpose of this Agreement is to set forth the understandings and agreements of the Parties regarding:

- (a) The allocation of capacity in the City water system for the County;
- (b) The purchase of potable water by the County from the City; and

- (c) The responsibilities for capital costs and operational and maintenance costs required for the water supply, including but not limited to legal, administration, engineering, design, and construction costs.

II. Purchase of Potable Water.

- (a) The County shall be allocated seven million (7,000,000) gallons per month in the City Water System (the “Allocation Limit”).
- (b) The City agrees to sell and the County agrees to purchase, during the term of this Agreement, potable treated water meeting standards of quality as detailed herein, in such quantities as may be required by the County within the Allocation Limit, but in no event shall said quantities be less than five million (5,000,000) gallons per month. The City may, but is not contractually obligated to, sell the County quantities in excess of the Allocation Limit.
- (c) The County agrees to pay commodity charges for the above minimum monthly amount in the event average monthly withdrawals are lower than five million (5,000,000) gallons per month on a quarterly basis.

III. Quality of Delivered Water.

Water supplied by the City to the County shall meet all federal and state regulations. Further, the secondary disinfectant of the supply shall be free chlorine, and total trihalomethane and haloacetic acid concentrations at the points of delivery shall not exceed forty percent (40%) of maximum federal limits.

IV. Delivery and Billing for Service.

- (a) All water furnished under this Agreement shall be metered at the metering points designated on Exhibit “A”, which is attached hereto and incorporated herein by reference, and said metering points shall be constructed, maintained, and replaced (when needed) by the City. The City shall perform calibration testing from time to time but at least every two (2) years, and shall provide the results to the County within ten (10) days of receiving testing results. The City shall provide the County complete access to the metering points, including the right to install supervisory control and data acquisition equipment at each metering station.
- (b) The meters serving the County shall be read by the City on a monthly basis.
- (c) If the City is unable to read meter(s) for any reason, the use may be estimated by the City on the basis of average usage by the County during the preceding six (6) months of billing periods for which readings were obtained. Bills rendered on the basis of such estimates shall be as valid as if made from actual meter readings.

- (d) The term “month” or “monthly” refers to the interval(s) transpiring between the previous meter reading date and the current meter reading date, and bills shall be rendered accordingly.
- (e) The City’s monthly bills for water services shall be rendered to the County as computed by multiplying the flow of water by the County expressed in thousand (K) gallons, by the rate per thousand (K) gallons. The rate per thousand (K) gallons shall be \$2.14 per thousand (K) gallons for all water purchased up to five million (5,000,000) gallons per month and shall be \$2.00 per thousand gallons for all water purchased in excess of five million (5,000,000) gallons per month.
- (f) In the event that the City can document that its Production Costs (as later defined) have increased by more than twenty percent (20%) (from the amount of said Production Costs on the Effective Date of this Agreement) at any time during the term of this Agreement or any extension thereof, the City may request without penalty that the Parties renegotiate the rates set forth in Paragraph IV(e) of this Agreement. The Parties agree to work together in good faith to renegotiate said rates. However, in the event that the Parties are unable to mutually agree on new rates, either Party may terminate this Agreement without penalty upon ninety (90) days written notice. As used herein, “Production Costs” shall mean the cost of chemicals, electricity, supplies, and personnel directly related to the production of potable water.
- (g) All billings shall be made by the City by the thirtieth (30th) day of each month and paid by the County by the twelfth (12th) day of the following month. A late payment charge of one and a half percent (1.5%) per month shall be applicable to bills rendered by the City for all amounts not paid as set forth above. Should the County fail to pay the monthly water bills when due and payable, the City may suspend water services, provided that the City shall give the County written notice of its intent to suspend services delivered by the County by hand or certified mail, return receipt requested to the designated parties as set forth in Paragraph XIV of this Agreement, and shall allow the County thirty (30) days from the date of such notice to make full payment.

V. Continuance of Service.

The City shall use reasonable diligence to provide uninterrupted water production and distribution services to the County. The City shall not be liable to the County or any consumer purchasing service through the County for damage(s) arising out of or caused by, directly or indirectly, forces beyond its control, including, but not limited to, acts of God, fire, drought, flood, storm, earthquake, war, rebellion, insurrection, riot, terrorism, and any rules, regulations, or orders issued by any governmental authority other than the City. The City reserves the right to suspend service, without liability on its part, at such time and for such period and in such manner as reasonably necessary for the purpose of making adjustments to, changes in, or repairs to the infrastructure and facilities for which it is responsible, provided that the City shall make reasonable efforts to minimize any

suspension of service. The City guarantees that the County will be given the same priority for service as all other bulk rate customers.

VI. Waiver and Indemnity.

- (a) To the fullest extent allowed by law, the City assumes responsibility for and shall hold harmless, defend and indemnify the County against all liability, claims, judgments, losses, costs, and expenses (including reasonable attorneys fees), for any and all injury, loss, or damage to persons or property, including fines by any Federal or State agency and also including personal injury or property damage to the County, its employees, customers, tenants, and citizens on account of, or in any way arising out of, the design, construction, maintenance and operation of water utility infrastructure owned and constructed by the City to carry out the purposes of this Agreement.
- (b) To the fullest extent allowed by law, the County assumes responsibility for and shall hold harmless, defend and indemnify the City against all liability, claims, judgments, losses, costs, and expenses (including reasonable attorneys fees) for any and all injury, loss, or damage to persons or property, including fines by any Federal or State agency, and also including personal injury or property damage to the City, its employees, customers, tenants, and citizens on account of, or in any way arising out of the design, construction, maintenance and operation of water utility infrastructure owned and constructed by the County to carry out the purposes of this Agreement.
- (c) Neither Party shall be responsible to indemnify the other against bodily injury or property damage to the extent that such damages are caused by the negligence of the other, including the other's employees and agents. Each Party shall notify the other in writing of any claim for indemnification hereunder, and shall describe in such notice the nature and cause of the claim. The Party against whom the claim is asserted shall be allowed a reasonable time and opportunity to cure, mitigate, defend and otherwise address the claim.

VII. Transfer or Assignment.

The covenants and agreements contained in this Agreement are specifically binding on the Parties hereto and may not be transferred or assigned to any other party or parties without the express written consent of the non-transferring and/or non-assigning Party, which consent shall not be unreasonably withheld.

VIII. Mediation.

Any claim, dispute or other matter in question arising out of or related to this Agreement shall be subject to mediation as a condition precedent to the institution of legal or equitable proceedings by either Party. The Parties agree that the mediation will be conducted and governed by the North Carolina Rules Implementing Statewide Mediated Settlement

Conferences in Superior Court Civil Actions, and N.C. Gen. Stat. § 7A-38.1(c), except as specifically provided otherwise herein. The parties shall share the mediator's fee and any filing fees equally. The mediation shall be held in Sampson County, unless another location is mutually agreed upon. Agreements reached in mediation shall be enforceable as settlement agreements in any court having jurisdiction thereof.

IX. Governing Law.

This Agreement shall be governed by the laws of the State of North Carolina.

X. Entire Agreement.

This Agreement represents the entire and integrated agreement between the Parties and supersedes all prior negotiations, representations or agreements, either written or oral. This Agreement may only be amended by written instrument signed by the County and the City.

XI. No Third Party Beneficiaries.

Nothing contained in this Agreement shall create a contractual relationship with or cause of action in favor of a third party against the County or the City.

XII. Severance Clause.

In the event any provision of this Agreement is adjudged to be unenforceable or found invalid, such provision shall be stricken and the remaining provisions shall be valid and enforceable.

XIII. Term of Agreement.

The term of this Agreement shall be for a term of five (5) years. Either Party, in addition to all other legal remedies, may terminate this Agreement for cause for any material default or breach of this Agreement, provided that the non-breaching Party shall provide written notice to the breaching Party of any proposed termination and the cause thereof, and the breaching Party shall have thirty (30) days from the receipt of such notice to cure the alleged breach. Furthermore, except as otherwise provided in Paragraph IV(f), either Party may terminate this Agreement without cause by giving the other Party written notice of its intent to terminate at least six (6) months prior to the effective date of said termination.

XIV. Notices.

All notices or other communications which shall be made pursuant hereto shall be in writing and shall be deemed to be given and received (a) when hand delivered to the address stated below or (b) after being received at the address stated below, postage prepaid by certified or registered mail of the United States, return receipt requested:

Sampson County
Attn: County Manager
406 County Complex Road
Clinton, NC 28328

The City of Clinton
Attn: City Manager
221 Lisbon Street
Clinton, NC 28328

Either party to this Agreement may change its designated person or designated address at any time and from time to time by giving notice of such change to the other.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed, effective the day and year first written above.

SAMPSON COUNTY

By: _____
Clark Wooten, Chairman,
Sampson County Board of Commissioners

ATTEST:

Susan Holder, Clerk

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

David Clack, Finance Officer

CITY OF CLINTON

By: _____
Luther D. Starling, Jr., Mayor

ATTEST:

Elaine Hunt, Clerk

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

Finance Officer

EXHIBIT "A"

Location	Address	Description
Hwy. 24 West	2336 Roseboro Hwy.	Beside roadway on right heading west out of the City
Airport Rd.	230 Airport Rd.	Just past horticulture entrance to SCC
Hwy. 24 East	1945 Turkey Hwy.	Across 24 from Clive Jacobs Rd.
Five Bridge Rd.	120 Five Bridge Rd.	Beside second entrance to Hog Slat on Five Bridge Rd.
Nathan Dudley Rd.	45 Nathan Dudley Rd.	Just past first house on right as you turn on Nathan Dudley Rd.
West Main St.	928 W. Main St.	Edge of field just past Shamrock Dr.
Rowan Rd.	505 Rowan Rd.	Last entrance to County Complex
Hwy. 701; Gordon Rd.	3136 Hobbton Hwy.	Just past Gordon Rd. in fenced enclosure
Hwy. 701; Ingold	2283 Southeast Blvd.	On 701 just before Indiantown Rd.
Hwy. 421; Dunn	2738 N. US 421 Hwy.	Across from Hanson Rd.

NORTH CAROLINA'S
SAMPSON COUNTY
OFFICE OF EMERGENCY SERVICES

MEMORANDUM:

TO: Ms. Susan Holder, Assistant County Manager

FROM: ^{RB/AR}
Ronald Bass, Emergency Management

DATE: October 7, 2020

SUBJECT: Private Road Names/Public Hearing Request

The Road Naming Committee members have reviewed road name suggestions for the following pending private roads. The Committee's recommendations have been listed below:

PVT 1446 5404	Taylor's Creek Way
PVT 1446 5404 47	Merlin Ct
PVT 421WIL 1961	Southern Home Ln

This is being forwarded for your review and if you concur, please place this on the Board's agenda for consideration at a public hearing.

Please review and advise.



107 Underwood Street | Clinton, NC 28328

OFFICE: (910) 592-8996 | FAX: (910) 592-5383

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager
From: Jim Johnson, Tax Administrator
Date: November 20, 2020
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2020. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Kim A. Newton

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on October 23, 2020.

Please put on the next Board of Commissioners consent agenda for their action.

October 23, 2020

Sampson County Board of Commissioners
Clinton, North Carolina 28328

RE: Kim A Newton

Dear Commissioners:

I am an Honorably Discharged Veteran, who recently received my 100% permanent & total disability. My award was granted back to 05/02/2019. I understand that my request is not within the time frame set. I am requesting you to please accept this request and grant me the exclusion on my county property taxes for 2020.

I am truly sorry for the late date and ask for your favor on my tax exclusion. Thank you for your consideration in this matter.

Sincerely,



Kim A Newton
2701 Herring Rd
Rose Hill, NC 28458

1224

NCDVA-9
(Rev. 08-09)

For best delivery to USDVA, filing this form with your local veteran's service office is recommended.

018

State of North Carolina
Certification for Disabled Veteran's
Property Tax Exclusion (G.S. 105-277.1C)

Sampson County Veterans
Service Office

COUNTY

SECTION 1

TO BE COMPLETED BY THE VETERAN OR THE
SURVIVING SPOUSE WHO HAS NOT REMARRIED

Kim A Newton
NAME (Print or Type)

Kim Antonia Newton
DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

2701 Herring RD
STREET ADDRESS OR P.O. BOX NUMBER

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)
(If Applicable)

Rose Hill NC 28458
CITY STATE ZIP CODE

U.S. DEPT OF VETERANS AFFAIRS
NUMBER

VETERAN'S SOCIAL SECURITY NUMBER

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.

SECTION 2

Disabled Veteran's Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.

Kim Newton

DISABLED VETERAN'S SIGNATURE

09-23-2020

DATE

SECTION 3

Surviving Spouse's (who has not remarried) Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.

SURVIVING SPOUSE'S SIGNATURE

09-23-2020

DATE

SECTION 4

To be completed by the U.S. Department of Veterans Affairs

- Please check all that apply:
- A. Veteran does not meet either B, C, D, or E of the below criteria.
 - B. Veteran has a service-connected permanent and total disability that existed as of 05/02/19
 - C. Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
 - D. Veteran died on _____ and had a service-connected permanent and total disability at death.
 - E. Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service at Separation: (DD-214) Honorable Under Other than Honorable Conditions

SIGNATURE OF USDVA CERTIFYING OFFICIAL

09/30/2020

Christopher Warguez

DATE

PRINTED NAME OF USDVA CERTIFYING OFFICIAL
Assistant Veterans Service Center Manager

NOTE:

Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.

TITLE OF USDVA CERTIFYING OFFICIAL

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

09-35-05102-12019

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager
From: Jim Johnson, Tax Administrator
Date: November 20, 2020
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2020. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

James H. Smith

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on October 31, 2020.

Please put on the next Board of Commissioners consent agenda for their action.

47588 P# 15-0615560-05

State of North Carolina
Certification for Disabled Veteran's
Property Tax Exclusion (G.S. 105-277.1C)

Samason
COUNTY

SECTION 1

TO BE COMPLETED BY THE VETERAN OR THE
SURVIVING SPOUSE WHO HAS NOT REMARRIED

James Smith

NAME (Print or Type)

DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

701 Sunset Ave

STREET ADDRESS OR P.O. BOX NUMBER

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)

(If Applicable)

Clinton

NC

28328

CITY

STATE

ZIP CODE

U.S. DEPT. OF VETERANS AFFAIRS
FILE NUMBER

VETERAN'S SOCIAL SECURITY NUMBER

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.

SECTION 2

Disabled Veteran's Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.

[Signature]
DISABLED VETERAN'S SIGNATURE

3/3/2020
DATE

SECTION 3

Surviving Spouse's (who has not remarried) Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.

SURVIVING SPOUSE'S SIGNATURE

DATE

SECTION 4

To be completed by the U.S. Department of Veterans Affairs

Please check all that apply:

- A. Veteran does not meet either B, C, D, or E of the below criteria.
- B. Veteran has a service-connected permanent and total disability that existed as of 5/12/2016.
- C. Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
- D. Veteran died on _____ and had a service-connected permanent and total disability at death.
- E. Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service at Separation: (DD-214)

Honorable

Under Other than Honorable Conditions

Under Honorable Conditions

K. Schillhammer
SIGNATURE OF USDVA CERTIFYING OFFICIAL

10/27/2020
DATE

PRINTED NAME OF USDVA CERTIFYING OFFICIAL

Service Center Manager
TITLE OF USDVA CERTIFYING OFFICIAL

NOTE:

Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.

This letter is to certify that I was
given this form and ~~was~~ did not
know it was due in June. I
received my letter from VA on 10/31/20
James A. [Signature]

47588

15-0615560-05

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager
From: Jim Johnson, Tax Administrator
Date: November 20, 2020
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2020. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Alonzo J. Vann

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on November 13, 2020.

Please put on the next Board of Commissioners consent agenda for their action.

November 13, 2020

Sampson County Board of Commissioners
Clinton, North Carolina 28328

RE: Alonzo J. Vann

Dear Commissioners:

I am an Honorably Discharged Veteran, who recently received my 100% permanent & total disability. My award was granted back to 06/23/2017. I understand that my request is not within the time frame set.

I am truly sorry for the late date and ask for your favor on my tax exclusion. Thank you for your consideration in this matter.

Sincerely,



Alonzo Jerome Vann
47 Terrell Lane
Clinton, NC 28328

12-0183730-34
186919

Sens fill

723 NCDVA-9 (Rev. 08-09)

For best delivery to USDVA, filing this form with your local veteran's service office is recommended.

	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)	Sampson County Veterans Service Office COUNTY
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SECTION 1

TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED

Alonzo Jerome Vann
NAME (Print or Type)

Alonzo Jerome Vann
DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

47 Terrell Lane
STREET ADDRESS OR P.O. BOX NUMBER

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)
(If Applicable)

Clinton NC 28328
CITY STATE ZIP CODE

U.S. DEPT. OF VETERANS AFFAIRS
OFFICE NUMBER

VETERAN'S SOCIAL SECURITY NUMBER

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.

SECTION 2

Disabled Veteran's Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.

Alonzo Jerome Vann
DISABLED VETERAN'S SIGNATURE

08-10-2020
DATE

SECTION 3

Surviving Spouse's (who has not remarried) Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.

SURVIVING SPOUSE'S SIGNATURE

08-10-2020
DATE

SECTION 4

To be completed by the U.S. Department of Veterans Affairs

- Please check all that apply:
- A. Veteran does not meet either B, C, D, or E of the below criteria.
 - B. Veteran has a service-connected permanent and total disability that existed as of 06/23/2017
 - C. Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
 - D. Veteran died on _____ and had a service-connected permanent and total disability at death.
 - E. Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service at Separation: (DD-214) Honorable Under Other than Honorable Conditions Under Honorable Conditions

SIGNATURE OF USDVA CERTIFYING OFFICIAL

08/14/2020

DATE

PRINTED NAME OF USDVA CERTIFYING OFFICIAL

Christopher Warguez
Assistant Veterans Service Center Manager

Davis, Tammy S., VBAWSAL
Digitally signed by Davis, Tammy S., VBAWSAL
Date: 2020.08.14 13:18:48 -0400

TITLE OF USDVA CERTIFYING OFFICIAL

NOTE:
Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager
From: Jim Johnson, Tax Administrator
Date: November 20, 2020
Subject: Disabled Veteran Exclusion
(GS 105-277.1c)

The attached disabled veteran exclusion application was received after June 1, 2020. After that date, the Board of Commissioners must approve the application.

The applicant is as follows:

Colin Stoeckel

A letter is submitted requesting approval of the late application.

The application meets the statutory requirements for the disabled veteran exclusion other than being timely filed. The late application was received on October 20, 2020.

Please put on the next Board of Commissioners consent agenda for their action.

October 20, 2020

Sampson County Board of Commissioners
Clinton, North Carolina 28328

RE: Colin Stoeckel

Dear Commissioners:

I am an Honorably Discharged Veteran, who has received a 100% permanent & total disability. My award was granted back in 05/01/2019. I was unaware of this benefit at that time. I understand that my request is not within the time frame set. I am requesting you to please accept this request and grant me the exclusion on my county property taxes for 2020.

I am truly sorry for the late date and ask for your favor on my tax exclusion. Thank you for your consideration in this matter.

Sincerely,

Colin Stoeckel
61 Water Wheel Lane
Godwin, NC 28344

NCDVA-9
(Rev. 08-09)

For best delivery to USDVA, filling this form with your local veteran's service office is recommended.

DDV

	State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)	Sampson County Veterans Service Office COUNTY
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SECTION 1

TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED

Colin Stoeckel
NAME (Print or Type)

Colin Stoeckel
DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)

Wheel
61 Water Wheel Lane
STREET ADDRESS OR P.O. BOX NUMBER

SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)
(If Applicable)

Godwin NC 28344
CITY STATE ZIP CODE

U.S. DEPT. OF VETERANS AFFAIRS
FILE NUMBER

VETERAN'S SOCIAL SECURITY NUMBER

I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.

SECTION 2

Disabled Veteran's Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.

DISABLED VETERAN'S SIGNATURE

04-09-2020

DATE

SECTION 3

Surviving Spouse's (who has not remarried) Signature

I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.

SURVIVING SPOUSE'S SIGNATURE

DATE

SECTION 4

To be completed by the U.S. Department of Veterans Affairs

- Please check all that apply:
- A. Veteran does not meet either B, C, D, or E of the below criteria.
 - B. Veteran has a service-connected permanent and total disability that existed as of 5/1/2019
 - C. Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.
 - D. Veteran died on _____ and had a service-connected permanent and total disability at death.
 - E. Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.

Character of Disabled Veteran's Service at Separation: (DD-214) Honorable Under Other than Honorable Conditions Under Honorable Conditions

SIGNATURE OF USDVA CERTIFYING OFFICIAL

Christopher Valquez
Assistant Veterans Service Center Manager

5/7/2020

DATE

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager
From: Jim Johnson, Tax Administrator
Date: November 20, 2020
Subject: Late Present Use Value Application
Owners: Micah Brewington, Holly Brewington
Tax Parcels: 15081416007, 15095468004, 15081416016

The taxpayers listed above are requesting that the attached late present use value application be approved. The taxpayers purchased the properties on May 1, 2020. General Statute 105-277.4(a) states that an application required due to transfer of land may be submitted any time during the calendar year but must be submitted within 60 days of the property's transfer. The late application was received on October 16, 2020. General Statute 105-277.4 (a1) gives the authority of the Board of Commissioners to approve a late application. The taxpayers have included a letter requesting the Board of Commissioners to consider approving the late application. The application submitted meets all statutory requirements other than being timely filed. I recommend approval of this late application request.

Jim Johnson



Sampson County Tax Administration

October 22, 2020

Sampson County Board of Commissioners
406 County Complex Road
Clinton, NC 28328

Ref: Parcel 15081416007, Parcel 15095468004, Parcel 15081416016, & Parcel 15095468001

Dear Board Members,

We recently purchased the above referenced parcels from James & Millie Starling in May of 2020. At the time of purchase, we were not made aware that the land was in the Present-Use Program. This is the first time we have purchased land in a program like this so we were unfamiliar with the procedures until contacted by Ms. Susan Heath. She has been most helpful in explaining the program to us. We recently submitted our application, so we kindly ask that you consider our request.

We look forward to being members of the program.

Sincerely,

A handwritten signature in cursive script that reads "Holly Brewington". The signature is written in black ink and is positioned to the left of the printed name.

Micah & Holly Brewington
35 Bertus Ln
Clinton, NC 28328

*Late app returned
10.16.20*

AV-5
Web
3-13

Application for Agriculture, Horticulture, and Forestry Present-Use Value Assessment
(G.S. 105-277.2 through G.S. 105-277.7)

County of Sampson, NC

Tax Year 2021-cont

Full Name of Owner(s)
MICAH & HOLLY BREWINGTON

Mailing Address of Owner
85 BERTUS LN

City CLINTON State NC Zip Code 28328

Home Telephone Number 910 569 3661 Work Telephone Number Ext. Cell Phone Number 910-258-3473

Instructions

Application Deadline: This application must be filed during the regular listing period, or within 30 days of a notice of a change in valuation, or within 60 days of a transfer of the land.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: www.dornc.com/downloads/CountyList.pdf. **DO NOT** submit this application to the North Carolina Department of Revenue.

- Office Use Only:

This application is for: (check all that apply)

AGRICULTURE (Includes Aquaculture)

HORTICULTURE

FORESTRY

Enter the Parcel Identification Number, acreage breakdown, and acreage total for each tax parcel included in this application:

PARCEL ID	OPEN LAND in Production	OPEN LAND not in Production	WOOD LAND	WASTE LAND	CRP LAND	HOME SITE	OTHER (Describe in Comments)	TOTAL ACRES
15081416007		2.65	23.83	2.74				29.22
15095468004	4.60	13.17	0.36	0.30				18.43
15081416016	7.26	0.13	1.22	0.29				8.89
15095468001	0.73					1.00		1.73
								0.00

↳ does not qualify

Comments: Only Woodland Approved to continue

Yes No Does the applicant own property in other counties that is also in present-use value and is within 50 miles of this property? If YES, list the county or counties and parcel identification number(s):

County:

Parcel ID:

County:

Parcel ID:

IMPORTANT!

AGRICULTURE and HORTICULTURE applications with LESS than 20 acres of woodland generally need to complete PARTS 1, 2, and 4.

AGRICULTURE and HORTICULTURE applications with MORE than 20 acres of woodland generally need to complete PARTS 1, 2, 3, and 4.

FORESTRY applications need to complete PARTS 1, 3, and 4.

ADDITIONALLY, applications for CONTINUED USE of existing present-use value classification need to complete PART 5.

Please contact the Tax Assessor's office if you have questions about which parts should be completed.

Part 1. Ownership

On what date did the applicant become the owner of the property? DATE: 05-01-20

If owned less than four full years on January 1, provide: Name of Previous Owner: JAMES & MILLIE STARLING

How the Applicant is Related to the Previous Owner: _____

Yes No ➔ Did one of the applicants reside on the property on January 1 of the year for which this application is made?
If YES, provide name of resident: _____

Yes No ➔ Are any of the acres leased out to a farmer? If YES, indicate: Number of acres leased out: _____
Name of farmer leasing the land: _____ Phone: _____

Choose the legal form of ownership from "a - e" below, and answer the questions, if any, for that ownership:

a. One Individual b. Husband and Wife (as tenants by the entirety)

c. Business Entity. (Circle one: Corporation, Limited Liability Company, Partnership) List all the direct shareholders, members, or partners of the business entity and their farming activities:

Member: _____	Farming Activities: _____
Member: _____	Farming Activities: _____
Member: _____	Farming Activities: _____
Member: _____	Farming Activities: _____

Yes No ➔ Are any of the direct shareholders, members, or partners either a business entity or trust (i.e. not an individual)? If YES, you must attach a breakdown of those business entities or trusts until you reach the individual level of ownership interest and you must describe those individuals' farming activities.

Yes No ➔ Once you have reached the individual level of ownership interest, are all of the individuals relatives of each other? (See G.S. 105-277.2(5a) for the definition of relative.)

State the principal business of the business entity: _____

d. Trust. List the trustee(s), name of the trust, and all of the beneficiaries:

Trustee(s): _____	Name of trust: _____
Beneficiary: _____	Farming Activities: _____
Beneficiary: _____	Farming Activities: _____
Beneficiary: _____	Farming Activities: _____
Beneficiary: _____	Farming Activities: _____

Yes No ➔ Are any of the beneficiaries either a business entity or trust (i.e. not an individual)? If YES, you must attach a breakdown of those business entities or trusts until you reach the individual level of ownership interest and you must describe those individual's farming activities.

Yes No ➔ Once you have reached the individual level of ownership interest, are all of the beneficiaries either the trust's creator or relatives of the creator? (See G.S. 105-277.2(5a) for the definition of relative.)

e. Tenants in common. List the tenants and their percentage of ownership (round to the nearest 0.1%):

Owner _____ %	Owner _____ %
Owner _____ %	Owner _____ %

Yes No ➔ Are any of the tenants either a business entity or trust? If YES, you must make a copy of this page for each business entity or trust. You must complete the business entity section only or trust section only for each tenant, as appropriate, labeling each copy with the name of the business entity or trust.

The Tax Assessor may contact you for additional information after reviewing this application.

Part 2. Agriculture and Horticulture

For the past three years and for each tax parcel within the farm unit, enter the agricultural or horticultural products actually produced on the land and the gross income from the sale of the products, including livestock, poultry, and aquatic species. **INCOME INFORMATION IS SUBJECT TO VERIFICATION.**

If payments are received from any governmental soil conservation or land retirement program, indicate the acres and amount of income in the table below. Provide the name of the program in the Product column.

(Gross Income)

Do not include income received from the rental of the land. Income must be from the sale of the product.

Parcel ID	ONE YEAR AGO 20 <input type="text" value="19"/>			TWO YEARS AGO 20 <input type="text" value="18"/>			THREE YEARS AGO 20 <input type="text" value="17"/>		
	Product	Acres	Income	Product	Acres	Income	Product	Acres	Income
15095 46800 4									
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
15081 41601 6									
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
15081 41600 7									
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
15095 46800 1									
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0

Yes No If this application covers a horticultural tract used to grow Christmas trees, has a written management plan been prepared? If YES, attach a copy. If NO, attach a full explanation of your operation that contains at least the following: year each tract was planted, gross income from each tract, site management practices, number of trees per acre, and expected date of harvesting for each tract.

If this application covers an aquatic species farming operation, enter the total pounds produced for commercial sale annually for the last three years: Year 20 lbs, Year 20 lbs, Year 20 lbs

Part 3. Forestry *you will need a plan for 15081416007*

Attach a complete copy of your forest management plan. Indicate below who prepared the plan:

- N.C. Division of Forest Resources *Working on Plan* Consulting Forester Owner Other

Note: The property must be actively engaged in the commercial growing of trees under a sound management program as of January 1 of the year for which application is made.

** you can contact a forester or the forestry dept - did*

Key elements in a written plan for a sound forestland management program are listed below:

1. Management and Landowner Objectives Statement—Long range and short range objectives of owner(s) as appropriate.
2. Location—Include a map or aerial photograph that locates the property described and also delineates each stand referenced in the "Forest Stand(s) Description/Inventory and Stand Management Recommendations" (item 3 below).
3. Forest Stand(s) Description/Inventory and Stand Management Recommendations – Include a detailed description of various stands within the forestry unit. Each stand description should detail the acreage, species, age, size (tree diameter, basal area, heights), condition (quality and vigor), topography, soils and site index or productivity information. Stand-specific forest management practices needed to sustain productivity, health and vigor must be included with proposed timetable for implementation.
4. Regeneration-Harvest Methods and Dates—For each stand, establish a target timetable for harvest of crop trees, specifying the type of regeneration-harvest (clear cut, seed tree, shelter wood, or selection regeneration systems as applicable).
5. Regeneration Technique—Should include a sound proposed regeneration plan for each stand when harvest of final crop trees is done. Specify intent to naturally regenerate or plant trees.

NOTE: Forest management plans can and should be updated as forest conditions significantly change (e.g. change in product class mix as the stand ages and grows, storm damage, insect or disease attack, timber harvest, thinning, wildfire). The county will audit plans periodically and, to remain eligible for use-value treatment, the plan must be implemented.

Part 4. Affirmation

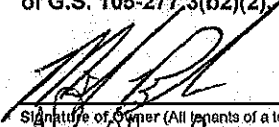
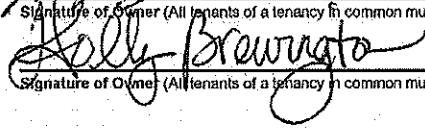
AFFIRMATION OF APPLICANT – I (we) the undersigned declare under penalties of law that this application and any attachments hereto have been examined by me (us) and to the best of my (our) knowledge and belief are true and correct. In addition, I (we) fully understand that an ineligible transfer of the property or failure to keep the property actively engaged in commercial production under a sound management program will result in the loss of eligibility. I (we) fully understand that loss of eligibility will result in removal from the program and the immediate billing of deferred taxes.

Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date

Part 5. Continued Use *(Complete only if the property is currently in Present-Use Value and you are applying for immediate eligibility under the Continued Use exception. See G.S. 105-277.3(b2)(1) for full details.)*

I certify: 1. The property is currently in Present-Use Value.
 2. I intend to continue the current use of the land under which it currently qualifies.
 3. I understand I will be responsible for all deferred taxes due because of any disqualification.
 4. I ACCEPT FULL LIABILITY FOR ANY EXISTING DEFERRED TAXES.

Note: If the property is currently in Present-Use Value and liability is not accepted, the full amount of the deferred taxes will typically be due in the name of the grantor immediately. Liability need not be accepted and no deferred taxes are due for qualifying transfers pursuant to G.S. 105-277.3(b) and (b1). For example, liability does not need to be accepted for qualifying transfers to relatives. However, any deferred taxes existing at the time of transfer will remain a lien on the property. Owners already receiving Present-Use Value on properties not included in this application may wish to review the alternative provisions of G.S. 105-277.3(b2)(2).

	OWNER	10-16-20
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date
	CO-OWNER	10-16-20
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date
Signature of Owner (All tenants of a tenancy in common must sign.)	Title	Date

FOR OFFICE USE ONLY: APPROVED DENIED BY: _____ REASON FOR DENIAL: _____

Sampson County
Office of Tax Assessor
PO Box 1082
Clinton, NC 28329

Phone 910-592-8146

Fax 910-592-1227

To: Ed Causey, County Manager
From: Jim Johnson, Tax Administrator
Date: November 23, 2020
Subject: Enviva Pellets Sampson LLC
Late Property Tax Exemption Request and Release of Applicable Taxes

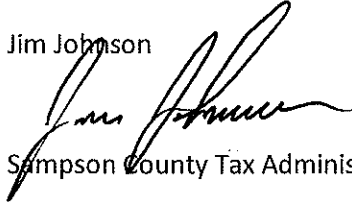
Enviva Pellets Sampson LLC is requesting approval of a late property tax exemption application submitted on April 10, 2020 and the release of taxes attached to the property.

General Statute 105-275(8)a exempts real and personal property that is used exclusively for air cleaning or waste disposal or to abate, reduce, or prevent the pollution of air or water if the Department of Environmental Quality furnishes a certificate to the tax supervisor of the county in which the property is situated certifying that the property meets the statutory requirements for the exemption. Enclosed is the certification from the North Carolina Department of Environmental Quality received by the Sampson County Tax Office on November 23, 2020.

Also enclosed is a release of property tax form for the property that has been approved for the exemption. The taxes to be released were factored into the projected tax base submitted on April 29, 2020.

The property tax exemption application meets all statutory requirements other than being timely filed. I recommend approval of the late application request and the release of property taxes.

Jim Johnson



Sampson County Tax Administrator



Enviva LP
7200 Wisconsin Ave, Suite 1000
Bethesda, MD 20814
www.envivabiomass.com

November 23, 2020

Sampson County Office of the Board of Commissioners
406 County Complex Road
Clinton, North Carolina 28328

RE: Enviva Pellets Sampson, LLC – Application for Tax Certification & Exemption

Dear Board of Commissioners,

We are writing to request approval of the late property tax exemption request that was dated April 10, 2020. Please find enclosed revised TC-AQ (Division of Air Quality Application for Tax Certification & Exemption Form), which was approved by the North Carolina Department of Environmental Quality on November 20, 2020.

Please call or email me if you have any questions.

Respectfully,

Angela Jiang
Tax Director
Office: 240-507-1954
Angela.jiang@envivabiomass.com



Enviva Pellets Sampson, LLC
5 Connector Road, US 117
Faison, NC 28341 USA

www.envivabiomass.com

April 9, 2020

Sampson County Tax Administration
James E. Johnson, County Tax Administrator
126 W Elizabeth Street
Clinton, NC 28328

RE: Enviva Pellets Sampson, LLC – Application for Tax Certification & Exemption

Dear Mr. Johnson,

Please find enclosed a TC-AQ (Division of Air Quality Application for Tax Certification & Exemption Form), a description of the plant's manufacturing process, a process schematic, and AV-10 (Application for Property Tax Exemption or Exclusion).

We also mailed these documents to the North Carolina Department of Environmental Quality.

Please call or email me if you have any questions.

Respectfully,

Angela Jiang
Tax Director
Office: (240) 507-1954
Angela.Jiang@envivabiomass.com

APPLICATION FOR PROPERTY TAX EXEMPTION OR EXCLUSION

County: SAMPSON Municipality: FAISON Application for Tax Year: 2020

Full Name of Owner(s): ENVIVA LP
Trade Name of Business: ENVIVA PELLETS SAMPSON, LLC
Mailing Address of Owner: 7200 WISCONSIN AVE, STE 1000, BETHESDA, MD 20814
Phone: (240) 507-1954 Cell: (240) 507-1954 Email: ANGELA.JIANG@ENVIVABIOMASS.COM

List the property identification numbers and addresses/locations for the properties included in this application. (Attach list if needed.)
Property ID #: 8200152 Address/Location: 5 CONNECTOR ROAD, US 117, FAISON, NC 28341
Property ID #: _____ Address/Location: _____
Property ID #: _____ Address/Location: _____

Non-Deferment Exemptions and Exclusions: Select or annotate the exemption or exclusion for which this application is made. These exemptions or exclusions do not result in the creation of deferred taxes. However, taxes for prior years of exemption or exclusion may be recoverable if it is later determined that the property did not qualify for exemption or exclusion for those prior years.

- | | | | |
|---|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> G.S. 105-275(8) | Pollution abatement/recycling | <input type="checkbox"/> G.S. 105-278.5 | Religious educational assemblies |
| <input type="checkbox"/> G.S. 105-275(17) | Veterans organizations | <input type="checkbox"/> G.S. 105-278.6 | Home for the aged, sick, or infirm |
| <input type="checkbox"/> G.S. 105-275(18),(19) | Lodges, fraternal & civic purposes | <input type="checkbox"/> G.S. 105-278.6 | Low- or moderate-income housing |
| <input type="checkbox"/> G.S. 105-275(20) | Goodwill Industries | <input type="checkbox"/> G.S. 105-278.6 | YMCA, SPCA, VFD, orphanage |
| <input type="checkbox"/> G.S. 105-275(45) | Solar energy electric system | <input type="checkbox"/> G.S. 105-278.6A | CCRC-Attach Form AV-11 |
| <input type="checkbox"/> G.S. 105-275(46) | Charter school property | <input type="checkbox"/> G.S. 105-278.7 | Other charitable, educational, etc. |
| <input type="checkbox"/> G.S. 105-277.13 | Brownfields-Attach brownfields agreement | <input type="checkbox"/> G.S. 105-278.8 | Charitable hospital purposes |
| <input type="checkbox"/> G.S. 105-278.3 | Religious purposes | <input type="checkbox"/> G.S. 131A-21 | Medical Care Commission bonds |
| <input type="checkbox"/> G.S. 105-278.4 | Educational purposes (institutional) | <input type="checkbox"/> Other: _____ | |

Tax Deferment Programs: Select the tax deferment program for which this application is made. ** These programs will result in the creation of deferred taxes that will become immediately due and payable, *with interest*, when the property loses eligibility. The number of years for which deferred taxes will become due and payable varies by program. Read the applicable statutes carefully. **

- | | |
|--|---|
| <input type="checkbox"/> G.S. 105-275(12) | Nonprofit corporation or association organized to receive and administer lands for conservation purposes |
| <input type="checkbox"/> G.S. 105-275(29a) | Historic district property held as a future site of a historic structure |
| <input type="checkbox"/> G.S. 105-277.14 | Working waterfront property |
| <input type="checkbox"/> G.S. 105-277.15A | Site Infrastructure land |
| <input type="checkbox"/> G.S. 105-278 | Historic property-Attach copy of the local ordinance designating property as historic property or landmark. |
| <input type="checkbox"/> G.S. 105-278.6(e) | Nonprofit property held as a future site of low- or moderate-income housing |

Describe the property: MACHINERY & EQUIPMENT

Describe how you are using the property: (If another organization is using the property, give their name, how they are using the property, and any income you receive from their use)
MACHINERY & EQUIPMENT IS USED TO REDUCE, ABATE, OR CONTROL AIR POLLUTION

Affirmation: I, the undersigned, declare under penalties of law that this application and any attachments are true and correct to the best of my knowledge and belief. I have read the applicable exemption or exclusion statute. I fully understand that an ineligible transfer of the property or failure to meet the qualifications will result in the loss of eligibility. If applying for a tax deferment program, I fully understand that loss of eligibility will result in removal from the program and the immediate billing of deferred taxes.

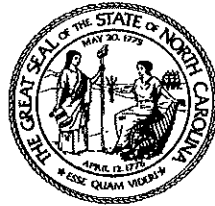
Signature(s) of Owner(s): Angela Jiang Title: TAX DIRECTOR Date: 4/10/2020
Authorized Personnel _____ Title: _____ Date: _____
All tenants of a tenancy _____ Title: _____ Date: _____
In common must sign. _____ Title: _____ Date: _____

DO NOT submit this application to the NC Department of Revenue. Submit to the county assessor where the property is located.

ROY COOPER
Governor

MICHAEL S. REGAN
Secretary

MICHAEL A. ABRACZINSKAS
Director



NORTH CAROLINA
Environmental Quality

November 20, 2020

Mr. Jim Johnson
Tax Administrator
Sampson County Tax Department
PO Box 207
Clinton, NC 28328

SUBJECT: Tax Certification
Application No. 8200152.20C
Enviva Pellets Sampson, LLC
Facility ID: 8200152, Faison, Sampson County
Permit No. 10386R04

Dear Mr. Johnson:

Transmitted herewith is one copy of a Tax Certification for the operation of air pollution abatement facilities covered under Air Permit No. 10386R04 issued to Enviva Pellets Sampson, LLC, Sampson County, North Carolina.

This Certification may be used to obtain tax benefits in keeping with the General Statutes of North Carolina. Copies of this Tax Certification are being sent under separate cover to Mr. Ken McBride of Enviva Pellets Sampson, LLC. And Ms. Angela Jiang, Enviva LP Tax Director.

Sincerely,

A handwritten signature in cursive script that reads "Heather Carter".

Heather Carter, Regional Supervisor
Division of Air Quality, NCDEQ

Enclosure

cc: Fayetteville Regional Office Files
Mr. Ken McBride, Enviva Pellets Sampson, LLC
Ms. Angela Jiang, Enviva LP Tax Director
7200 Wisconsin Avenue Suite 1000
Bethesda, MD 20814

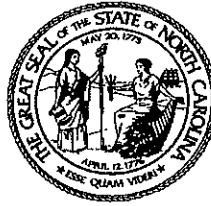


North Carolina Department of Environmental Quality | Division of Air Quality
Fayetteville Regional Office | Systel Building, 225 Green Street, Suite 714 | Fayetteville, NC 28301-5094
910.433.3300 T | 910.485.7467 F60

ROY COOPER
Governor

MICHAEL S. REGAN
Secretary

MICHAEL A. ABRACZINSKAS
Director



NORTH CAROLINA
Environmental Quality

November 20, 2020

Mr. Ken McBride
Plant Manager
Enviva Pellets Sampson, LLC
5 Connector Road, US 117
Faison, NC 28341

SUBJECT: Tax Certification
Application No. 8200152.20C
Enviva Pellets Sampson, LLC
Facility ID: 8200152, Faison, Sampson County
Permit No. 10386R04

Dear Mr. McBride:

Transmitted herewith is one copy of a Tax Certification for the operation of air pollution abatement facilities covered under Air Permit No. 10386R04 issued to Enviva Pellets Sampson, LLC, Sampson County, North Carolina.

This Certification may be used to obtain tax benefits in keeping with the General Statutes of North Carolina. Copies of this Tax Certification are being sent under separate cover to the Sampson County Tax Assessor.

Sincerely,

A handwritten signature in cursive script, appearing to read "Heather Carter".

Heather Carter, Regional Supervisor
Division of Air Quality, NCDEQ

Enclosure

cc: Fayetteville Regional Office Files
Mr. Jim Johnson, Sampson County Tax Administrator
Ms. Angela Jiang, Enviva LP Tax Director
7200 Wisconsin Avenue Suite 1000
Bethesda, MD 20814



North Carolina Department of Environmental Quality | Division of Air Quality
Fayetteville Regional Office | Systel Building, 225 Green Street, Suite 714 | Fayetteville, NC 28301-5094
910.433.3300 T | 910.485.7467 F 61

**DIVISION OF AIR QUALITY
APPLICATION FOR TAX CERTIFICATION & EXEMPTION
FORM TC-AQ**

For DAQ Use:	Tax Certification Application Number:
This Application Form is to be used only for air-cleaning device(s) under the authority of the NC Division of Air Quality (DAQ)	
Revised 05/18/2016	

DIRECTIONS: Complete and mail a signed copy to both: 1) The County Tax Administrator for the County in which the facility is located **AND** 2) The regional office of the Division of Air Quality. Type or print in blue or black ink. A separate application is required for each facility where property proposed for tax certification is located.

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT COMPLETE AND ACCURATE INFORMATION. If you have any questions regarding this application, please call the local tax office or the NC Division of Air Quality Regional Office responsible for the county in which the facility is located (see <https://deq.nc.gov/about/divisions/air-quality/regional-offices> for regional contact information.)

Please Note: Tax Certifications will only be processed for facilities under the authority of the DAQ and only if the DAQ has found that the described property:

1. Has been or will be constructed or installed;
2. Complies with or that plans therefore which have been submitted to the DAQ indicate that it will comply with the requirements of the Environmental Management Commission;
3. Is being effectively operated or will, when completed, be required to operate in accordance with the terms and conditions of the permit, certificate of approval, or other document of approval issued by the DAQ; and
4. Has or, when completed, will have as its PRIMARY rather than incidental purpose the reduction of air pollution resulting from the emission or air contaminants.
5. **The property is being used exclusively (100%) for the reduction of air pollution.**

A. APPLICANT (Applicant is the owner of, and taxpayer for, the property described in this application for tax certification.)

Name of Applicant: Enviva, LP.	Name of Facility and ID No. (DAQ Premise Number) where the property is located: Enviva Pellets Sampson, LLC FACILITY ID No.: 8200152
Address of Applicant, if different from facility where the property is located: 7200 Wisconsin Ave. Suite 1000, Bethesda, MD 20814	Physical Address of Facility where the property is located (no PO Box): 5 Connector Road US 117, Faison, NC 28341
(address) (city) (zip code)	(street address) (city) (zip code)
Business Relationship of Applicant to the facility where the property is located: Applicant is a limited partnership in which Enviva Pellets Sampson, LLC is a wholly owned disregarded entity.	County where the property is located: Sampson
	Name of Contact Person at Facility where the property is located: Angela Jiang
	Facility Contact Title: Tax Director Facility Contact Phone Number: 240-507-1954
Does the Applicant hold any NC Department of Environmental Quality Permits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list Agency Name and Permit No(s): North Carolina Department Environmental quality - #10386R04	
Is this the first Tax Certification issued for this Facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, attach any previously issued tax certifications	

B. COMPLETE THIS SECTION ONLY IF THE OPERATOR/USER OF THE FACILITY AND EQUIPMENT IS DIFFERENT FROM THE OWNER OF THE FACILITY

Name of Operator/User:
Operator/User Address:
(address) (city) (zip code)
Operator/User Contact Name: Operator/User Contact Title/Phone Number:
Relationship between Operator/User of the facility and equipment and the applicant:

*****ATTACH A PROCESS SCHEMATIC TO YOUR APPLICATION. The number of each item for which Tax Certification is being requested must be shown on the schematic*****

Application Continues on Next Page >>>>

For County Use Only	For DAQ Use Only, "A" Approved "D" Disapproved	Description of Air Pollution Control Devices as Listed on the Current Air Permit	Original Permit Application Date (November 17, 2014) AND Current Control Device ID No.	Asset Number, Vehicle Identification Number (VIN)	Description of Equipment	How is this equipment used for air pollution abatement?	% of Use for Pollution Abatement	Year Acquired	Original Historical Cost	Is this asset replacing a prior asset?
1	A	One wet electrostatic precipitator (29204 square feet of collector plate area)	CD-WESP	004856	413 WESP VOC Ducting/Fan Assembly	Controls particulate matter emissions from ES-DRYER	100%	2019	189,490.16	No
2	A	One wet electrostatic precipitator (29204 square feet of collector plate area)	CD-WESP	003107	Wesp Chamber (made up of many tubes)	Controls particulate matter emissions from ES-DRYER	100%	2016	1,577,501.46	No
3	A	One wet electrostatic precipitator (29204 square feet of collector plate area)	CD-WESP	003105	WESP Foundation	Controls particulate matter emissions from ES-DRYER	100%	2016	1,623,001.93	No
4	A	One wet electrostatic precipitator (29,204 square feet of collector plate area)	CD-WESP	003106	Wesp Inlet Duct (connects to outlet ductwork stack from Cyclone)/Transformers/Centrifuge/Water Tanks/Water Pumps	Controls particulate matter emissions from ES-DRYER and ES-GHM-1 through 3	100%	2016	3,064,282.69	No
5	A	one natural gas/propane-fired regenerative thermal oxidizer (maximum firing rate of 32 million Btu per hour)	CD-RTO	004739	RTO - 17010	Controls VOC emissions from ES-DRYER and ES-GHM-1 through 3	100%	2018	5,960,156.72	No
6	A	one natural gas/propane-fired regenerative thermal oxidizer (maximum firing rate of 32 million Btu per hour)	CD-RTO	various	Propane Tank/ 1500HP MV Variable Frequency Drive	Controls VOC emissions from ES-DRYER and ES-GHM-1 through 3	100%	2018	723,345.25	No
7	A	Two (2) baghouses (377 square feet of filter area, each)	CD-DWH-BH-1 and 2	003058/003059	BagHouse sitting on top of the chain conveyors CC501 and CC 502 to remove dust/steam/other moisture	Baghouses controls particulate matter emissions for ES-DWH-1 and 2	100%	2016	457,806.58	No
8	A	Eight(8) baghouse (2168 square feet of filter area each)	CD-HM-BH 1 through 8	various	Dry Hammer Mill 1-7 Cyclone/Fan/BH Airlock/Reversing Screw/Diverter Gates/Wetting Screw	Baghouse controls particulate matter emissions, but only have 7 baghouses installed, from ES-HM-1 through 8, but only 7 Hammermills installed	100%	2016	2,321,887.47	No
9	A	One baghouse (1,520 square feet of filter area)	CD-PCHP-BH	003233/003405	Fines Bin - Wetting Screw/High Pressure blower system blowing dust to fines bin	Baghouse controls particulate matter emissions from ES-FB	100%	2016	533,345.02	No
10	A	Six (6) simple cyclones (54 inches in diameter) installed one each on the coolers	CD-CLR-1 through 6	various	PM 1&2 /3&4 /5&6 /7&8/9&10/11&12 Asp. System - Pellet Cooler Cyclone/ Duck/Airlock /Fan and Motor	Cyclones control particulate matter emissions from ES-CLR-1 through 6	100%	2016	1,443,610.44	No
11	A	One baghouse (4,842 square feet of filter area)	CD-FPH-BH	003416	Truck Loadout Dust Collection Ductwork /Baghouse /Airlock /Fan	Baghouse controls particulate matter emissions from ES-TLO	100%	2016	343,040.79	No

Total _____

18,237,468.51

DAQ Review Engineer (Print) GREGORY REEVES

Signature: 

Date: 11/29/2020

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Enviva Pellets Sampson LLC in Piney Grove Township, Sampson County, for the year(s) and in the amount(s) of:

Year	<u>2020</u>	\$ <u>111,795.03</u>
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total Release/Adjustment		\$ _____

(60)	County Tax	\$ <u>106,625.32</u>
	School Tax	\$ _____
F24	Fire Tax	\$ <u>5169.71</u>
	City Tax	\$ _____
	Total	\$ <u>111,795.03</u>

The taxes were assessed through clerical error or an illegal tax as follows:

Release Value:
13,924,282

Taxpayer: Enviva Pellets Sampson LLC

Tax Administrator: [Signature]

Board Approved: _____

Date: _____ Initials: _____

PP Detail Values

File Edit Tools Help

Purchase Year	Purchase Amount	Acquisitions	Removals	Percent Good	Depreciated Value
2016	11,364,483	0	0	64	7,273,269
2018	6,683,502	0	0	82	5,480,472
2019	189,490	0	0	90	170,541

Exempt Value

Column	Total
Purchase Amount	18,237,475
Acquisitions	0
Removals	0
Depreciated Value	12,924,282

Search / Filter

Record 1 of 3

QVR

$$\begin{array}{r}
 12,924,282 \\
 \times .825 \\
 \hline
 106,625.32
 \end{array}$$

$$\begin{array}{r}
 12,924,282 \\
 \times .04 \\
 \hline
 5169.71
 \end{array}$$

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9444

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Fred Douglas Best/Edith Best Cox in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2019</u>	\$ <u>110.02</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>110.02</u>

These taxes were assessed through clerical error as follows.

0053199631-2019-2019-0000-00
HBP6628
Tag turned in, sold
2019 Chev TK

G02 County Tax 110.02
School Tax _____
Fire Tax _____
City Tax _____
TOTAL \$ 110.02

Mailing Address.

Edith Best Cox
415 Butler Drive
Clinton, NC 28328

Yours very truly

Edith Best Cox
Taxpayer

Social Security # _____

RECOMMEND APPROVAL:

Jim Johnson
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9437

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Melissa Boney in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2020</u>	\$ <u>344.55</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>344.55</u>

These taxes were assessed through clerical error as follows.

Bill # 0049174229
Plate # X23856
Plate Turn in
2019 Chev. TR

602 County Tax	<u>307.30</u>
School Tax	_____
FL9 Fire Tax	<u>37.25</u>
City Tax	_____
TOTAL \$	<u>344.55</u>

Mailing Address.

104 Boone Rd
Clinton NC 28328

Yours very truly

Melissa Boney
Taxpayer

Social Security # _____

RECOMMEND APPROVAL

Jim Johnson
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9411

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Benjamin J. Coleman in LC Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2020</u>	\$ <u>409.50</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>409.50</u>

These taxes were assessed through clerical error as follows.

DV approved by BofC
08-0594060-01 #105352

Co1	County Tax	<u>371.25</u>
	School Tax	_____
Fi4	Fire Tax	<u>38.25</u>
	City Tax	_____
	TOTAL \$	<u>409.50</u>

Mailing Address.

Benjamin J. Coleman
1620 Dunn Rd
Roseburg, NC 28382

Yours very truly

[Signature]
Taxpayer

Social Security # _____

RECOMMEND APPROVAL:

[Signature]
Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9425

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Reginald Alonzo Thompson Jr. in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR <u>2019</u>	\$ <u>180.18</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL REFUND	\$ <u>180.18</u>

These taxes were assessed through clerical error as follows.

Bill # 0053297342
Plate # YAHHH
payment
Reverse

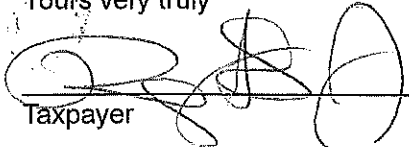
Military
LES on file

G01 County Tax 1103.35
 School Tax _____
 F14 Fire Tax 110.83
 City Tax _____
 TOTAL \$ 180.18

Mailing Address.

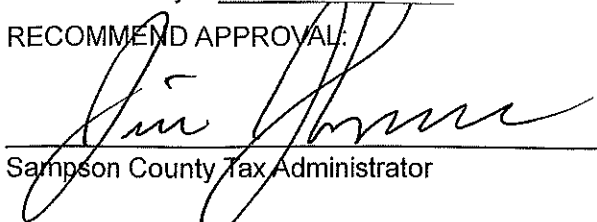
2163 Butler Island Road
Roseboro NC 28382

Yours very truly


Taxpayer

Social Security # _____

RECOMMEND APPROVAL:


Sampson County Tax Administrator

Board Approved _____
Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9423

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Arnulfo Gonzalez + Rita Leon in Mingo Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR		
<u>2019</u>	\$	<u>178.63</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
TOTAL REFUND	\$	<u>178.63</u>

These taxes were assessed through clerical error as follows.

DWide DL here + on
Parcel 10015845520 My
Reval in 2019 -

601	County Tax	<u>159.32</u>
	School Tax	_____
F131	Fire Tax	<u>19.31</u>
	City Tax	_____
	TOTAL \$	<u>178.63</u>

Mailing Address.

Arnulfo Gonzalez Viera
214 Joe Paul Ln
Godwin, NC 28344

Yours very truly

Rita Leon

Taxpayer

Passport

Social Security # _____

RECOMMEND APPROVAL

Jim Johnson
Sampson County Tax Administrator

Board Approved _____

Date

Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

P. O. BOX 1082 - CLINTON, NORTH CAROLINA 28329-1082

9407

JIM JOHNSON
Tax Administrator

Telephone 910-592-8146
910-592-8147

SAMPSON COUNTY BOARD OF COMMISSIONERS
406 COUNTY COMPLEX ROAD, BUILDING C
CLINTON, NORTH CAROLINA 28328

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand refund and remission of taxes assessed and collected by Sampson County against the property owned by Augustine Farms Inc in Franklin Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2020</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Value: # 266,844

Purchase Cost # 296,493.10

TOTAL REFUND

\$ 2366.65

Pd during discount

These taxes were assessed through clerical error as follows.

Acct # 125697

Bill # 1741

PID # 34751

Equipment Picking Machine is a lease taxpayer listed / Lease Co listed #191907 double billed

County Tax 3157.43

School Tax _____

Fire Tax 209.23

City Tax _____

TOTAL \$ 2366.65

Yours very truly

[Signature]
Taxpayer

Federal ID # _____
Social Security # _____

RECOMMEND APPROVAL:

[Signature]
Sampson County Tax Administrator

Mailing Address.

Augustine Farms Inc

213 Wilbur Pridgen Rd.

Harrells, NC 28444

Board Approved _____

Date

Initials

COUNTY OF SAMPSON
 TAX DEPARTMENT
 PO BOX 1082
 CLINTON, NC 28329

COUNTY OF SAMPSON
 NORTH CAROLINA
 (910) 592-8146

01-01-2020

BUSINESS PERSONAL PROPERTY LISTING

FOR DEPARTMENT USE ONLY <input type="checkbox"/>	ACCOUNT NUMBER 125697	TOWNSHIP 03	DISTRICT F09,G01	CITY
1	2	3	4	5
8	B	D	E	F
PPID 0034751 <i>mjd</i>				

BUSINESS NAME AND ADDRESS
 *****AUTO**ALL FOR AADC 283
 8343754 5611-BPL 1629 1 1 2

AUGUSTINE FARMS INC
 213 WILBUR PRIDGEN RD
 HARRELLS NC 28444-8716



RECEIVED
 POSTMARK DATE
 JAN 24 2020
 SAMPSON COUNTY TAX OFFICE

STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC #)
 NAICS CODE
 DATE BUSINESS BEGAN IN THIS COUNTY
 DATE BUSINESS (FISCAL) YEAR ENDS

FILL IN APPLICABLE CIRCLE:
 PARTNERSHIP
 SOLE PROPRIETORSHIP
 UNINCORPORATED ASSOCIATION
 LLC
 CORPORATION
 OTHER (SPECIFY)

OTHER N.C. COUNTIES WHERE PERSONAL PROPERTY IS LOCATED

CONTACT PERSON FOR AUDIT: *William Augustine*
 ADDRESS & PHONE: *910.592.4973*

PHYSICAL ADDRESS
 REAL ESTATE OWNED BY
 WHAT IS PRINCIPAL BUSINESS IN THIS COUNTY
 LOCATION OF ACCOUNTING RECORDS
 NAME IN WHICH BUSINESS WAS LISTED LAST YEAR

FILL IN APPLICABLE CIRCLE: BUSINESS CATEGORY
 RETAIL
 WHOLESALE
 MANUFACTURING
 SERVICE
 LEASING/RENTAL
 FARMING
 OTHER (SPECIFY)

IF OUT OF BUSINESS COMPLETE THIS SECTION
 DATE CEASED
 FILL IN APPLICABLE CIRCLE:
 SOLD
 CLOSED
 BANKRUPT
 OTHER
 SOLD EQUIPMENT, FIXTURES, SUPPLIES TO
 BUYER'S ADDRESS & PHONE:

SCHEDULE A *Val 968,490* PERSONAL PROPERTY - SEE INSTRUCTIONS

YEAR ACQUIRED	GROUP (1) MACHINERY & EQUIPMENT			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2019		<i>413903</i>		<i>413903</i>
2018	14,114			14114
2017	443,414	<i>143,465 Addng error</i>		<i>143465</i>
2016	204,407			<i>204407</i>
2015	463,669	<i>411,369 Addng error</i>		<i>411,369</i>
2014	217,617			<i>217617</i>
2013				
2012	118,118			<i>118118</i>
2011				
2010				
2009				
2008				
2007				
2006				
2005				
2004				
PRIOR	<i>1,109,090</i>			
TOTAL	<i>1,161,339</i>	<i>413903</i>		<i>1,522,993</i>

YEAR ACQUIRED	GROUP (3) OFFICE FURNITURE & FIXTURES			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2019				
2018				
2017				
2016				
2015				
2014				
2013				
PRIOR				
TOTAL				

YEAR ACQUIRED	GROUP (4) COMPUTER EQUIPMENT <i>45/3</i>			
	PRIOR YR. COST	ADDITIONS	DELETIONS	CURR. YR. COST
2019				
2018				
2017				
2016				
PRIOR	624			<i>624</i>
TOTAL	624			<i>624</i>

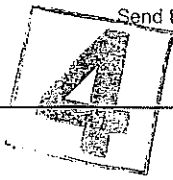
GROUP (2) CONSTRUCTION IN PROGRESS

LIST TOTAL OF ALL PERSONAL PROPERTY EXPENDITURES IN CIP ACCOUNT ON JANUARY 1, BUT NOT INCLUDED ABOVE - ITEMIZE IN SCHEDULE G

TOTAL CIP: \$

Listings due January 31. Extension only by written request or electronic, if filing online.
 County addresses and additional schedules are available at:
<http://www.domc.com/taxes/property/index.html>

DO NOT REMIT THIS FORM TO NC DEPARTMENT OF REVENUE
 Send to Sampson County Tax Administration
 Business Section
 PO Box 1082
 Clinton, NC 28329



1-MN

AV 969,521

561FBPL 11/29/19 PMS 286.485

Personal Property Detail Values

My File Edit Tools Help

Property

ID: 34751 Sequence: 2

Tax year: 2020 AR category: 25 Bill number: 1741

Owner: 125697 AUGUSTINE FARMS INC

Description

Class: BP BUSINESS PERS PROP

Item: BP_MEQP BP_MEQP

Schedule: A10 A10

Purchase information

Year purchased: 2019

Purchased value: 413,903

Acquisitions: 0

Removals: 0

Net value: 413,903

Percent good: 90

Depreciated value: 372,513

7 of 7

OWR

95 - Picking machine - \$ 296,493
 # 96 - Spreader - \$ 14,000
 # 97 - Picking Equipment - \$ 103,410

413,903

296,493 - Value -
 266,844

$266,844 \times .08 = 21,348 / \text{discount } \$ 209.22$
 $266,844 \times .825 = 220,146 / \text{discount } \$ 2157.43$

2414.94 / 2366.65
 Par 12% discount

Sandra Spell

From: Gabe Jarnot <gjarnot@northlandcapital.com>
Sent: Friday, October 2, 2020 11:40 AM
To: Sandra Spell
Cc: Renee Talbot; Customer Service Team
Subject: Information for Property Tax Refund for Augustine Farms, Inc.
Attachments: INV - Augustine Farms, Inc.pdf; INV - Final - Freight - Augustine Farms, Inc.pdf

Hello Sandy. You and I spoke about a week ago in reference to some confusion with a Lessee of ours – Augustine Farms, Inc. located at 213 Wilbur Pridgen Rd Harrels, NC 28444

These two berry harvesters are written on a lease with Northland Capital and therefore, Northland filed the rendition and paid the property tax. The customer also paid property tax on the same equipment and is seeking a refund. In that process, you identified that there was two different values submitted for equipment cost and needed some clarification. Below summarizes the situation.

Lease #19339-001: Augustine Farms, Inc.

- Northland Capital filed a rendition for property tax in the amount of \$154,575 per machine or \$309,150 for both machines.
 - o The correct amount should be for both machines:
 - Equipment Cost less discounts: \$293,817
 - Plus Freight \$ 8,800
 - Total cost to put in service: \$302,617
 - o I have included both invoices to support the numbers

Please let us know if that helps to clarify the situation to be able to process:

1. Refund to Augustine Farms, Inc. for the full amount of property tax paid to Sampson County
2. Refund the overage that Northland Capital paid on the in-correct amount originally filed.

Thank you,

You're Worth More!

Gabe Jarnot, CLFP | SVP Business Development
O: 800-471-2122 | M: 320-260-2360 | [Address](#) file transfer





EQUIPMENT SALE AGREEMENT

This SALES AGREEMENT, is created on 07 October 2019 by and between OXBO INTERNATIONAL CORPORATION (OXBO), a Corporation organized under the laws of the state of Delaware (the "Seller"), and

Customer: BILL AUGUSTINE

Customer Number: 00550376

Quote: QUO-08204-S8X0H6

Address: WINNERS CIRCLE BLUEBERRIES
213 WILBUR PRIDGEN RD
HARRELLS, NC 28444 United States

PO Number:
Phone Number: 910-532-4973

organized under the laws of the State/Province of NC (the "Buyer")

WITNESSETH: That in consideration of the payments hereinafter provided for, and of the terms and conditions hereof Oxbo International Corporation agrees to sell to the Buyer, and the Buyer hereby agrees to purchase from the Seller, the following described equipment owned by Oxbo International Corporation:

Qty	Description	Amount
1	Oxbo 8040 Base, includes operator manual and parts book	
Base	1 Oxbo 8040 Base, includes operator manual and parts book -	\$140,000.00
	1 Standard Rear Decks -	\$0.00
	1 Catcher Rails 4-3/4 Spacing -	\$0.00
	1 Standard Tires, 38x20 -	\$0.00
Options	1 Night Light Option -	\$910.00
	1 Lower Belts, HD Flights & Sideguards -	\$5,900.00
	1 Power Beater Adjust & Hose Kit -	\$1,080.00
Upgrades	1 Positraction -	\$2,935.00
	1 Orbitor Pickling System -	\$3,750.00
Total Configured Price:		\$154,575.00
1	Oxbo 8040 Base, includes operator manual and parts book	
Base	1 Oxbo 8040 Base, includes operator manual and parts book -	\$140,000.00
	1 Standard Rear Decks -	\$0.00
	1 Catcher Rails 4-3/4 Spacing -	\$0.00
	1 Standard Tires, 38x20 -	\$0.00
Options	1 Power Beater Adjust & Hose Kit -	\$1,080.00
	1 Night Light Option -	\$910.00
	1 Lower Belts, HD Flights & Sideguards -	\$5,900.00
Upgrades	1 Orbitor Pickling System -	\$3,750.00
	1 Positraction -	\$2,935.00
Total Configured Price:		\$154,575.00
1	Write in: Used large tires	
	1 Write in: Used large tires -	\$0.00
Total Configured Price:		\$0.00

Payment Terms:	See Terms & Conditions
Terms of Sale:	EXW (Ex-Works)
Factory Ship ready on or before:	3/13/2020
Quote Pricing Expires:	10/4/2019
Other Terms & Conditions:	Harvester secured with a 10% deposit and signed sales agreement. New "Fall Berry Program" 4% discount off 2019 pricing for all orders secured by October 4, 2019. Harvester will be delivered between November 2019 and March 2020. One 8040 will receive a set of slightly used large tires at no charge.
Ship to:	WINNERS CIRCLE BLUEBERRIES WINNERS CIRCLE BLUEBERRIES 213 WILBUR PRIDGEN RD HARRELLS, NC 28444 United States

Total:	\$309,150.00
Trade In:	\$0.00
Sub Total:	\$309,150.00
Discount:	4.0% (\$12,366.00)
TOTAL:	\$296,784.00
Down Payment:	\$29,678.40
Balance Due:	\$267,105.60
Applicable Taxes May Apply	

NOTED REPORTED

we report

MACHINES WERE DISCOUNTED

WORKMAN REPORT IN CORRECTLY



NORTHLAND CAPITAL

NC

Payment Addendum

Payment Addendum for Contract No. 19340-001

This addendum is hereby verified as correct by the Lessee and becomes a part of the lease.

<u>Date</u>	<u>Payment Amount</u> (plus applicable taxes)
Commencement Date	\$29,678.40
5/2020	\$14,839.20
10/2020 thru 10/2025	** \$47,270.00

**Payments are due in consecutive Annual installments.

LESSOR: Northland Capital Financial Services, LLC

LESSEE: William Augustine & Son, Inc.

Ben Keller
 Signature

Operations Manager
 Title

X *William Augustine*
 Signature *William Augustine*

President
 Title

SEND PAYMENTS TO: Oxbo International Corporation, Dept. No. 478, P.O. Box 8000, Buffalo, New York 14267

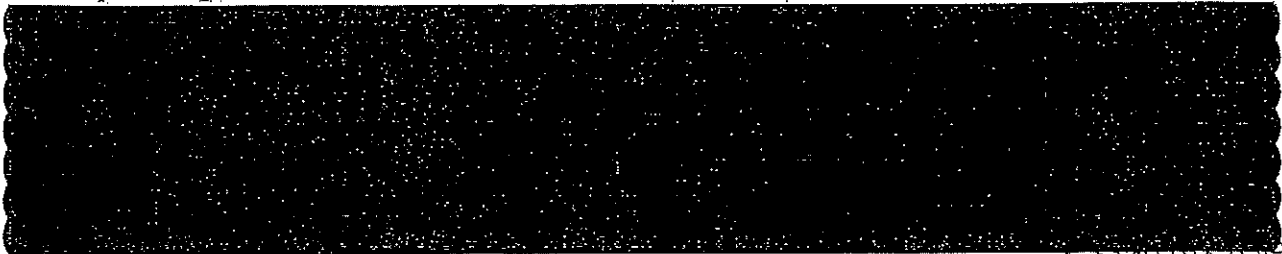
Wire Instructions: Bank Address: M&T Bank, One M&T Plaza, Buffalo, New York 14240 / Swift Code: MANTUS33 / Account Number : 8890225462 / Routing Number: 022000046 / Include: Beneficiary - Oxbo International Corp. & Invoice Number as a Reference

ALL TERMS AND CONDITIONS OF SALE STATED ON THE ATTACHED PAGES ARE A PART OF THIS AGREEMENT. IN WITNESS WHEREOF and acknowledging acceptance and agreement of the foregoing, Seller and Buyer affix their signatures hereto.

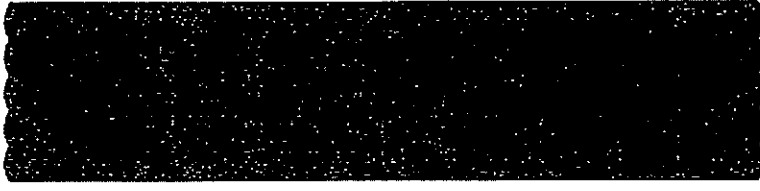
<u>SELLER</u>	Oxbo International Corporation	<u>BUYER</u>	BILL AUGUSTINE
By:	Brian Foote	By:	
Title:		Title:	
Date:	10/7/2019	Date:	

Customer # Customer Location Address
Lease # Asset # Description Serial Number Original Cost Equip Rent Acquired Commencé Terminate Owner

NC21. Sampson County



Lease #	Customer #	Customer Location Address	Asset # Description	Serial Number	Original Cost	Equip Rent	Acquired	Commencé	Terminate	Owner
	19339	DER Augustine Farms, Inc. 213 Wilbur Fridgen Road Harréls, NC 28444								<i>* New for 2019</i>
19339-001			83606 2020 Oxbo 8040 Berry Harv	549950-600063	154,575.00	.00	12/26/19	12/26/19	0/00/00	
19339-001			83607 2020 Oxbo 8040 Berry Harv	549950-600064	154,575.00	.00	12/26/19	12/26/19	0/00/00	
	19340	003 William Angstina & Son Inc. 213 Wilbur Fridgen Road Harréls, NC 28444								<i>* New for 2019</i>
19340-001			83602 2020 Oxbo 8040 Berry Harv	549950-600065	154,575.00	.00	12/26/19	12/26/19	0/00/00	
19340-001			83603 2020 Oxbo 8040 Berry Harv	549950-600066	154,575.00	.00	12/26/19	12/26/19	0/00/00	



26-2729601
 01/01/2019 - 12/31/2019
 Sorted: General - tax link

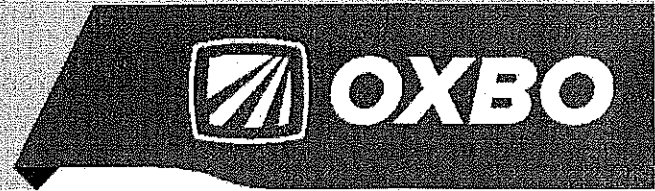
Augustine Farms, Inc. [1040.02]
Depreciation Expense
 Federal
 01/01/2019 - 12/31/2019

3/2/2020
 2:11:40PM

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus/(Cur. Yr. Only)	Salvage/ Basis Adj.	Beg. Accum. Depreciation/(Sec. 179)	Current Depreciation	Total Depreciation/(Sec. 179)
Other Depr #1 - Other Depreciation												
1 - Machinery & Equipment												
63	✓	EQUIPMENT	4/30/2013 M / HY		5.0000	34,137.55	100.0000	0.00	0.00	34,137.55	0.00	34,137.55
64	✓	EQUIPMENT	5/13/2013 M / HY		5.0000	10,478.00	100.0000	0.00	0.00	10,478.00	0.00	10,478.00
61	✓	REFRIGERATIO	5/18/2013 M / HY		5.0000	9,336.12	100.0000	0.00	0.00	9,336.12	0.00	9,336.12
65	✓	REFRIGERATIO	9/9/2013 M / HY		5.0000	33,390.54	100.0000	0.00	0.00	33,390.54	0.00	33,390.54
68	✓	JOHN DEERE R	3/14/2014 M / HY		5.0000	14,952.00	100.0000	0.00	0.00	14,521.38	430.62	14,952.00
67	✓	EQUIPMENT	3/31/2014 M / HY		5.0000	6,326.11	100.0000	0.00	0.00	6,143.92	182.19	6,326.11
69	✓	EQUIPMENT	4/30/2014 M / HY		5.0000	66,351.15	100.0000	0.00	0.00	64,440.24	1,910.91	66,351.15
72	✓	EQUIPMENT	8/31/2014 M / HY		5.0000	20,000.00	100.0000	0.00	0.00	19,424.00	576.00	20,000.00
73	✓	REFRIGERATIO	11/30/2014 M / HY		5.0000	44,726.04	100.0000	0.00	0.00	43,437.93	1,288.11	44,726.04
74	✓	EQUIPMENT	3/31/2015 M / HY		5.0000	12,185.18	100.0000	0.00	0.00	10,079.58	1,403.73	11,483.31
75	✓	EQUIPMENT	5/30/2015 M / HY		5.0000	45,972.00	100.0000	0.00	0.00	38,028.04	5,295.97	43,324.01
76	✓	EQUIPMENT	5/31/2015 M / HY		5.0000	6,560.13	100.0000	0.00	0.00	5,426.54	755.73	6,182.27
77	✓	REFRIGERATIO	6/30/2015 M / HY		5.0000	41,894.14	100.0000	0.00	0.00	34,654.83	4,826.21	39,481.04
80	✓	2 PICKING MAC	6/30/2015 M / HY		5.0000	290,045.50	100.0000	0.00	0.00	239,925.64	33,413.24	273,338.88
78	✓	REFRIGERATIO	8/31/2015 M / HY		5.0000	9,711.95	100.0000	0.00	0.00	8,033.73	1,118.81	9,152.54
79	✓	EQUIPMENT	9/30/2015 M / HY		5.0000	5,000.00	100.0000	0.00	0.00	4,136.00	576.00	4,712.00
81	✓	EQUIPMENT	1/6/2016 M / HY		5.0000	653.24	100.0000	0.00	0.00	465.11	75.25	540.36
82	✓	EQUIPMENT	2/22/2016 M / HY		5.0000	80,000.00	100.0000	0.00	0.00	56,960.00	9,216.00	66,176.00
83	✓	EQUIPMENT	3/3/2016 M / HY		5.0000	13,000.00	100.0000	0.00	0.00	9,256.00	1,497.60	10,753.60
84	✓	EQUIPMENT	3/21/2016 M / HY		5.0000	241.13	100.0000	0.00	0.00	171.69	27.78	199.47
85	✓	REFRIGERATIO	4/27/2016 M / HY		5.0000	9,026.41	100.0000	0.00	0.00	6,426.80	1,039.84	7,466.64
86	✓	REFRIGERATIO	5/16/2016 M / HY		5.0000	5,365.02	100.0000	0.00	0.00	3,819.89	618.05	4,437.94
87	✓	EQUIPMENT	6/30/2016 M / HY		5.0000	49,316.87	100.0000	0.00	0.00	35,113.61	5,681.30	40,794.91
89	✓	EQUIPMENT	9/13/2016 M / HY		5.0000	5,216.89	100.0000	0.00	0.00	3,714.42	600.99	4,315.41
88	✓	PICKING MACH	11/30/2016 M / HY		5.0000	41,599.67	100.0000	0.00	0.00	29,611.85	4,791.13	34,402.98
90	✓	PICKING MACH	6/30/2017 M / HY		5.0000	45,100.00	100.0000	0.00	0.00	23,452.00	8,659.20	32,111.20
91	✓	IRRIGATION EC	6/30/2017 M / HY		5.0000	29,265.00	100.0000	0.00	0.00	15,217.80	5,618.88	20,836.68
92	✓	IRRIGATION EC	6/30/2017 M / HY		5.0000	37,049.66	100.0000	0.00	0.00	19,265.82	7,113.54	26,379.36
93	✓	EQUIPMENT	6/30/2017 M / HY		5.0000	32,050.00	100.0000	0.00	0.00	16,666.00	6,153.60	22,819.60
94	✓	EQUIPMENT	12/31/2018 M / MO		5.0000	14,114.00	100.0000	0.00	0.00	14,114.00	0.00	14,114.00
96	✓	SPREADER	6/30/2019 M / MO		5.0000	3,000.00	100.0000	0.00	0.00	0.00	3,500.00	3,500.00
97	✓	PACKING EQUIP	6/30/2019 M / MO		5.0000	103,410.59	100.0000	0.00	0.00	25,852.65	25,852.65	25,852.65
95	✓	PICKING MACH	10/1/2019 M / MO		5.0000	296,493.10	100.0000	0.00	0.00	0.60	14,824.66	14,824.66
Subtotal: 1 - Machinery & Equipment						3,533,541.06		0.00	0.00	2,916,432.10	147,047.99	3,063,480.09
2 - Buildings												
12		FARM BUILDING	6/30/2009 ME / HY		20.0000	127,685.76	100.0000	0.00	0.00	97,777.94	2,848.36	100,626.30
16		PACKING SHEC	10/1/2009 ME / HY		15.0000	43,728.00	100.0000	0.00	0.00	36,627.25	1,291.05	37,918.30
37		PACKING SHEC	4/1/2011 ME / HY		15.0000	103,710.00	100.0000	0.00	0.00	103,710.00	0.00	103,710.00
27		PACKING SHEC	11/30/2011 ME / HY		15.0000	101,770.00	100.0000	0.00	0.00	101,770.00	0.00	101,770.00
49	✓	GREENHOUSES	1/10/2012 ME / HY		10.0000	102,520.00	100.0000	0.00	0.00	86,840.51	4,479.85	91,320.36
52		WELL	7/6/2012 MSL / HY		15.0000	18,500.00	100.0000	0.00	0.00	13,258.35	616.66	13,875.01
50		PACKING HOUR	8/21/2012 ME / HY		20.0000	120,320.00	100.0000	0.00	0.00	84,049.05	2,720.32	86,769.37
51	✓	GREENHOUSE	8/26/2012 ME / HY		10.0000	15,502.11	100.0000	0.00	0.00	13,131.21	677.40	13,808.61
59	✓	GREENHOUSE	4/30/2013 ME / HY		10.0000	159,500.65	100.0000	0.00	0.00	128,136.75	6,969.76	135,106.51

Oxbo International
 100 Bean Street
 Clear Lake, WI 54005

T 715.263.2112
 F 715.263.3324



Invoice:	K89541
Invoice Date:	11/26/19

Sold to: Northland Capital Financial Services LLC 333 33 rd Ave South St. Cloud, MN 56301	Ship to: Augustine Farms Inc. 213 Wilbur Pridgen Rd Harrells, NC 28444
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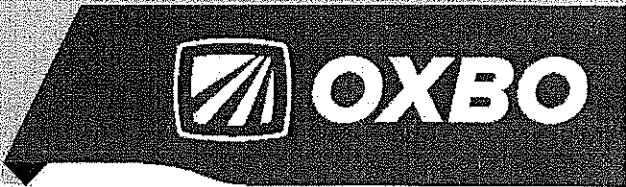
Credit Terms	Balance due prior to delivery
Purchase Order	None
FOB Point	Factory

Qty	Model	Description	Unit Price	Ext Price
1	Oxbo	2020 8040 Harvester, s/n 549950-600063	\$154,575.00	\$154,575.00
1	Oxbo	2020 8040 Harvester, s/n 549950-600064	\$154,575.00	\$154,575.00
-2		Berry Discount	-\$6,183.00	-\$12,366.00
-1		Berry Discount	-\$2,967.00	-\$2,967.00
-1		Deposit Received, Check #40974	-\$2,938.17	-\$2,938.17
-1		Deposit Received, Check #40892	-\$26,443.53	-\$26,443.53
TOTAL DUE OXBO INTERNATIONAL			USD	\$ 264,435.30

Remit to:
OXBO International DEPT NO. 478 PO BOX 8000 BUFFALO, NY 14267

Oxbo International
 100 Bean Street
 Clear Lake, WI 54005

T 715.263.2112
 F 715.263.3324



Invoice:	551565
Invoice Date:	3/16/2020

Sold to: Northland Capital Financial Services LLC 333 33 rd Ave South St. Cloud, MN 56301	Ship to: Bill Augustine 213 Wilbur Pridgen Rd Harrells, NC 28444
--	---

Credit Terms	Net 10 Days
Purchase Order	None
FOB Point	Factory

Qty	Model	Description	Unit Price	Ext Price
2	Oxbo	Shipping Charges:	\$4,400.00	\$8,800.00
		2020 8040 Berry Harvester, S/n 549950-600063		
		2020 8040 Berry Harvester, S/n 549950-600064		
TOTAL DUE OXBO INTERNATIONAL			USD	\$ 8,800.00

Remit to:
OXBO International DEPT NO. 478 PO BOX 8000 BUFFALO, NY 14267

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Blanca Estela Velasquez Vera in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

Year		
<u>2020</u>	\$	<u>136.13</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total Release/Adjustment	\$	_____
		<u>LL</u>
601 County Tax	\$	<u>66.08 / 6.61</u>
School Tax	\$	_____
Fire Tax	\$	_____
CO4 City Tax	\$	<u>57.67 / 5.77</u>
Total	\$	<u>136.13</u>

The taxes were assessed through clerical error or an illegal tax as follows:

*Double Billed on Account 65704
Singlewide Mobile Home*

Taxpayer: Blanca Estela Velasquez Vera

Tax Administrator: *[Signature]*

Board Approved: _____

Date _____ Initials _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by James Alexander Matthews in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

Year		\$	
	<u>2020</u>	\$	<u>265.57</u>
		\$	
		\$	
		\$	
		\$	
		\$	
Total Release/Adjustment		\$	<u>265.57</u>

<u>601</u>	County Tax	\$	<u>215.33 / 21.53 LL</u>
	School Tax	\$	_____
<u>716</u>	Fire Tax	\$	<u>26.10 / 2.61 LL</u>
	City Tax	\$	_____
	Total	\$	<u>265.57</u>

The taxes were assessed through clerical error or an illegal tax as follows:

Acct # 119302

Boat was billed twice
on same account.

Taxpayer:

James Alexander Matthews

Tax Administrator:

Jim [Signature]

Board Approved:

_____ Date

_____ Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Timothy Allen Mitchell in Belvoir Township, Sampson County, for the year(s) and in the amount(s) of:

Year		\$	
	<u>2020</u>	\$	<u>220.94</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
Total Release/Adjustment		\$	<u>220.94</u>

<u>601</u> County Tax	\$	<u>154.86</u>		<u>15.49</u>	LL
<u>501</u> School Tax	\$	<u>27.22</u>		<u>2.72</u>	LL
<u>F19</u> Fire Tax	\$	<u>18.77</u>		<u>1.88</u>	LL
City Tax	\$	_____			
Total	\$	<u>220.94</u>			

The taxes were assessed through clerical error or an illegal tax as follows:

Double Billed - listed under 2 different names.
wifes acct # 203623
2016 Sex Hunt Boat

Taxpayer:

Timothy Allen Mitchell

Tax Administrator:

Jeri Green

Board Approved:

_____ Date

_____ Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Eddie Honeycutt in Dismal Township, Sampson County, for the year(s) and in the amount(s) of:

Year	
<u>2020</u>	\$ <u>247.50</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Release/Adjustment	\$ _____

601 County Tax	\$ <u>202.87 / ⁴⁶20.29</u>
School Tax	\$ _____
F20 Fire Tax	\$ <u>22.13 / ⁴2.21</u>
City Tax	\$ _____
Total	\$ <u>247.50</u>

The taxes were assessed through clerical error or an illegal tax as follows:

Mobile Home was sold 8/1/19

Taxpayer: Eddie Honeycutt
Tax Administrator: Joe Janner
Board Approved: _____
Date: _____ Initials: _____

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed

by Sampson County against the property owned by Paula Cristela Acosta Zuniga

in S. Clinton Township, Sampson County, for the year(s) and in the

amount(s) of:

Year	<u>2020</u>	\$	<u>146.71</u>
		\$	
		\$	
		\$	
		\$	
Total Release/Adjustment		\$	<u>146.71</u>
	<u>601 -</u> County Tax	\$	<u>130.85</u>
	School Tax	\$	
	<u>F23 -</u> Fire Tax	\$	<u>15.86</u>
	City Tax	\$	
	Total	\$	<u>146.71</u>

The taxes were assessed through clerical error or an illegal tax as follows:

*Dw changed title in 2019 + tax office not notified until 10/2020 -
Now billed on acct 207944 - (SIA)*

Taxpayer: Paula Cristela Acosta Zuniga

Tax Administrator: [Signature]

Board Approved: _____
Date Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Gary Royal

in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

Year	
<u>2020</u>	\$ <u>150.12</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Release/Adjustment	\$ <u>150.12</u>

601 County Tax	\$ <u>136.09</u>
School Tax	\$ _____
F14 Fire Tax	\$ <u>14.03</u>
City Tax	\$ _____
Total	\$ <u>150.12</u>

The taxes were assessed through clerical error or an illegal tax as follows:

Double Billed, 2005 Bort

Taxpayer:

Gary Royal

Tax Administrator:

Jim Green

Board Approved:

Date

Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Charlie Royal

in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

Year	
<u>2020</u>	\$ <u>115.31</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Release/Adjustment	\$ _____

601 County Tax	\$ <u>104.54</u>
School Tax	\$ _____
F15 Fire Tax	\$ <u>10.77</u>
City Tax	\$ _____
Total	\$ <u>115.31</u>

The taxes were assessed through clerical error or an illegal tax as follows:

Billed under business also, Same Account Number
 1998 14x70 Singlewide
 2000 14x70 Singlewide
 Account 198471

Taxpayer: _____

Charlie Royal

Tax Administrator: _____

Jai Johnson

Board Approved: _____

Date

Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Stuart Blount

in _____ Township, Sampson County, for the year(s) and in the amount(s) of:

Year	<u>2020</u>	\$ <u>342.38</u>
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total Release/Adjustment		\$ _____

601 County Tax	\$ <u>187.44 / ^u18.74</u>
501 School Tax	\$ <u>32.94 / ^u3.29</u>
Fire Tax	\$ _____
002 City Tax	\$ <u>90.88 / ^u9.09</u>
Total	\$ <u>342.38</u>

The taxes were assessed through clerical error or an illegal tax as follows:

Billed in Craven County
 2013 Sea Fox Boat
 Account # 203462

Taxpayer:

Stuart Blount

Tax Administrator:

Jim Johnson

Board Approved:

_____ Date

_____ Initials

OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR

Members:

Pursuant to North Carolina G. S. 105-381, I hereby demand a release and adjustment of taxes assessed by Sampson County against the property owned by Roy C Kelly in NC Township, Sampson County, for the year(s) and in the amount(s) of:

Year	<u>2020</u>	\$	<u>443.72</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
Total Release/Adjustment		\$	_____

RE error rebilled released OA.

601	County Tax	\$	<u>352.06</u>	
501	School Tax	\$	<u>61.88</u>	
F10	Fire Tax	\$	<u>27.48</u>	92%
F19	City Tax	\$	<u>2.30</u>	8%
	Total	\$	<u>443.72</u>	

12-0569921-02

The taxes were assessed through clerical error or an illegal tax as follows:

166926

Taxpayer:

Roy C. Kelly

Tax Administrator:

Jim Jones

Board Approved:

Date Initials

COUNTY OF SAMPSON
BUDGET AMENDMENT

28 October 2020

MEMO

TO: Sampson County Board of Commissioners

FROM: Ray Jordan, CVB Treasurer

VIA: County Manager and Finance Officer

SUBJECT: Budget Amendment for Fiscal Year: 2020-2021

It is requested that the budget for the **Sampson County Convention & Visitors Bureau** be amended as follows:

EXPENDITURE

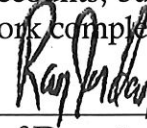
<u>Code Number (ORG-OBJ)</u>	<u>Description</u>	<u>INCREASE</u>	<u>DECREASE</u>
84761800-537000	Advertising and Marketing		\$13,000

REVENUE

<u>Code Number (ORG-OBJ)</u>	<u>Description</u>	<u>INCREASE</u>	<u>DECREASE</u>
84036180-408900	Miscellaneous Revenue		\$13,000

Reason(s) for the above request is/are as follows:

This miscellaneous revenue is from the Visit NC Marketing Credit Program Grant. Visit NC created a stimulus recover program for tourism marketing to help DMO's suffering due to losses due to COVID and has had a negative impact due to tourism marketing efforts. This Grant Funding must be used in tourism promotion. There was a budget amendment approved to increase these accounts, but the grant was a "credit based" grant, so no funding will come to us, only credits for the work completed.




Signature of Department Head

ENDORSEMENT


1. Forwarded, recommending approval/disapproval. 

Date: 11/20/2020



(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval. 

Date: _____



(County Manager & Budget Officer)

(Date of approval/disapproval by B.O.C)

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: Sheriff Jimmy Thornton

2-Nov-20

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the Sheriff Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11243100-581000	Transfer to State Agency (Weapon)	20,000.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11034310-404115	Concealed Weapons Fee	20,000.00	

2. Reason(s) for the above request is/are as follows:

Due to an influx of concealed carry permits being processed at a higher than normal rate



(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20²⁰



(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____



(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

11/10/20

FROM: Brad Hardison

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for Fiscal Year 2020-2021

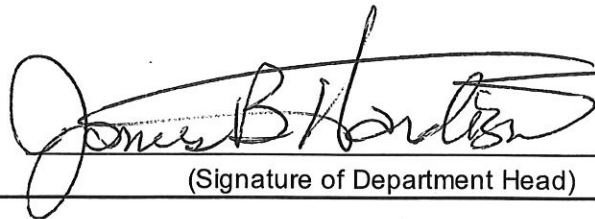
1. It is requested that the budget for the Cooperative Extension Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11449500-526200	DEPARTMENTAL SUPPLIES	3675.00	
11449500-529900	MISC EXPENSES	3400.00	
11449500-531100	TRAVEL	450.00	
11449500-532100	TELEPHONE & POSTAGE	800.00	
11449500-535200	MAINTENANCE/REPAIR EQUIPMENT	2000.00	
11449500-541000	RENTAL FEES-BUILDINGS	625.00	
11449500-544000	CONTRACTED SERVICES	2000.00	
11449500-545000	INSURANCE & BONDS	500.00	
11449500-549100	DUES & SUBSCRIPTIONS	300.00	
11449500-535100	MAINTENANCE/REPAIR BUILDINGS & GROU	8855.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11034950-408900	MISCELLANEOUS REVENUE	22,605.00	

2. Reason(s) for the above request is/are as follows:


LIVESTOCK FACILITY FUNDS RECEIVED FROM THE DISSOLVING OF THE SAMPSON COUNTY CATTLEMENS CORPORATION


 (Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 2020


 (County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____


 (County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

COUNTY OF SAMPSON
BUDGET AMENDMENT

12 November 2020

MEMO

TO: Sampson County Board of Commissioners

FROM: Ray Jordan, CVB Treasurer

VIA: County Manager and Finance Officer

SUBJECT: Budget Amendment for Fiscal Year: 2020-2021

It is requested that the budget for the **Sampson County Convention & Visitors Bureau** be amended as follows:

EXPENDITURE

<u>Code Number (ORG-OBJ)</u>	<u>Description</u>	<u>INCREASE</u>	<u>DECREASE</u>
84761800-537000	Advertising and Marketing	\$8,356.31	
84761800-544000	Contracted Services	\$2393.69	

REVENUE

<u>Code Number (ORG-OBJ)</u>	<u>Description</u>	<u>INCREASE</u>	<u>DECREASE</u>
84036180-408900	Miscellaneous Revenue	\$10,750.00- 10,749.00	

Reason(s) for the above request is/are as follows:

This miscellaneous revenue is from the NC Tourism Promotion Grant, Phase 2. As part of House Bill 1023, the NC General Assembly appropriated funds to help eligible DMO's to market their destinations due to revenue loss. This Grant Funding must be used in tourism promotion.



Signature of Department Head

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

Date: 11/20/2020



(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

Date: _____



(County Manager & Budget Officer)

(Date of approval/disapproval by B. O. C)

20-21-06

COUNTY OF SAMPSON
BUDGET AMENDMENT

MEMO:

FROM: Sarah W. Bradshaw

19-Nov-20

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

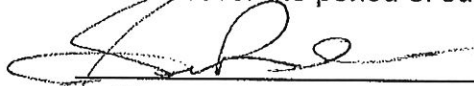
SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the Social Services Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
13553770-568405	Foster Care Basic Needs	\$22,100	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
13535310-408900	Miscellaneous Revenue	\$22,100.00	

2. Reason(s) for the above request is/are as follows: New CARES ACT funding received from the State to cover monthly stipends for foster children. These funds cover the period of July - Sept.



(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

11/20, 2020



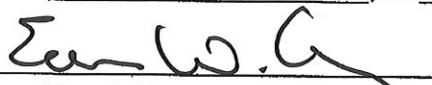
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____

Date of approval/disapproval by B.O.C.



(County Manager & Budget Officer)

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: David K. Clack, Finance Officer
 TO: Sampson County Board of Commissioners
 VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the Johnston County Interconnect Capital project be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
67981800-519500	Engineering	385,000.00	
67981800-519900	Other professional services	50,000.00	
67981800-509700	Contingency	247,500.00	
67981800-558100	Construction costs	2,465,500.00	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
67038180-409100	Loan proceeds	3,148,000.00	

2. Reason(s) for the above request is/are as follows:
 To increase budget to provide funds for phase 2 of the project.



 (Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 2020



 (County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____



 (County Manager & Budget Officer)

 Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: David K. Clack, Finance Officer
 TO: Sampson County Board of Commissioners
 VIA: County Manager & Finance Officer
 SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the Public Buildings Department be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11142600-535100	Maint repair buildings and grounds	100,000.00	
21142600-582097	Transfer to general fund	100,000.00	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034260-409619	Transfer from capital reserve	100,000.00	
21034260-409900	Fund balance appropriated	100,000.00	

2. Reason(s) for the above request is/are as follows:

To transfer funds from County building capital reserve to replace HVAC system in Administration Building.




 (Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 11/20, 2020



 (County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____



 (County Manager & Budget Officer)

 Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: Rosemarie Oates, Director, SAT

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the Transportation Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
16145000-535300	MAINT/REPAIR VEHICLES	89,841.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
16134500-403611	DHHS CARES ACT	89,841.00	

2. Reason(s) for the above request is/are as follows:

ALLOCATE FUNDS FOR DHHS CARES ACT--TO BE USED FOR SAT OPERATIONS

Rosemarie Oates Mobley
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

11/20, 2020

[Signature]
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____

[Signature]
(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

11/17/2020

MEMO:

FROM: SAMPSON COUNTY HEALTH DEPARTMENT

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the IMMUNIZATIONS Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12551600-512100	SALARIES	9,383.00	
12551600-518100	FICA	582.00	
12551600-518120	MEDICARE FICA	137.00	
12551600-518200	RETIREMENT	710.00	
12551600-518300	GROUP INSURANCE	1,610.00	
12551600-518400	DENTAL INSURANCE	59.00	
12551600-518901	401K	705.00	
12551600-523902	MEDICAL SERVICE PVT VACCINES	7,230.00	
12551600-526201	DEPARTMENT SUPPLIES EQUIPMENT	13,000.00	
12551600-526200	DEPARTMENT SUPPLIES	50.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
12535160-404000	STATE ASSISTANCE	33,466.00	

2. Reason(s) for the above request is/are as follows:

TO MOVE FUNDS TO COVER FLU VACCINE ADVERTISING PER AGREEMENT ADDENDUM

Wanda Fabian

(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

11/20, 2020

[Signature]
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

20

[Signature]
(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

October 19, 2020

FROM: Lorie Sutton, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the AGING Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558800-526200	Nutrition - Dept Supplies	\$ 4,950.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035880-408900	Nutrition - Misc Revenue	\$ 4,950.00	

2. Reason(s) for the above request is/are as follows:

To budget funding received from Meals on Wheels North Carolina through a grant received from BC/BS to be used for COVID-19 related expenses/needs.

Lorie B Sutton
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

11/20, 2020
[Signature]
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____
[Signature]
(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

November 2, 2020

FROM: Lorie Sutton, Director of Aging

Date

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the AGING Department
be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558670-526200	Home Repairs - Dept Supplies	\$ 162.00	
02558670-526201	Home Repairs - Dept Supplies - Equipment	\$ 3,144.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035867-408900	Home Repairs - Misc Revenue	\$ 3,306.00	

2. Reason(s) for the above request is/are as follows:
Increase revenue needed to purchase supplies for the Home Repairs/Urgent Repair programs.

Lorie B Sutton
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

11/20, 2020

Paul D. Clegg
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____

Sam W. C.
(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

November 12, 2020

Date

FROM: Lorie Sutton, Director of Aging

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2019-2020

1. It is requested that the budget for the AGING Department
be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02558680-526200	SENIOR CENTER - DEPT SUPPLIES	\$ 2,175.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
02035868-408401	SENIOR CENTER - DONATIONS	\$ 2,175.00	

2. Reason(s) for the above request is/are as follows:

To budget donation made to Garland Senior Center from the NC Commission of Indian Affairs.

Lorie B Sutton
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

11/20, 2020

M. Neal
(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____

Sam W. C.
(County Manager & Budget Officer)

Date of approval/disapproval by B.O.C.

**COUNTY OF SAMPSON
BUDGET AMENDMENT**

MEMO:

FROM: Johnnie Pippin

TO: Sampson County Board of Commissioners

VIA: County Manager & Finance Officer

SUBJECT: Budget Amendment for fiscal year 2020-2021

1. It is requested that the budget for the Library Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11761100-544200	Cultural Programming	\$800.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
11036110-408900	Misc. Revenue	\$800.00	

2. Reason(s) for the above request is/are as follows:

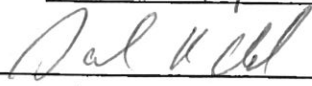
To budget for Grassroots Grant to have DLW Storyteller series virtual event at SCPL.



(Signature of Department Head) 11.17.2020

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

11/20, 2020


(County Finance Officer)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

_____, 20____


(County Manager & Budget Officer)

Date of approval/disapproval by B O C

To: Mr. Edwin Causey
County Manager

Susan Holder
Assistant County Manager

From: Wanda Robinson
Health Director

Subject: Health Department Consent Agenda Items

Date: November 23, 2020

Attached are items approved by the Health Advisory Committee on November 16, 2020 and is being submitted for approval by the county commissioners.

- I. Annual Policy and Procedures Reviews:
 - a. Electronic Health Imaging Policy
 - b. Advisory Committee Operating Policy
 - c. Advisory Committee Conflict of Interest Policy
 - d. Sampson County Health Department Fiscal Policy

- II. Immunization Agreement Addendum 715 Funding- \$33,466: Funding will be used to enhance and adapt Influenza activities and to implement innovative local solutions to achieve increased vaccination coverage during the COVID-19 pandemic.

Attachments:

- a. Electronic Health Imaging Policy (2 signature sheets for Chair to sign)
- b. Advisory Committee Operating Policy (2 signature sheets for Chair to sign)
- c. Advisory Committee Conflict of Interest Policy (2 signature sheets for Chair to sign)
- d. Sampson County Health Department Fiscal Policy (2 signature sheets for Chair to sign)

Sampson County Health Department

**Electronic Health Records
And Imaging
Policy & Procedures**

SAMPSON COUNTY HEALTH DEPARTMENT
Electronic Health Records Policy and Procedure: Year 2020

Manual: Medical Records Policy	<u>Applicable Signatures/Title</u>
Title: Electronic Health Records and Imaging Policy and Procedures	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy	Supervisor: Sally DeMay
<input type="checkbox"/> Program Procedure:	Director of Nursing: Kelly Parrish
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Timothy Smith
<input type="checkbox"/> Personnel/Fiscal Policy	Health Director: Wanda Robinson
Distributed to: All Staff (Except EH staff)	Commissioners Board Chair: Clark Wooten
	Health Advisory Board Chair: Jacqueline Howard
	Effective Date: 12/01/2020
Adopted 3/20/2017	Supersedes: 08/01/2019

Review/Revision Date: 06/01/19, 08/01/19, 12/05/2019, 12/01/2020

 Medical Director

 Date

 Health Director

 Date

 Nursing Director

 Date

 IT Director

 Date

 Medical Records Supervisor

 Date

Sampson County Health Department Electronic Health Record Imaging Program Policy Review & Revision Form				
Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
	12/06/2019	Medical Director Change	M. Copeland	12/06/2019
10/2020			S. DeMay	

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SAMPSPON COUNTY HEALTH DEPARTMENT
Electronic Medical Records and Imaging Policy and Procedure: Year 2020

Manual/Program: Medical Records Policy	Applicable Signatures/Title
Title: Electronic Medical Records and Imaging Policy and Procedures	Program Coordinator/Specialist: N/A
Program Policy:	Supervisor: Sally DeMay
Program Procedure:	Director of Nursing: Kelly Parrish
X Management/Department-wide Policy	Medical Director: Dr. Timothy Smith
Personnel/Fiscal Policy	Health Director: Wanda Robinson
Distributed to: All Staff (Except EH staff)	Board of Health Chair: Clark Wooten
	Health Advisory Board Chair: Jacqueline Howard
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Purpose:

1. The records covered by this policy are in the custody of SCHD and are maintained for the benefit of agency use in delivering medical services and in documenting medical agency operations. This electronic medical records policy reflects guidelines set in the North Carolina Department of Natural and Cultural Resources publication, *Guidelines for Managing Trustworthy Digital Public Records*, see appendix A. Complying with this policy will increase the reliability and accuracy of medical records stored in information technology systems, and will ensure that they remain accessible over time. Exhibiting compliance with this policy will enhance medical records' admissibility and acceptance by the judicial system as being trustworthy.
2. All public records as defined by North Carolina G.S. § 132.1 and all medical records as defined by North Carolina G.S. § 130A-45.8 are covered by this policy. This includes permanent and non-permanent, and confidential and non-confidential records. These classifications may warrant different treatments when processing the records. This policy serves as basic documentation of the procedures followed by the department in imaging, indexing, auditing, backing up and purging electronic medical records in accordance with the disposition schedule, and in handling the original paper medical record, if applicable.
3. This policy also serves to protect those medical records digitized by the agency into Outside Vender's imaging system which reduces required storage space for original documents as the SCHD transitions to a "paperless" digital medical records system, and provides instant and simultaneous access to documents as needed.
4. The form provided in Section 8 of this document, *Request for Disposal of Original Records Duplicated by Electronic Means*, see Appendix B, is completed and submitted to the Department of Natural and Cultural Resources whenever this agency wishes to dispose of a new series of paper medical records that have been digitized.

5. This policy will supersede any electronic medical records imaging system policy previously adopted. This policy will be reevaluated at a minimum of every year, or upon the implementation of a new information technology system, and will be updated as required. A copy of this policy will remain on file at the Department of Natural and Cultural Resources.

DEFINITIONS:

1. Medical Records refers to both paper and electronic versions of the client's medical record.

APPLICABLE LAWS, RULES AND REGULATIONS:

North Carolina G.S. § 132.1

North Carolina G.S. § 130A-45.8

North Carolina G.S. § 132-6.1

Records Retention and Disposition Schedule for Local Health Departments published by Division of Archives and History 03/01/2019

RESPONSIBLE PARTIES:

Health Director, SCHD Health Department IT department, Record creators, any and all staff involved in scanning health information, filing and disposition of original scanned document.

PROCEDURES:

Sampson County Health Department Staff Responsibilities Identified:

1. Health Director responsibilities include:
 - A. Selects the Electronic and Imaging System
 - B. Determines who has access rights to Electronic and Imaging System (Outside Vender)
 - C. Selects the Super Users for Outside Vender
 - D. Approves system as configured by IT
2. Managerial Staff responsibilities include:
 - A. Training of records creators on equipment and software
 - B. Biannual auditing imaged records for accuracy, readability, and reproduction capabilities
 - C. Coordinate interactions between SCHD and the Department of Natural and Cultural Resources in preparing an inclusive inventory of and schedule for records in SCHD custody and establishing a time period for the retention and disposal of each record series.
 - D. In cooperation with the Department of Natural and Cultural Resources, establishing and maintaining a program for the selection and preservation of agency records considered essential to the operation of government and to the protection of the rights and interest of citizens.

- E. Reviewing system records annually and purging records in accordance with the retention schedule.
3. IT Department responsibilities include:
- A. Installing and maintaining equipment and software
 - B. Creating passwords for computers that are long, complex and frequently changed
 - C. Maintaining documentation of system hardware and software
 - D. Providing backups for system records and recovering deleted imaged records when necessary
 - E. Completing a disaster recovery backup at least once every two years.
 - F. Establishing audit trails that document actions taken on records stored by the information technology system.
4. Super Users responsibilities include:
- A. Creating Custom Forms in Outside Vender
 - B. Providing training on Outside Vender equipment and software, documenting such training, and providing remedial training as needed.
5. Record Creators responsibilities include:
- A. Attending and signing off on training conducted by IT staff, Outside Vender, Managerial and Super User staff of SCHD.
 - B. Creating passwords for computers that are long, complex and frequently changed.
 - C. Creating and managing electronic medical records in their purview in accordance with these polices and other guidance issued by the Department of Natural and Cultural Resources, and complying with all Health Department security policies.
 - D. Carrying out day-to day- processes associated with the SCHD imaging program, including:
 - 1. Designating records to be entered into the imaging system
 - 2. Noting confidential information or otherwise protected medical records and fields
 - 3. Removing transient records
 - 4. Completing indexing guide form for each record being scanned
 - 5. Reviewing images and indexing for quality assurance
 - 6. Naming and storing the scanned images in designated folders
 - 7. Once approved, destroying or otherwise disposing of original records in accordance with guidance issued by the Department of Natural and Cultural Resources

AVAILABILITY OF SYSTEM AND RECORDS FOR OUTSIDE INSPECTIONS:

- 1. SCHD recognizes that the judicial system may request pretrial discovery of the information technology system used to produce medical records. Agency personnel will honor request subpoenas for outside inspection of the system and testing of data by opposing parties, the court, and government representative for the full period required by law and approved records retention schedules, regardless of the life expectancy of the media on which the records are stored. Medical Records must continue to exist when litigation, government investigation, or audit is pending or imminent, or if a court order

may prohibit specified medical records from being destroyed or otherwise rendered unavailable.

2. In order to lay a proper foundation for the purpose of admitting the SCHD electronic medical records into evidence the SCHD will be able to provide up-to-date, detailed documentation that describes the procedural controls employed in producing medical records; procedures for input control including tests used to assure accuracy and reliability; and evidence of the records' chain of custody. In addition to this policy, such documentation includes:
 - A. Procedural manuals
 - B. System documentation
 - C. Training documentation
 - D. Audit documentation
 - E. Audit trails
3. SCHD will honor inspection and copy requests pursuant to North Carolina § 132. The agency should produce the medical records in the order they were created and used in the course of business, and in the format in which they were created, unless otherwise specified by the requesting party. However, the agency should produce the records in any format it is capable of producing if asked by the requesting party. If it is necessary to separate confidential from non-confidential information in order to permit the inspection or copying of the public records, SCHD will bear the cost of such separation.

MAINTENANCE OF TRUSTWORTHY ELECTRONIC RECORDS:

Produced by Methods that Ensure Accuracy:

1. All platforms used the SCHD to create and manage electronic medical records, cloud computing platforms conform to all Department of Natural and Cultural Resources' policies and all applicable security policies.
2. Electronic files are named in accordance with the *Best Practices for File Naming* published by the Department of Natural and Cultural Resources. SCHD has an "Approved Abbreviation List" from the Quality Assurance, Quality Improvement and Management Teams for use in documentation.
3. Files are created with the use of Microsoft Word, and PDF format based on the need or requirements for each program/clinic within the SCHD and are maintained in each patient's EHR.
4. Forms and documents are maintained in the Document Manager Folders and sub-folders in each patient's EHR.
5. Patient's EHR shows all clinic visits, appointments, provider notes, labs and test results, identification, registration/eligibility. Microsoft Word is utilized with clinic documentation and registration and saved identifying the person creating the file.
6. Patient's scanned forms/documents are found in the Document Manager with named folders and sub-folders. All scanned forms/documents are in PDF format:

- A. In-house and State Lab results
 - B. Test Results and Reports from other facilities
 - C. Identification
 - D. Consents not created in Outside Vender.
 - E. Referrals
 - F. Authorizations
 - G. Existing Paper Medical Records
7. The security of files rest with Outside Vender security management cloud computing and SCHD staff creating and viewing the record.
 8. Retention and disposition of medical records will follow the North Carolina State Archives Retention and Disposition Schedule. SCHD will send a Request for Disposal of Original Records Duplicated by Electronic Means and no longer needed (Example: scanned paper records). This form will be completed on a quarterly basis after all scheduled bi-annual medical records reviews and scanned documentation reviews are completed, signed by the requestor, the requestor's supervisor and dated. The form will be sent to the North Carolina State Archives, Government Records Section. Fax number 919-715-3627 or records@ncdcr.gov, State Courier 51-81-20.
 9. SCHD staff has the capability of emailing each other regarding patient care needs or follow up securely within Outside Vender. Outside Vender enables email correspondence to be tracked or audited.
 10. Patient Portal allows Patients 24 access to their medical record, lab results, edit demographics and secure communication with providers through email with-in the patient portal.
 11. In the event of a power outage or internet outage, all departments will convert to paper medical record system. When system is available staff that completed services for clients will key or scan the paper information into Outside Vender within 2 working days. Paper information will be stored in the Hold box within Medical Records until information has been keyed.
 12. Outside Vender will notify SCHD of any necessary planned down time in advance to allow for agency to revert to paper system during the planned down time.
 13. Outsourced scanning of paper medical records being handled by CST Data using the following processes:
 - A. Document preparation is performed by unpacking contents of boxed files to prepare for scanning.
 - B. Scanning preparation involves:
 - i. Inserting document break sheets and identifying index of information
 - ii. Removing staples, taping as needed
 - iii. Correcting creases and folds.
 - C. Prepped records goes back into the same box.
 - D. Prep log is created for each box that includes:
 - i. Person's name that prepped box
 - ii. Date prepped
 - iii. Box tracking number

- iv. Prep Time
- E. Scanning Process:
 - i. Job set up in PaperVision Capture software according to specification sheet
 - ii. Index fields are properly mapped and scanning parameters are adjusted to obtain optimum clarity of finished product
 - iii. Scanner takes care each document properly breaks and there are no double feeds.
 - iv. Scan jobs are set for 600mb of data
 - v. Scan Disc holds 700 mg to accommodate overruns and to ensure that a full box's contents are contained on that CD.
 - vi. Completed scanned data groups entered into scan log that includes:
 - a. Scanner
 - b. Data group of scanned boxes
 - c. Date scanned
 - d. Number of documents scanned
 - e. Settings
 - f. Comments if any
- F. Quality Control is the next process Utilizing Digitech Systems QC Flow software:
 - i. Each image is viewed via thumbnail screen
 - ii. Images evaluated for:
 - a. Quality of scan
 - b. Blank backs
 - c. Bleed through documents (manually evaluated and deleted)
 - d. Double feeds
 - e. Poorer document breaks
 - iii. Post processed Predefined scanner settings are performed to:
 - a. Automatically crop pages
 - b. Deskews
 - c. Remove black borders
 - d. Cleans up lines to give images "finished" look
- G. Indexing process occurs in various ways:
 - i. If there is not a database that corresponds to the required index fields, the index values are manually entered at each document break.
 - ii. Database exist, processed either through barcode program and index fields populate at time of scanning or
 - iii. Indexer manually enter one or two unique identifiers and runs a match a merge program to populate the remaining values from supplied database.
 - iv. Completed data group manually verified against index values to assure each index corresponds to the correct group of images.
 - v. Index logs:
 - a. Tracks the data group by number
 - b. Scanner
 - c. Date

- d. Name of person who performed each process.
- H. Job is electronically and digitally complete at this point.
- I. Production manager reviews the index log daily to determine which jobs are complete and need to have CD's produced.
- J. Produced CD's are run through specially designed program that tests:
 - i. Physical integrity of the media
 - ii. Indexes are verified
 - iii. Number of files in the data group matched against number of files on the disc
 - iv. All information entered on the Post Production Quality Control Form
- K. Production manager turns completed post production quality control form over to department head.
- L. Each completed CD is tested loaded into viewing software (PaperVision Enterprise) to ensure the data group will properly load.
- M. Images are retrieved on a random basis to ensure correct indexing and image quality.
- N. Disc delivered to IT department for final upload to the server.

Maintained in a Secure Environment:

Security of the system and the records it holds is maintained in the following ways:

1. Access rights are managed by the SCHD IT department and are assigned user roles or job needs by a supervising Super User to prevent unauthorized viewing of documents.
2. The information technology system is able to separate confidential from non-confidential information, or data creators organize and name the file systems to reflect confidentiality of documents stored within.
3. Confidential information is stored on off-network storage systems, and folders with confidential information are restricted.
4. Physical access to computers, disks, and external hard drives is restricted.
5. Duplicate copies of digital media and system backup copies are stored in offsite facilities in order to be retrieved after a natural or human-made disaster.
6. Confidential material is redacted by marking out data considered confidential on a paper copy with a black marker or covering confidential material with paper then copying before it is shared or otherwise made available. If in black print/type in word document, you may use text highlight tool with color in black to block out any confidential information and save as a PDF file.
7. All system password and operating procedure manuals are kept in secure off-site storage.
8. Staff will be required to have a password for Outside Vender to access client's EHR. NCID manages passwords for NCIR. Passwords are to be changed every 90 days.

Associated and Linked with Appropriate Metadata:

1. Metadata is maintained alongside the record. At a minimum, metadata retained includes:
 - A. File creator
 - B. Date created

- C. Title (stored as file name)
- D. Cell formulae (when appropriate)
- E. Email header information (when appropriate)

Stored on Media that are Regularly Assessed and Refreshed:

1. Data is converted to new usable file types as old ones become obsolete. The following steps are taken to ensure the continued accessibility of records kept in electronic formats:
 - A. Data is audited and assess annually
 - B. Media is refreshed every three to five years. The agency documents when and how records are transferred from one storage medium to another.
 - C. Records are periodically converted to new file types, particularly when a new information technology system requires that they be brought forward in order to render the file properly.
 - D. Metadata is maintained during migrations.
 - E. Records are periodically verified through hash algorithms. This is done before and after transfer to new media to ensure the records were not altered during conversion.
 - F. Storage media are maintained in a manner and in an environment that promotes bit-level preservation. Humidity does not exceed 50% and should not fall below 30%. Room temperature is set between 65° F to 75° F. The agency adheres to the media manufacture's recommendations for specific environmental conditions in which the media should be stored.
 - G. Whatever media is used to store data is clearly labeled with enough information that its contents can be determined.
 - H. CST Data's Document Management System (outsourced scanning) stores:
 - i. Content files in their native file formats on a Content File server while all index data is stored to a database server.
 - ii. Logs are stored on either the database or application services depending on their function.
 - iii. Each server is also replicated to backup site servers.
 - iv. Data is transferred from the client to the application server over the Internet using industry standard SSL encryption.
 - v. Files on the content server are stored on an NTFS 5.x format disk array and secured using Microsoft© Active Directory.
 - vi. Database security is role based using non-reversible encryption for storing all passwords.
 - vii. Replication is performed at least once daily to a backup site and hard copy, archival quality CD-R or DVD-R discs backups are taken by courier to a secure storage facility each week.
 - viii. Information storage for CST Data's Document Management System is broken down into three parts:
 - a. Application server:
The applications primary purpose in storage is to transfer files and data to their respective location on the content server or database. If database

becomes unavailable for any reason, logs will be directed to a flat file on the application server until database connection is restored. Document transfers will not be allowed during this time to ensure that no files are stored without being properly indexed in the database.

- b. Database server:
Index, data, security information and audit logs are stored in the database. This server is replicated to the backup site database server every few minutes based on the amount of data that has changed since the last replication and is subject to change as needed.
- c. Content server:
Essentially a file server that is restricted to allow access to only applications and administrators. Content is stored based on the structure of any web applications associated with it and data base index values. Content server is replicated at least once daily to the backup site content server and an additional hot spare content server.
- ix. Process that CST's Data Document Management Systems uses for storage:
 - a. User clicks "View" or "Scan" from external web link
 - b. Application is launched on the client computer and installs any necessary updates
 - c. Application prompts user for authentication if it was not passed by the web link and processes the authentication to the database through the application server
 - d. User scans or imports a document
 - e. User indexes the document(s) and transfers document to the application server
 - f. Application server determines which database and content server to use and sends data and files to their respective servers.
 - g. Upon successful transfer of data, the client automatically refreshes itself by checking the database for any new documents assigned to the current record and transfers any necessary stored document files to the client temporary storage for viewing through DMS client.
 - h. Throughout the process audited functions such as document changes, imports are recorded to the database by way of the application server.

COMPONENTS OF INFORMATION TECHNOLOGY SYSTEM:

Training Programs:

1. Super Users will conduct training for system use and electronic medical records management, using material published by the Department of Natural and Cultural Resources when appropriate.

2. All employees will be made aware of system procedures and policies and trained on them; employees will acknowledge by initialization or signature that they are aware of the policies and have received training on them.
3. When appropriate, employees will also attend trainings offered by Department of Natural and Cultural Resources on the maintenance of electronic records.
4. Documentation will be maintained for the distribution of written procedures, attendance of individual at training sessions and refresher training programs and other relevant information.

Audit Trails:

1. Documentation of all imaging activities is maintained through audit trails built into the imaging system to protect the agency from potential fraud or any other unauthorized acts, as well as the authenticity of the records.
2. The following actions are audited in CTS Data Document Management System:
 - A. Document creation-addition of a new file
 - B. Document updates – index change or file version change
 - C. Document(s) requested – user requests to view a stored document
 - D. Document(s) scanned – users scans a group of pages
 - E. Document imported – user imports a file
 - F. Document exported – user exports a file; includes file name and path
 - G. Document(s) marked as inactive/deleted
 - H. Document(s) uploaded – document(s) are sent to CST Data’s server successfully
 - I. User session started – user starts an authenticated session
 - J. User session ended-user ends an authenticated session
 - K. Unidentified user session attempted – a session was attempted by an authenticated user
 - L. Audit request – a user requested an audit query against DMS data
 - M. User session failed – an invalid session was attempted; possible reasons are:
 - i. Network connection was interrupted
 - ii. User closed the client application
 - iii. User credentials were not valid for the requested function
 - iv. An unidentified user session was attempted
 - v. A server error occurred
3. NOTE: In the event that the server loses connection to a database server or server error, logs are stored in a flat file until connection to the database server is restored.
4. DMS also audits user sessions to monitor user licensing. The server collects client connection information such as:
 - A. Time and data of the session’s start and end
 - B. Requested events
 - C. DMS user name
 - D. Client machine name
 - E. Client user name
 - F. Client internal IP address
 - G. Event details such as queried data, successful logins, and file uploads

Audits:

1. Audits are designed to evaluate the process or system's accuracy, timeliness, adequacy of procedures, training provided, and the existence of audit trails.
2. Internal audits are conducted regularly by SCHD director of nursing, clinical coordinators, financial and administration/medical records staff at least semiannually.
3. If inconsistencies or compliance issues are found a Corrective Action Plan will be initiated.

DOCUMENTATION OF INFORMATION TECHNOLOGY SYSTEM;

Content of System Documentation:

1. The SCHD maintains documentation that describes system procedures, and actual practices. This documentation also identifies system software and hardware and captures the system environment in terms of the organization structure, functions and responsibilities, and system processes. It explains how the system operates from a functional user and data processing point of view. Documentation is reviewed and updated by Super Users team as needed or upon implementation of a new information technology system. Such documentation may include:
 - A. Procedural manuals
 - B. System documentation
 - C. Security backup and disaster recovery procedures as a part of the Continuity of Operations Plan
 - D. Service level agreements for contracted information technology services

Retention of System Documentation:

1. One set of all system documentation will be maintained during the period for which the medical records produced by the process or system could likely be subject to court review and until all data created by every system instance has been destroyed or transferred to a new operating environment. All such documentation is listed in the SCHD records retention schedule.
2. Digital images of scanned records are maintained for the specified retention periods according the records retention and disposition schedule. The retention period is considered to have begun when the original document was created, not when the electronic reproduction was created.

REQUEST FOR DISPOSAL OF ORIGINAL RECORDS DUPLICATED BY ELECTRONIC MEANS:

1. This form is used to request approval from the Department of Natural and Cultural Resources to dispose of non-permanent paper medical records which have been scanned, entered into databases, or otherwise duplicated through digital imaging or other

conversion to a digital environment. This form does not apply to records which have been microfilmed or photocopied, or to records with a permanent retention.

2. The Request for Disposal of Original Records Duplicated by Electronic Means most up-to-date form may be found on the State Archives website, www.ncdcr.gov/archivesat "Disposal Request form"

OTHER ELECTRONIC RECORDS MANAGEMENT PRACTICES:

System Planning:

1. Outside Vender houses all EHR information.
2. Laboratory reports received from State Lab are scanned into patient's EHR using the Document Scanner into folders for State Lab results.
3. LabCorp lab reports are received directly into the Outside Vender system and patient's EHR via LabCorp Beacon, then acknowledged by Lab Staff and reviewed by Nurse Practitioner(s).

Electronic Records Management:

1. System documentation, system access records, digitization and scanning records, metadata, and information maintained by that system is listed in an approved records retention and disposition schedule prior to their destruction or other disposition.
2. Records produced by SCHD are retained for the period of time required by local records retention schedules regardless of format.
3. Any permanent records maintained in electronic form also exist as a paper or microfilm preservation duplicate copy in compliance with the Department of Natural and Cultural Resources' *Human-Readable Preservation Duplicates* policy.

Database Indexing:

1. G.S. § 132-6.1 requires that databases be indexed with the Department of Cultural Resources. Indexes contain the following data fields:
 - A. Description of the format or record layout
 - B. Frequency with which the database is updated
 - C. List of any data fields to which public access is restricted
 - D. Description of each form in which the database can be copied or reproduced using the agency's computer facilities
 - E. Schedule of fees for the production of copies in each available form

Security and Disaster Backup and Restoration:

1. Outside Vender has incident policies and procedures in place to guide personnel in the handling of security incidents, systems failures, and breach management.
2. SCHD has been provided with a customer support hotline and email to report incidents. Incidents identified by SCHD staff or customers are required to be reported to a Super User, who then reports to Outside Vender service desk. Incidents are documented within a ticketing system with Outside Vender support desk.

Cloud Computing:

1. Outside Vender has a disaster recovery plan for its electronic data in place, which includes contact information for data recovery vendors and information about back-ups of all data.
2. Security back-ups to protect against data loss are generated for all but the most transitory of files.
3. Outside Vender use Peak 10 facilities currently located in Raleigh, North Carolina (RDU) and Nashville, Tennessee (BNA) to house its cloud services infrastructure.
4. To ensure system availability and recoverability the two systems are replicated between one another using NetApp's ONTAP Snapshot technology.
5. Snapshot replications of the Storage Area Network takes place every hour. These snapshots are retained according to a retention schedule before being purged.
6. SCHD can request additional backup services if needed for their environment.
7. Outside Vender replication strategy allows for fail over between sites and recovery of systems and data as needed.
8. Data restorations are performed as part of normal business operations (i.e., upon SCHD request or Outside Vender internal request) and are used to verify that data is recoverable.

Risk Identification and Analysis:

1. Outside Vender conducts a quarterly risk assessment for the cloud services system. Potential risks/threats relevant to the cloud services offering have been identified as follows:
 - A. System and Application Vulnerabilities
 - B. Shared Technology Issues
 - C. Weak Identity, Credential and Access Management
 - D. Advance Persistent Threats
 - E. Misaligned or Missing Cloud Strategy
 - F. Organizational Continuity
 - G. Malicious Insiders
 - H. Data Breaches
 - I. Abuse and Nefarious Use of Cloud Services
 - J. Insecure APIs
 - K. Denial of Service
 - L. Account Hijacking
 - M. Data Loss
 - N. Capacity Management
2. Each identified risk is classified as High, Medium or Low using an established risk classification guide taking into consideration the likelihood, impact probability of detection, and risk classification.
3. Once the risk/threat is assigned a risk level (numerical value) and classification (High, Medium or Low), Outside Vender evaluates current mitigating controls, and if additional mitigating controls are necessary to further reduce the residual risk level.

4. Where applicable, a mitigation plan is created and implemented to reduce the level of risk. If level of risk cannot be reduced, then the controls continue to be a part of the internal audit program for review and retesting.
5. Management has identified control activities designed to mitigate the risks associated with the applicable criteria within scope.
6. Additionally, management reviews the assessed risk levels on a quarterly basis and documents the results risk assessment for ongoing review and historical reference purposes.

Risk Factors:

1. Outside Vender Management considers risks that can arise from both external and internal factors including the following:
 - A. External Factors:
 1. Technological developments
 2. Changing customer needs or expectations
 3. Competition that could alter marketing or service activities
 4. New legislation and regulation that could force changes in policies and strategies
 5. Natural catastrophes that could lead to changes in operations or information systems.
 6. Economic changes that could have an impact on management decisions
 - B. Internal Factors:
 1. Significant changes in policies, processes or personnel
 2. Types of fraud
 3. Fraud incentives and pressures for employees
 4. Fraud opportunities
 5. Employee attitudes and rationalizations for fraud
 6. A disruption in information systems processing
 7. The quality of personnel hired and methods of training utilized
 8. Changes in management responsibilities

TERMINATION OF ELECTRONIC MEDICAL RECORD AGREEMENT WITH OUTSIDE VENDER:

1. Outside Vender will at termination of this Agreement for any reason, if feasible, return or destroy all protected Health information received from, or created or received by them on behalf of SCHD that they still maintain in any form, and retain no copies of such information; or, if such return or destruction is not feasible, extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.
2. Outside Vender will provide SCHD with an electronic copy of the Health Information in the format in which it is produced by Outside Vender's standard procedures for copying or archiving such information including Metadata.
3. SCHD acknowledges that they may have to purchase proprietary software in order to access such information.


4. If SCHD decides to leave Outside Vender services, upon request and at SCHD expense, Outside Vender will make the copy of its database available to the SCHD.
5. Unless SCHD demands data including patient records within 3 months of termination or expiration of this Agreement by paying the then applicable data transfer fees to Outside Vender. Outside Vender will not be liable to maintain such data on its own and shall destroy the data in accordance with the provisions of HIPAA.
6. The sole liability and responsibility as to your practice data including patient records rest with the SCHD.

COMPLIANCE AND ELECTRONIC RECORDS SELF-WARRANTY:

1. Sampson County Health Director and Sampson County IT will complete Self-Warranty forms and sign.
2. The completion of this form by all signing employees' signals that all employees of the Health Department will adhere to the rules set forth in this policy.
3. This section is to be used as a self-evaluation tool to ensure that electronic records produced by state, county, municipal agencies, and other subdivisions of government are created, reproduced, and otherwise managed in accordance with guidelines for electronic public records, published by DNCR.
4. The self-warranting of records in itself does not authorize the destruction of records, originals or copies, nor does it change current records retention and disposition and scheduling procedures.
5. SCHD is responsible for ensuring the records' authenticity and accuracy.
6. The DNCR is not responsible for certifying the authenticity or accuracy of any records, whether originals or reproductions, produced by the originating agency.

Records Custodian:

The records custodian is the person responsible for creating medical records or managing the staff who create medical records. The medical records custodian certifies that:

 The medical records created or duplicated by electronic means at SCHD are prepared in accordance with these guidelines as indicated by the following statements:

1. Quality-Records are legible, accurate, and complete.
2. The records are produced or reproduced as part of a regularly conducted activity.
3. The records Conform to DNCR guidance regarding file formats, file naming and if applicable, digital preservation guidance produced by DNCR.
4. Detailed, documented procedures are in place and followed when the records are created, copied, modifies, or duplicates records receives formal training on detailed system procedures prior to records preparation.
5. Details of the training received are adequately documented through written policies and procedures.
6. Employees sign training records after receiving training.

W This agency will comply with the best practices and standards established by the DNCR as published on its website.

W This agency will submit to the DNCR Section regarding *Request for Disposal of Original Records Duplicated y Electronic Means*, to seek approval for the destruction of original records that have been converted from paper to electronic record.

Approved by: Wanda Palmer Date: 10/22/20

Title: Health Director

Signature: Wanda Palmer

IT Professional or other Project Supervisor:

The IT professional is the person responsible for providing technical support to the records custodians and who may be involved in infrastructure and system maintenance. In the absence of an IT department, the supervisor of the records custodian should verify the follow items. The IT Professional certifies that:

W Audit trails document the identity of the individual(s) who creates, duplicates, modifies, or otherwise prepares the records, what actions are taken by the individual during the course of the process, when these actions are taken, and what the results of these actions are.

W Audits:

1. Are performed periodically to confirm that the process or system produces accurate results
2. Confirm that procedures followed are in accordance with the agency's documentation
3. Are performed routinely on files to ensure no information has been lost
4. Are adequately documented

W The process or system hardware and software are adequately documented.

W Permanent records conform to all file format, file naming, and digital preservation guidance produced by the DNCR.

W Backup procedures are in place and comply with best practices as established by the DNCR.

W Successful disaster recovery backup is completed at least once every two years.

Approved by: _____ Date: _____

Title: IT Director

Signature: [Signature]

Department of Natural and Cultural Resources:

Approved by: _____

Date: _____

Title: _____

Signature: _____

REFERENCES:

Sample Electronic Records and Imaging Policy and Procedures – DNCR March 2016 Version
2.0

North Carolina G.S. § 130A-45.8

North Carolina G.S. § 132.1

North Carolina G.S. § 132-6.1

Records Retention and Disposition Schedule Local Health Departments published by Division of
Archives and History 03/01/2019

Appendix

Attachment A: **ACRONYMS:**

1. Department of Natural and Cultural Resources (DNCR)
2. Electronic Health Record (EHR)
3. Sampson County Health Department (SCHD)

Attachment B: General Statutes:

§ 130A-45.8. Confidentiality of patient information.

(a) Medical records compiled and maintained by public health authorities in connection with the admission, treatment, and discharge of individual patients are not public records as defined by Chapter 132 of the General Statutes.

(b) Charges, accounts, credit histories, and other personal financial records compiled and maintained by public health authorities in connection with the admission, treatment, and discharge of individual patients are not public records as defined by Chapter 132 of the General Statutes. (1997-502, s. 1.)

§ 132-1. "Public records" defined.

(a) "Public record" or "public records" shall mean all documents, papers, letters, maps, books, photographs, films, sound recordings, magnetic or other tapes, electronic data-processing records, artifacts, or other documentary material, regardless of physical form or characteristics, made or received pursuant to law or ordinance in connection with the transaction of public business by any agency of North Carolina government or its subdivisions. Agency of North Carolina government or its subdivisions shall mean and include every public office, public officer or official (State or local, elected or appointed), institution, board, commission, bureau, council, department, authority or other unit of government of the State or of any county, unit, special district or other political subdivision of government.

(b) The public records and public information compiled by the agencies of North Carolina government or its subdivisions are the property of the people. Therefore, it is the policy of this State that the people may obtain copies of their public records and public information free or at minimal cost unless otherwise specifically provided by law. As used herein, "minimal cost" shall mean the actual cost of reproducing the public record or public information. (1935, c. 265, s. 1; 1975, c. 787, s. 1; 1995, c. 388, s. 1.)

§ 132-6.1. Electronic data-processing and computer databases as public records.

(a) Databases purchased, leased, created, or otherwise acquired by every public agency containing public records shall be designed and maintained in a manner that does not impair or impede the public agency's ability to permit the public inspection and examination of public records and provides a means of obtaining copies of such records. Nothing in this subsection shall be construed to require the retention by the public agency of obsolete hardware or software.

(a1) Notwithstanding G.S. 132-6.2(a), a public agency may satisfy the requirement under G.S. 132-6 to provide access to public records in computer databases by making public records in computer databases individually available online in a format that allows a person to view the public record and print or save the public record to obtain a copy. A public agency that provides access to public records under this subsection is not required to provide access to the public records in the computer database in any other way; provided, however, that a public agency that provides access to public records in computer databases shall also allow inspection of any of such public records that the public agency also maintains in a non-digital medium.

(b) Repealed by Session Laws 2017-10, s. 2.9(a), effective July 1, 2017.

(c) Nothing in this section shall require a public agency to create a computer database that the public agency has not otherwise created or is not otherwise required to be created. Nothing in this section requires a public agency to disclose security features of its electronic data processing systems, information technology systems, telecommunications networks, or electronic security systems, including hardware or software security, passwords, or security standards, procedures, processes, configurations, software, and codes.

(d) The following definitions apply in this section:

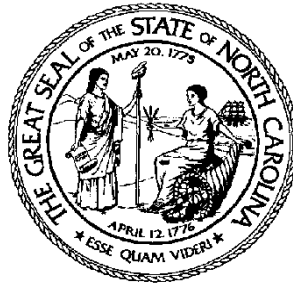
Sampson County Health Department
Electronic Health Record
Imaging Policy and Procedures

- (1) Computer database. - A structured collection of data or documents residing in a database management program or spreadsheet software.
- (2) Computer hardware. - Any tangible machine or device utilized for the electronic storage, manipulation, or retrieval of data.
- (3) Computer program. - A series of instructions or statements that permit the storage, manipulation, and retrieval of data within an electronic data-processing system, together with any associated documentation. The term does not include the original data, or any analysis, compilation, or manipulated form of the original data produced by the use of the program or software.
- (4) Computer software. - Any set or combination of computer programs. The term does not include the original data, or any analysis, compilation, or manipulated form of the original data produced by the use of the program or software.
- (5) Electronic data-processing system. - Computer hardware, computer software, or computer programs or any combination thereof, regardless of kind or origin.
- (6) Media or medium - The physical medium on which information is stored in recoverable form. (1995, c. 388, s. 3; 2000-71, s. 1; 2002-159, s. 35(i); 2017-10, s. 2.9(a).)

Attachment C: Local Health Departments Records Retention and Disposition Schedule

RECORDS RETENTION AND DISPOSITION SCHEDULE

LOCAL HEALTH DEPARTMENTS



Issued By:



North Carolina Department of Natural and Cultural Resources
Division of Archives and Records
Government Records Section

March 1, 2019

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Local Health Departments Records Retention and Disposition Schedule

The records retention and disposition schedule and retention periods governing the records series listed herein are hereby approved. This agency-specific records schedule should be used in concert with the current Local Government Agencies General Records Retention and Disposition Schedule to provide full records management guidance. In accordance with the provisions of Chapters 121 and 132 of the *General Statutes of North Carolina*, it is agreed that the records do not and will not have further use or value for official business, research, or reference purposes after the respective retention periods specified herein and are authorized to be destroyed or otherwise disposed of by the agency or official having custody of them without further reference to or approval of either party to this agreement. The local government agency agrees to comply with 07 NCAC 04M .0510 when deciding on a method of destruction. Confidential records will be destroyed in such a manner that the records cannot be practicably read or reconstructed. However, records subject to audit or those legally required for ongoing official proceedings must be retained until released from such audits or official proceedings, notwithstanding the instructions of this schedule. ***Public records, including electronic records, not listed in this schedule are not authorized to be destroyed.***

This local government agency and the Department of Natural and Cultural Resources agree that certain records series possess only brief administrative, fiscal, legal, research, and reference value. These records series have been designated by retention periods that allow these records to be destroyed when *"reference value ends."* The local government agency hereby agrees that it will establish and enforce internal policies setting minimum retention periods for the records that the Department of Natural and Cultural Resources has scheduled with the disposition instruction *"destroy when reference value ends."* If a local government agency does not establish internal policies and retention periods, the local government agency is not complying with the provisions of this retention schedule and is not authorized by the Department of Natural and Cultural Resources to destroy the records with the disposition instruction *"destroy when reference value ends."*

The local government agency and the Department of Natural and Cultural Resources concur that the long-term and/or permanent preservation of electronic records requires additional commitment and active management by the agency. The agency agrees to comply with all policies, standards, and best practices published by the Department of Natural and Cultural Resources regarding the creation and management of electronic records.

It is further agreed that these records may not be destroyed prior to the time periods stated; however, for sufficient reason they may be retained for longer periods. This schedule is to remain in effect from the date of approval until it is reviewed and updated.

APPROVAL RECOMMENDED

Beth Lovette
Beth Lovette
Beth Lovette, Division Director (Acting)
DHHS, Division of Public Health

Sarah E. Koonts
Sarah E. Koonts
Sarah E. Koonts, Director
Division of Archives and Records

APPROVED

MKC
MKC
Mandy K. Cohen, MD, MPH, Secretary
Department of Health and Human Services

Susi H. Hamilton
Susi H. Hamilton
Susi H. Hamilton, Secretary
Department of Natural and Cultural
Resources

ACKNOWLEDGED (AGREED TO COMPLY)

Local Health Director

Chair, Local Board of Health or Board of
County Commissioners

County

March 1, 2019

EXECUTIVE SUMMARY

- ✓ According to G.S. § 121-5(b) and G.S. § 132-3, you may destroy public records only with the consent of the Department of Natural and Cultural Resources (DNCR). The State Archives of North Carolina is the division of DNCR charged with administering a records management program. This schedule is the primary way the State Archives of North Carolina gives its consent. Without approving this schedule, your agency is obligated to obtain the State Archives of North Carolina's permission to destroy *any* record, no matter how insignificant.
- ✓ Each records series listed on this schedule has specific disposition instructions that will indicate how long the series must be kept in your office. In some cases, the disposition instructions are simply "retain in office permanently," which means that those records must be kept in your office forever. In other cases, the retention period may be "destroy in office when reference value ends." An agency may have reference copies of materials, meaning "a copy of a record distributed to make recipients aware of the content but not directing the recipient to take any action on the matter" (from Richard Pearce-Moses, *A Glossary of Archival and Records Terminology*). Your agency must establish and enforce internal policies by setting minimum retention periods for the records that the State Archives of North Carolina has scheduled with the disposition instruction "destroy when reference value ends."
- ✓ This schedule applies to the records of county health departments, multi-county district health departments, and county public health authorities, and to the health records of county consolidated human services agencies.
- ✓ E-mail is a record as defined by G.S. § 121-5 and G.S. § 132. It is the content of the e-mail that is critical when determining the retention period of a particular e-mail, including attachments, not the media in which the record was created. It is important for all agency employees and officials to determine the appropriate records series for specific e-mails and retain them according to the disposition instructions.
- ✓ The State Archives of North Carolina recommends that all agency employees and officials view the tutorials that are available online through the State Archives website to familiarize themselves with records management principles and practices. The State Archives of North Carolina's online tutorials include topics such as records management, utilizing the retention schedule, e-mail management, and scanning guidelines.
- ✓ The State Archives of North Carolina provides microfilming services for the minutes of major decision-making boards and commissions. Once those records are filmed, we will store the silver halide negative (original) in our security vault. There is a nominal fee for filming and duplicating film. Contact the Records Management Analyst in charge of microfilm coordination for the most current information.
- ✓ There are numerous locations in the North Carolina General Statutes and the North Carolina Administrative Code that list responsibilities of local health departments along with written policies that should be developed and implemented. See, for example:

- G.S. 130A: Public Health
 - 10A NCAC 41: Epidemiology Health
 - 10A NCAC 46: Local Standards
 - 10A NCAC 48: Local Health Department Accreditation
 - 15A NCAC 18: Environmental Health
- ✓ Information about policies and procedures required by the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) can be found in 45 CFR Parts 160 and 164.

MANAGING PUBLIC RECORDS IN NORTH CAROLINA

Q. What is this “records retention and disposition schedule”?

- A.** This document is a tool for the employees of local government agencies across North Carolina to use when managing the records in their offices. It lists records commonly found in agency offices and gives an assessment of their value by indicating how long those records should be retained. This schedule is also an agreement between your agency and the State Archives of North Carolina.

This schedule serves as the inventory and schedule that the State Archives of North Carolina is directed by G.S. § 121-5(c) and G.S. § 132-8 to provide. It supersedes all previous editions, including all amendments.

Q. How do I get this schedule approved?

- A.** This schedule must be approved by your governing body for use in your agency. That approval should be made in a regular meeting and recorded as an action in the minutes. It may be done as part of the consent agenda, by resolution, or other action.
-

Q. Am I required to have all the records listed on this schedule?

- A.** No, this is not a list of records you must have in your office.
-

Q. What is “reference value”?

- A.** Items containing “reference value” in the disposition instructions are generally records that hold limited value, which is typically restricted to those documenting routine operations within the office. A minimum retention period should be established by the office for any items containing the phrase “destroy in office when reference value ends” in the disposition instructions.
-

Q. Do the standards correspond to the organizational structure of my agency?

- A.** Records series are grouped into standards to make it easier for users to locate records and their disposition instructions. You may find that the groupings reflect the organizational structure of your agency, or you may find that records are located in various standards depending on the content of the record. The intent of the schedule’s organization is to provide an easy reference guide for the records created in your agency.
-

Q. What if I cannot find some of my records on this schedule?

- A.** Sometimes the records are listed in a different standard than how you organize them in your office. Be sure to check the Index and utilize the search function on the PDF version of the schedule to facilitate the location of records series. If you still cannot locate your records on the schedule, contact a Records Management Analyst. We will work with you to amend this records schedule so that you may destroy records appropriately.
-

Q. What are public records?

- A.** The *General Statutes of North Carolina*, Chapter 132, provides this definition of public records:

“Public record” or “public records” shall mean all documents, papers, letters, maps, books, photographs, films, sound recordings, magnetic or other tapes, electronic data-processing records, artifacts, or other documentary material, regardless of physical form or characteristics, made or received pursuant to law or ordinance in connection with the transaction of public business by any agency of North Carolina government or its subdivisions. Agency of North Carolina government or its subdivisions shall mean and include every public office, public officer or official (State or local, elected or appointed), institution, board, commission, bureau, council, department, authority or other unit of government of the State or of any county, unit, special district or other political subdivision of government.

Q. Is any person allowed to see my records?

A. Yes, except as restricted by specific provisions in state or federal law. G.S. § 132-6 instructs:

“Every custodian of public records shall permit any record in the custodian’s custody to be inspected and examined at reasonable times and under reasonable supervision by any person, and shall, as promptly as possible, furnish copies thereof upon payment of any fees as may be prescribed by law. ... No person requesting to inspect and examine public records, or to obtain copies thereof, shall be required to disclose the purpose or motive for the request.”

Q. What about my confidential records?

A. Not all government records are open to public inspection. Exceptions to the access requirements in G.S. § 132-6 and the definition of public records in G.S. § 132-1 are found throughout the General Statutes. You must be able to cite a specific provision in the General Statutes or federal law when you restrict or deny access to a particular record.

Q. Am I required to make available to the public copies of drafts that have not been approved?

A. Yes, even if a report, permit, or other record has not been finalized, it is still a public record subject to request. Any record that is not confidential by law must be provided when a request is received, whether it is “finished” or not.

Q. What do I do with permanent records?

A. Permanent records should be maintained in the office that created the records, forever.

The Department of Natural and Cultural Resources (DNCR) is charged by the General Assembly with the administration of a records management program (N.C.G.S. §121-4 (2) and §132-8.1) and the maintenance of “a program for the selection and preservation of public records considered **essential** to the operation of government and to the **protection of the rights and interests of persons**” (§132-8.2). Permanent records with these characteristics require preservation duplicates that are human-readable (paper or microfilm). Some examples of these characteristics include:

- Affect multiple people, without regard to relation
- Have significance over a long span of time
- Document governance
- Document citizenship

Examples of records with these characteristics:

- Minutes of governing bodies at the state and local levels are the basic evidence of our system of governance, and are routinely provided for the public to read.
 - Records, such as deeds and tax scrolls, about land document changes in ownership and condition. Counties maintain offices expressly for the purpose of making those records available to the public. Other records in local and state governments document potential public health hazards, such as hazardous materials spills.
 - Adoptions, marriages, and divorces document changes in familial relationships and document citizenship. Though adoptions are confidential (not available for public inspection), they document citizenship and changes in inheritance and familial succession.
 - Court records, such as wills, estates, and capital cases, affect people within and across family groups, are made available for public inspection, and often involve transactions related to the examples above.
- See the Human-Readable Preservation Duplicates policy issued by the North Carolina Department of Natural and Cultural Resources (<https://archives.ncdcr.gov/documents/human-readable-preservation-duplicates>) and check with a records analyst to determine whether your permanent records require a preservation duplicate.

Q. *What is historical value?*

- A.** Historical records document significant events, actions, decisions, conditions, relationships, and similar developments. These records have administrative, legal, fiscal, or evidential importance for the government or its citizens. Call a Records Management Analyst for further assistance in assessing historical value.

Q. *What if I do not have any records?*

- A.** Nearly every position in government generates, receives, or uses records. Computer files of any kind, including drafts and e-mail, are public records. Even if your records are not the official or final version, your records are public records. Not all records have high historical, legal, or fiscal value, but they all must be destroyed in accordance with the provisions of the appropriate records schedule.

Q. *May I store our unused records in the basement, attic, shed, etc.?*

- A.** Public records are public property. Though we encourage agencies to find places to store records that do not take up too much valuable office space, the selected space should be dry, secure, and free from pests and mold. Your office must ensure that records stored away from your main office area are well protected from natural and man-made problems while remaining readily available to your staff and the public.

Q. *Our old records are stored in the attic, basement, or off-site building, etc. Are we required to provide public access to these records?*

- A.** Yes, as long as the records are not confidential by law. You should also be aware that confidentiality can expire.

Q. *Aren't all our old records at the State Archives of North Carolina?*

- A.** Probably not. The State Archives of North Carolina collects only very specific types of records from local government offices. Contact a Records Management Analyst for more information about which records are held or can be transferred to the State Archives of North Carolina for permanent preservation.

Q. *I found some really old records. What should I do with them?*

- A.** Call a Records Management Analyst. We will help you examine the records and assess their historical value.

Q. *Can I give my old records to the historical society or public library?*

- A.** Before you offer any record to a historical society, public library, or any other entity, you must contact a Records Management Analyst. Permanent records must be kept either in your offices or at the State Archives of North Carolina.

Q. *Whom can I call with questions?*

- A.** If you are located west of Statesville, call our Western Office in Asheville at (828) 296-7230 extension 224. If you are east of Statesville, all the way to the coast, call our Raleigh office at (919) 814-6900.

AUDITS, LITIGATION, AND OTHER OFFICIAL ACTION

Q. Why is there an asterisk in the disposition instructions of so many items on this schedule?

A. No record involved in a pending or ongoing audit, legal, or other official action may be destroyed before that audit or action is resolved.

A legal hold or litigation hold means that records that are the subject of the legal hold or litigation hold must be preserved and thus must not be destroyed until officially released from the hold. A legal hold or litigation hold is placed when either an official discovery order is served on the agency requesting the production of the records in question (for a litigation, regulatory investigation, audit, open records request, etc.) or litigation is pending and the agency is thus on notice to preserve all potentially relevant records. You must also ensure that for a claim or litigation that appears to be reasonably foreseeable or anticipated but not yet initiated, any records (in paper or electronic formats) relevant to such a claim or litigation are preserved and not destroyed until released by your General Counsel. The records in question must not be destroyed until the completion of the action and the resolution of all issues that arise from it regardless of the retention period set forth in this schedule.

We have used an asterisk (*) in the disposition instructions to mark records series that are commonly audited, litigated, or may be subject to other official actions. However, any record has this potential. Records custodians are responsible for being aware of potential actions, and for preventing the destruction of any record that is, or may be reasonably expected to become, involved in an audit, legal, or other official action.

Records used during routine audits may be destroyed when the governing body accepts the audit, if the records have completed the retention period listed in this schedule. If time remains in the retention period, the records must be maintained for the remainder of the period. The auditor's working papers must be kept according to the schedule. (See Local Government General Records Schedule, Standard 1, Audits: Performance and Standard 2, Audits: Financial.) Should a dispute arise over an audit, the records that were audited should be retained until that dispute is resolved.

The attorney representing the agency should inform records custodians when legal matters are concluded and records will no longer be needed. Following the conclusion of any legal action, the records may be destroyed if they have met the retention period in the schedule. Otherwise, they should be kept for the remaining time period.

TRANSITORY RECORDS

Transitory records are defined as “record[s] that [have] little or no documentary or evidential value and that need not be set aside for future use.”¹

According to North Carolina General Statutes § 121 and § 132, every document, paper, letter, map, book, photograph, film, sound recording, magnetic or other tape, electronic data processing record, artifact, or other documentary material, regardless of physical form or characteristics, made or received in connection with the transaction of public business by any state, county, municipal agency, or other political subdivision of government is considered a public record and may not be disposed of, erased, or destroyed without specific approval from the Department of Natural and Cultural Resources.

The Department of Natural and Cultural Resources recognizes that some records may have little or no long-term documentary or evidential value to the creating agency. These records are often called “transitory records.” The following questions and answers discuss types of transitory records commonly created in state government. They may be disposed of according to the guidance below. However, all public employees should be familiar with the General Schedule for State Agency Records, their office’s Program Records Retention and Disposition Schedule, and any other applicable guidelines for their office. If any of these documents require a different retention period for these records, follow the longer of the two retention periods. When in doubt about whether a record is transitory, or whether it has special significance or importance, retain the record in question and seek guidance from the analyst assigned to your agency.

Q. What do I do with routing slips, fax cover sheets, “while you were out” slips, memory aids, etc.?

- A.** Routing slips and transmittal sheets adding no information to that contained in the transmitted material have minimal value after the material has been successfully transmitted. These records may be destroyed or otherwise disposed of after receipt of the material has been confirmed.

Similarly, “while you were out” slips, memory aids, and other records requesting follow-up actions (including voicemails) have minimal value once the official action these records are supporting has been completed and documented. Unless they are listed on the General Schedule for State Agency Records or your office’s Program Records Retention and Disposition Schedule, these records may be destroyed or otherwise disposed of once the action has been resolved.

Q. What about research materials, drafts, and other working papers used to create a final, official record?

- A.** Drafts and working papers are materials, including notes and calculations, gathered or created to assist in the creation of another record. All drafts and working papers are public records subject to all provisions of General Statute § 132, but many of them have minimal value after the final version of the record has been approved, and may be destroyed after final approval, if they are no longer necessary to support the analysis or conclusions of the official record. Drafts and working documents which may be destroyed after final approval include:

- Drafts and working papers for internal and external policies
- Drafts and working papers for internal administrative reports, such as daily and monthly activity reports
- Drafts and working papers for internal, non-policy-level documents, such as informal workflows and manuals; and

¹ *A Glossary of Archival and Records Terminology*, Richard Pearce-Moses (2005)

- Drafts and working papers for presentations, workshops, and other explanations of agency policy that are already formally documented.

Q. What if I have forms designed and used solely to create, update, or modify records in an electronic medium?

- A.** If these records are not required for audit or legal purposes, they may be destroyed in office after completion of data entry and after all verification and quality control procedures. However, if the forms contain any analog components that are necessary to validate the information contained on them (e.g. a signature or notary's seal), they should be retained according to the disposition instructions for the records series encompassing the forms' function.

See also the State Archives of North Carolina's guidance on digital signatures found at:

<https://archives.ncdcr.gov/documents/digital-signature-policy-guidelines>

USING THE LOCAL HEALTH DEPARTMENTS RECORDS RETENTION SCHEDULE

This records retention and disposition schedule applies to records in all media, unless otherwise specified.

LEGEND



– symbol designating that one or more records in this series may be confidential or may include confidential information.

Item # – an identifying number assigned to each records series for ease of reference.

Series – “a group of similar records that are . . . related as the result of being created, received, or used in the same activity.” (From Richard Pearce-Moses, *A Glossary of Archival and Records Terminology*). Series in this schedule are based on common functions in government offices.

Records Series Title – a short identification of the records in a series, based on their common function.

Series Description – a longer description of the records in a series, often including the types of records that can frequently be found in that series. This information is included underneath the Records Series Title.

Disposition Instructions – instructions dictating the length of time a series must be retained and how the office should dispose of those records after that time.

Citation – a listing of references to statutes, laws, and codes related to the records series. Citations can include:

- Authority: governing the creation of records
- Confidentiality: limiting access to public records
- Retention: setting a retention period

Throughout this schedule, items that cross-reference other items within this schedule are indicated with bold, uppercase letters. If you hover your cursor over one of these items, you will see the hand tool that will enable you to click on the item to follow the link to that location.

AUDITS: PERFORMANCE
Records concerning internal and external audits conducted to assess the function of government programs. Includes reports, working papers, corrective measures, and other related records.

See also **AUDITS: FINANCIAL**, page 20, item 6.

Sample records series title and description with cross-reference included

NC DHHS RECORDS RETENTION SCHEDULE FOR GRANTS

Local health departments must retain all records of programs funded by federal sources until the NC DHHS Office of the Controller provides notification that the records may be destroyed. The NC DHHS Office of the Controller provides this notification with the North Carolina Department of Health and Human Services Records Retention and Disposition Schedule for Grants (DHHS Records Schedule for Grants), published on the DHHS Office of the Controller’s website at <https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention>.

You must use this Local Health Departments Records Retention and Disposition Schedule in conjunction with the DHHS Records Schedule for Grants. You must retain all financial and programmatic records, supporting documents, statistical records, and other records pertinent to a federal award in accordance with the DHHS Records Schedule for Grants. This Local Health Departments Records Retention and Disposition Schedule includes the following disposition language for records series that require notification by the NC DHHS Office of the Controller prior to destruction of records:

Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.

The DHHS Records Schedule for Grants lists by funding source and state fiscal year the earliest date that records may be destroyed. You must know the federal funding sources that support the specific records in question. For each record, identify:

- The programs covered in the record;
- The records retention and disposition instructions;
- How those programs are funded; and
- If federally funded, whether the federal funding sources have been cleared for disposition by the DHHS Records Schedule for Grants.

When there is a discrepancy between this schedule and the DHHS Records Schedule for Grants, you must use the longer retention period.

No destruction of records may take place if litigation or audits are pending or reasonably anticipated. See also AUDITS, LITIGATION, AND OTHER OFFICIAL ACTIONS, page viii.

STANDARD 10: PROGRAM OPERATIONAL RECORDS – ADULT HEALTH RECORDS

Public health records created or received in local health departments and used to manage and monitor adult health programs. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

<i>STANDARD 10: ADULT HEALTH RECORDS</i>			
<i>ITEM #</i>	<i>RECORDS SERIES TITLE</i>	<i>DISPOSITION INSTRUCTIONS</i>	<i>CITATION</i>
1.	<p>ADULT DAY CARE AND ADULT DAY HEALTH PROGRAM MONITORING RECORDS</p> <p>Monitoring reports and standard reviews written by public health nurses (PHNs) who monitor clients and employees for compliance with health-related standards in licensed Adult Day Health Centers.</p>	<p>a) Send original monitoring reports and standard reviews to county social services agency.</p> <p>b) Send copies of monitoring reports and standard reviews to NC DHHS, Division of Aging and Adult Services, Adult Day Care Consultant.</p> <p>c) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>d) Destroy in office remaining records after 5 years.*</p>	<p>Retention: NC DHHS, Division of Aging and Adult Services, Adult Day Health Services Certification Procedures Manual</p>

ITEM #	STANDARD 10: ADULT HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
2.	<p>ADULT HEALTH PROGRAM RECORDS</p> <p>Records documenting contacts between adult health services and individuals served by the local health department.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 5 years.*</p>	
3.	<p>BREAST AND CERVICAL CANCER CONTROL PROGRAM (BCCCP) AND NC WISEWOMAN RECORDS</p> <p>Records concerning breast and cervical cancer screenings, screening follow-ups, cardiovascular disease screenings, and life habit improvement assistance for prevention of cardiovascular and other chronic diseases for eligible women.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 6 years.*</p>	

ITEM #	STANDARD 10: ADULT HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
4.	<p>CHRONIC DISEASE PROGRAM RECORDS</p> <p>Records concerning chronic disease early detection and referral, patient education, monitoring, treatment, and follow-up activities. May include program procedures, statistical summaries, chronic disease services reports, and other related records.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 5 years.*</p>	
5.	<p>FAMILY PLANNING RECORDS</p> <p>Records documenting contacts between family planning services and with individuals served by the local health department.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 5 years.*</p>	

STANDARD 11: PROGRAM OPERATIONAL RECORDS – ALL HEALTH DEPARTMENT PROGRAMS

Public health records created or received in local health departments and used to manage and monitor federal, state, and local programs. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

ITEM #	STANDARD 11: ALL HEALTH DEPARTMENT PROGRAMS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>CLINICAL POLICIES AND PROCEDURES</p> <p>See also ELECTRONIC PROTECTED HEALTH INFORMATION (ePHI) SECURITY IMPLEMENTATION RECORDS, page 5, item 4.</p>	Retain in office permanently.	
2.	<p>CLINICAL RECORD AUDITS</p> <p>Internal and external audit summaries and findings. Includes associated supporting records.</p> <p>See also Local Government General Records Schedule, Standard 2, Audits: Financial.</p>	<p>a) Medicare/Medicaid audits: Destroy in office after 5 years and when all findings have been resolved.*</p> <p>b) All other audits: Destroy in office after 3 years and when all findings have been resolved.*</p>	
3.	<p>COMMUNITY HEALTH ASSESSMENTS</p> <p>Also includes interim State-of-the-County's Health (SOTCH) Reports.</p>	<p>a) Retain in office official copy of community health assessment permanently.</p> <p>b) Destroy in office interim reports after completion of next community health assessment.</p>	Authority: 10A NCAC 48B .0201

ITEM #	STANDARD 11: ALL HEALTH DEPARTMENT PROGRAMS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
4.	ELECTRONIC PROTECTED HEALTH INFORMATION (ePHI) SECURITY IMPLEMENTATION RECORDS Policies, procedures, and records of actions, activities, and security risk analyses undertaken to ensure ePHI is secure from unauthorized access in compliance with the HIPAA Security Rule.	Destroy in office 6 years from date of creation or 6 years from date when applicable documentation was last in effect, whichever is later.	Retention: 45 CFR 164.316
5.	ENCOUNTER FORMS Forms, including triage logs, used to summarize contacts between department staff and clients.	Destroy in office after 3 years.*	
6.	FEE SCHEDULES Billing guides, fee plans, and schedules of fees charged for services.	a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions. ¹ b) Destroy in office remaining records 5 years after superseded.*	Authority: G.S. § 130A-39(g) G.S. § 130A-45.3(a)(5) G.S. § 153A-77(d)(1)
7.	PATIENT APPOINTMENT AND SCHEDULING RECORDS	Destroy in office when reference value ends.† Agency Policy: Destroy in office after _____	
8.	PATIENT DEMOGRAPHIC DATA REPORTS Reports summarizing demographic data for patients in programs.	a) Retain reports with historical value permanently. b) For remaining reports, follow disposition instructions for Local Government General Records Schedule, Standard 1, Reports and Studies.	

ITEM #	STANDARD 11: ALL HEALTH DEPARTMENT PROGRAMS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
9.	<p>PATIENT SELF-HISTORIES AND RECEIVED MEDICAL RECORDS</p> <p>Preliminary medical information collected concerning patients served by the local health department. May include patient self-histories and health surveys, including family medical histories, known health conditions, and allergies; copies of medical records; and referrals received from other agencies.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Comply with agency policy for patient notification. If unable to locate patient, destroy in office when reference value ends.†</p> <p>Agency Policy: Destroy in office after _____</p>	
10.	<p>PROGRAM TIME AND ACTIVITY REPORTS</p> <p>Reports and related records documenting activities of personnel for all program areas.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	
11.	<p>PROTECTED HEALTH INFORMATION (PHI) ACCESS RECORDS</p> <p>Records documenting client requests for or restrictions of access to PHI required by the HIPAA Privacy Rule.</p>	<p>Destroy in office 6 years from date of creation or 6 years from date when applicable documentation was last in effect, whichever is later.</p>	<p>Retention: 45 CFR 164.530(j)(2)</p>
12.	<p>PROTECTED HEALTH INFORMATION (PHI) AMENDMENT REQUEST RECORDS</p> <p>Records documenting client requests for amendment of PHI required by the HIPAA Privacy Rule.</p>	<p>Destroy in office 6 years from date of creation or 6 years from date when applicable documentation was last in effect, whichever is later.</p>	<p>Authority: 45 CFR 164.526(d)(4)</p> <p>Retention: 45 CFR 164.530(j)(2)</p>



ITEM #	STANDARD 11: ALL HEALTH DEPARTMENT PROGRAMS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
13.	<p>PROTECTED HEALTH INFORMATION (PHI) DISCLOSURE RECORDS</p> <p>Records documenting disclosures of PHI required by the HIPAA Privacy Rule. Includes disclosure log.</p>	Destroy in office 6 years from date of creation or 6 years from date when applicable documentation was last in effect, whichever is later.	<p>Authority: 45 CFR 164.508</p> <p>Retention: 45 CFR 164.528(a)(1)</p>
14.	<p>PROTECTED HEALTH INFORMATION (PHI) PRIVACY PRACTICES RECORDS</p> <p>Policies, procedures, and related records documenting safeguards for privacy of PHI required by the HIPAA Privacy Rule.</p>	Destroy in office 6 years from date of creation or 6 years from date when applicable documentation was last in effect, whichever is later.	<p>Authority: 45 CFR 164.520</p> <p>Retention: 45 CFR 164.530(j)(2)</p>
15.	<p>PROTECTED HEALTH INFORMATION (PHI) PRIVACY PRACTICES VIOLATION RECORDS</p> <p>Records documenting complaints received concerning privacy policies and procedures required by the HIPAA Privacy Rule.</p>	Destroy in office 6 years from date of creation or 6 years from date when applicable documentation was last in effect, whichever is later.	Retention: 45 CFR 164.530
16.	<p>PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE RECORDS</p> <p>Records concerning rapid response to public health emergencies and involvement with county and regional emergency planning. File includes public health preparedness and response plans.</p>	<p>a) Retain records with historical value permanently.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 6 years.*</p>	



ITEM #	STANDARD 11: ALL HEALTH DEPARTMENT PROGRAMS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
17.	<p>PUBLIC HEALTH PROBLEM SURVEILLANCE RECORDS Records concerning surveillance and investigation of public health hazards, problems, and threats. File includes received reports, health alerts, advisories, and other related records.</p> <p>See also Local Government General Records Schedule, Standard 8, Disaster and Emergency Management Plans.</p>	<p>a) Retain records with historical value permanently.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 6 years.*</p>	
18.	<p>QUALITY ASSURANCE RECORDS Quality assessments of local health department programs. Includes resource materials, procedures, program self-assessments, state monitoring reports of findings, corrective action plans, and other related records.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 6 years.*</p>	
19.	<p>SATISFACTION ASSESSMENT SURVEY RESPONSES Client survey response sheets for all programs.</p>	Destroy in office survey response sheets 6 months after survey due date or date of any follow-up inquiry.	Authority: 10A NCAC 48B .1001
20.	<p>SCREENING AND REFERRAL RECORDS Records of screenings, consultations, and referrals conducted by local health department staff in all programs.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 5 years.*</p>	

ITEM #	STANDARD 11: ALL HEALTH DEPARTMENT PROGRAMS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
21.	<p>STANDING ORDERS Includes pre-printed and electronic standing orders, order sets, and protocols for patient orders.</p> <p>See also Local Government General Records Schedule, Standard 5, Delegation of Authority Records.</p>	Destroy in office 3 years after superseded or obsolete.	
22.	<p>STATISTICAL REPORTS Agency statistical studies and reports. Includes statistical and surveillance reports from state Health Information System (HIS) and local health department electronic health record (EHR) systems.</p>	<p>a) Retain reports with historical value permanently.</p> <p>b) For remaining reports, follow disposition instructions for Local Government General Records Schedule, Standard 1, Reports and Studies.</p>	
23.	<p>STERILIZATION RECORDS Records concerning mechanical, chemical, and biological sterilization and disinfection. Includes monitor notebooks and sterilizer logs and tests.</p>	Destroy in office after 3 years.	
24.	<p>VACCINE PROGRAM MANAGEMENT RECORDS Forms, reports, and policies required to document the storage, handling, transfer, and inventorying of vaccines.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	

STANDARD 12: PROGRAM OPERATIONAL RECORDS – ANIMAL CONTROL PROGRAMS

Public health records created or received in local health departments and used to manage and monitor animal control programs.

ITEM #	STANDARD 12: ANIMAL CONTROL PROGRAMS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>ACTIVITY REPORTS Daily, weekly, and monthly reports providing statistics regarding complaints answered, dogs and cats impounded, impounded animals disposed of, vaccinations, and animal bites reported.</p>	<p>a) Retain reports with historical value permanently. b) For remaining reports, follow disposition instructions for Local Government General Records Schedule, Standard 1, Reports and Studies.</p>	
2.	<p> ANIMAL ABUSE AND CRUELTY CASES Includes complaints, citations, compliance orders, and similar records.</p>	Destroy in office after 5 years.*	Confidentiality: G.S. § 132-1.4
3.	<p>ANIMAL ADOPTION RECORDS Includes pre-adoption records and agreements.</p>	Destroy in office after 2 years.	
4.	<p>ANIMAL BITE REPORTS Reports detailing animal bites investigated by, or reported to, local health departments. See also DANGEROUS ANIMALS RECORDS, page 11, item 10.</p>	Destroy in office after 3 years.*	Authority: G.S. § 130A-196
5.	<p> ANIMAL COMPLAINTS Includes complaints of nuisance animals. See also DANGEROUS ANIMALS RECORDS, page 11, item 10.</p>	Destroy in office after 3 years.*	Confidentiality: G.S. § 132-1.4

ITEM #	STANDARD 12: ANIMAL CONTROL PROGRAMS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
6.	<p>ANIMAL CONTROL CITATIONS AND COMPLIANCE ORDERS</p> <p>Includes citations and compliance orders issued to animal owners of violations of county ordinances.</p> <p>See also DANGEROUS ANIMALS RECORDS, page 11, item 10.</p>	Destroy in office after 3 years.*	
7.	<p>ANIMAL LICENSE RECORDS</p> <p>Records concerning the payment of license fees.</p>	Destroy in office after 3 years.*	
8.	<p>CERTIFICATES OF ANIMAL RELEASE</p> <p>Certificates verifying health of animals examined and released by local health department.</p>	Destroy in office 1 year after animal is released.	Retention: 02 NCAC 52J .0103
9.	<p>CONTROLLED SUBSTANCE EUTHANASIA LOG</p> <p>Includes amount of controlled substance used and animals destroyed.</p>	Destroy in office after 2 years.	Retention: 21 CFR 1304.03
10.	<p> DANGEROUS ANIMALS RECORDS</p> <p>Includes complaints, compliance orders, citations, bite reports, and similar records relating to dangerous animals. (See G.S. § 67-4.1 for a definition of “dangerous dog” and “potentially dangerous dog.”)</p>	Destroy in office records concerning dangerous animals until known dead or after 10 years.*	Confidentiality: G.S. § 132-1.4
11.	<p> HISTORIES OF PET OWNERS</p> <p>Records concerning information for each animal owner that violates the county ordinances. May include signed complaint forms, pictures, and paperwork issued by the animal control officer.</p>	Destroy in office after 3 years.*	Confidentiality: G.S. § 132-1.4

ITEM #	STANDARD 12: ANIMAL CONTROL PROGRAMS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
12.	OWNER CONTACT NOTICE RECORDS Records concerning attempts to contact owners of animals impounded at animal shelter.	Destroy in office 1 year from date of contact.	
13.	SHELTER DISPOSITION RECORDS Records on each animal processed by the animal shelter. Records contain information on whether animal is reclaimed by the owner, adopted, or euthanized.	Destroy in office 1 year after animal is released or euthanized.	Authority: G.S. § 19A, Article 3 02 NCAC 52J .0100 Retention: 02 NCAC 52J .0103
14.	VACCINATION RECORDS Includes rabies vaccination certificates sent to county animal control by area veterinarians.	Destroy in office after 3 years.	Authority: G.S. § 130A-189

STANDARD 13: PROGRAM OPERATIONAL RECORDS – BUSINESS OFFICE AND PATIENTS’ FINANCIAL RECORDS

Public health records concerning Medicare and Medicaid disbursements, insurance claims and payments, and other financial activities for patients served by local health departments. See the Local Government Agencies General Records Retention and Disposition Schedule, Standard 2: Budget, Fiscal, and Payroll Records for the disposition of records concerning office operational financial activities.

In accordance with G.S. § 131E-97, all charges, accounts, credit histories, and other personal financial records maintained by public health care facilities in connection with admission, treatment, and discharge of individual patients are confidential and exempt from public inspection as outlined in G.S. § 132-6.

Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

ITEM #	STANDARD 13: BUSINESS OFFICE AND PATIENTS’ FINANCIAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>ACCOUNTS RECEIVABLE: CLINICAL SERVICES Patient payments; filings to private insurance, Medicare, and Medicaid; aged accounts receivable reports; and other related records. Includes receipts, remittance advice, and other records that document payments received from patients and insurance agencies.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	
2.	<p>ADJUSTED PATIENT ACCOUNTS Records of adjustments to patients’ bills and insurance claims.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	


ITEM #	STANDARD 13: BUSINESS OFFICE AND PATIENTS' FINANCIAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
3.	<p>CONSOLIDATED AGREEMENT</p> <p>Consolidated agreement and agreement addenda between local health department and NC DHHS, Division of Public Health concerning requirements for distribution of state and federal funds.</p>	Destroy in office 5 years after annual financial report is filed.*	
4.	<p>COST REPORTS</p> <p>Reports and supporting documentation summarizing costs incurred for administration of programs.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	
5.	<p>DEBT SETOFF PROGRAM RECORDS</p> <p>Records concerning accounts sent to NC Debt Setoff Program for collection. Includes returned mail to patients being notified of submission.</p>	Destroy in office after total debt is paid or after 10 years.	Authority: G.S. § 105A
6.	<p>ELIGIBILITY DETERMINATION RECORDS</p> <p>Records concerning financial eligibility of local health department clients for payment programs.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records when reference value ends.† Agency Policy: Destroy in office after _____</p>	Authority: 10A NCAC 45A .0202


ITEM #	STANDARD 13: BUSINESS OFFICE AND PATIENTS' FINANCIAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
7.	<p>INSURANCE CLAIMS</p> <p>Includes Medicare, Medicaid, and insurance carrier claim forms and records, including schedule of payments, copies of claim, listing of invalid or rejected claims, payment list, and list of checks received.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	
8.	<p>INSURANCE PENDING REPORTS</p> <p>Reports and supporting documentation summarizing unpaid insurance claims.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	
9.	<p>MEDICARE DISBURSEMENT REPORTS</p> <p>Reports and supporting documentation summarizing funds received from Medicare and the accounts to which they are posted.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	
10.	<p>MEDICARE PART D PRESCRIPTION DRUG FINANCIAL RECORDS</p> <p>Financial records related to Part D drug plans administered by the local health department. Includes remittance advice records.</p> <p>See also MEDICARE PART D PRESCRIPTION DRUG PROGRAM RECORDS, page 41, item 8.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 10 years.*</p>	Retention: 42 CFR 423.505(d)

ITEM #	STANDARD 13: BUSINESS OFFICE AND PATIENTS' FINANCIAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
11.	PATIENT REFUND RECORDS Reports, logs, and supporting documentation summarizing refunds issued to patients and insurance agencies.	a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions. ¹ b) Destroy in office remaining records after 3 years.*	
12.	SUPERBILLS Summaries of charges to client for clinical services with codes for services received. File includes electronic superbills (ESBs).	a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions. ¹ b) Destroy in office remaining records after 6 years.*	

STANDARD 14: PROGRAM OPERATIONAL RECORDS – COMMUNICABLE DISEASE CONTROL RECORDS

Public health records created or received in local health departments and used to manage and monitor communicable disease control programs. These are not individual patient clinical records. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

STANDARD 14: COMMUNICABLE DISEASE CONTROL RECORDS			
ITEM #	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1. 	<p>COMMUNICABLE DISEASE OUTBREAK INVESTIGATION RECORDS</p> <p>Records concerning actions taken by local health directors and public health nurses to control the spread of a communicable disease. Includes copies of letters of notification of exposure sent out to child care facilities, restaurants, etc., outbreak summary reports, after action reports, and other related records.</p>	<p>a) Enter all required information for cases and contacts into the North Carolina Electronic Disease Surveillance System (NC EDSS). Any documents that are part of the investigation should be attached to the corresponding outbreak event in NC EDSS for retention; NC EDSS records are not scheduled for expiration or destruction at this time. Paper records may be destroyed once pertinent information is entered into NC EDSS.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office after 10 years paper records not entered into NC EDSS.*</p>	<p>Authority: G.S. § 130A-140 10A NCAC 41A .0103</p> <p>Confidentiality: G.S. § 130A-143</p>

ITEM #	STANDARD 14: COMMUNICABLE DISEASE CONTROL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
2. 	<p>COMMUNICABLE DISEASE REPORTS</p> <p>Part 1 and Part 2 communicable disease report forms, morbidity forms, supplemental surveillance forms, and other related records concerning reports of communicable diseases and information on patients' risk factors. Also includes reports of viral hepatitis and sexually transmitted diseases (STDs)/sexually transmitted infections (STIs).</p>	<p>a) Enter required information into the North Carolina Electronic Disease Surveillance System (NC EDSS). Any documents that are part of the investigation should be attached to the corresponding outbreak event in NC EDSS for retention; NC EDSS records are not scheduled for expiration or destruction at this time. Paper records may be destroyed once pertinent information is entered into NC EDSS.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office after 10 years paper records not entered into NC EDSS.*</p>	<p>Authority: G.S. § 130A-140 10A NCAC 41A .0103</p> <p>Confidentiality: G.S. § 130A-143</p> <p>Retention: NC DHHS, Division of Public Health Communicable Disease Manual</p>

STANDARD 15: PROGRAM OPERATIONAL RECORDS – ENVIRONMENTAL HEALTH RECORDS

Public health records created or received in local health departments and used to manage and monitor environmental health programs. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

ITEM #	STANDARD 15: ENVIRONMENTAL HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>ENVIRONMENTAL HEALTH PERMITS</p> <p>Records concerning permits for child care facilities, public swimming pools, tattoo parlors, private drinking water wells, and other inspected permittees under the jurisdiction of the environmental health program.</p>	Destroy in office 3 years after expiration, inactivation, or revocation.	Authority: G.S. § 87-97 15A NCAC 02C .0300 15A NCAC 18A
2.	<p>FOOD AND LODGING MAPS, PLANS, AND BLUEPRINTS</p> <p>Records concerning new food service and lodging establishments submitted for review and approval to environmental health program prior to construction.</p>	Destroy in office after 1 year.	
3.	<p>FOOD AND LODGING PERMIT ACTIONS</p> <p>Records concerning the application and permit process for food and lodging establishments. Includes new, transitional, expired, revoked, or suspended permits.</p>	<p>a) Initial and new permits: Destroy in office 3 years after revocation or disapproval.</p> <p>b) Transitional permits: Destroy in office 3 years after new permit application approved or expiration occurs.</p> <p>c) Suspended permits: Destroy in office 3 years after date of suspension or disapproval.</p>	

ITEM #	STANDARD 15: ENVIRONMENTAL HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
4.	<p>FOOD, LODGING, INSTITUTIONAL SANITATION, AND PUBLIC SWIMMING POOLS AND SPAS INSPECTION RECORDS</p> <p>Records concerning environmental health inspections. Includes inspection reports, listings of violations, compliance reports, and other related records.</p>	Destroy in office 3 years after resolution of any violations and closure of report.*	
5.	<p>INSPECTION SUMMARIES</p> <p>Summaries of inspections of establishments whose business impacts environmental health.</p>	<p>a) Destroy in office 3 years after date records were created while establishment is in operation.</p> <p>b) Destroy in office 1 year after establishment ceases operation.</p>	
6.	<p>LABORATORY REPORTS</p> <p>Laboratory reports showing results of environmental health tests.</p>	Destroy in office after 3 years.	
7.	<p>LEAD POISONING PREVENTION RECORDS</p> <p>Records concerning childhood lead poisoning prevention programs. Includes examination and testing results, investigation case files, copies of medical records, remediation plans, and other related records.</p>	<p>a) Enter required information into the North Carolina Electronic Disease Surveillance System (NC EDSS). Any documents part of the investigation should be attached to the corresponding outbreak event in NC EDS for retention. Paper records may be destroyed once pertinent information is entered into NC EDSS.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office paper records not entered into NC EDSS after 10 years.*</p>	<p>Authority: G.S. § 130A, Article 5, Part 4 15A NCAC 18A .3100</p>

ITEM #	STANDARD 15: ENVIRONMENTAL HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
8.	<p>METHAMPHETAMINE LABS DECONTAMINATION RECORDS</p> <p>Records concerning decontamination activities.</p>	Destroy in office 3 years after documented decontamination is complete.	Retention: 10A NCAC 41D .0104
9.	<p>WASTEWATER COLLECTION, TREATMENT, AND DISPOSAL REGULATION RECORDS</p> <p>Records concerning enforcement of permit requirements and wastewater disposal/dispersal regulations. Includes inspections and corrective actions in cases of complaints and illnesses associated with wastewater.</p>	Destroy in office 3 years after implementation of corrective action.*	
10.	<p>WASTEWATER DISPERSAL SUBDIVISION SYSTEM RECORDS</p> <p>Records concerning wastewater dispersal/disposal systems for subdivisions. Includes plans, applications for permits, and other related records.</p>	Destroy in office when system is no longer in use and the system has been properly abandoned or when system is connected to an approved public or community system.	
11.	<p>WASTEWATER DISPERSAL SYSTEM APPLICATIONS - IMPROVEMENT PERMIT AND CONSTRUCTION AUTHORIZATION PERMIT</p> <p>Includes the entirety of the application including wastewater system site plans and plats indicating location of septic tanks, drain fields, other plans and specifications, and site evaluations.</p>	<p>a) Transfer applications for which a permit is issued to WASTEWATER DISPERSAL SYSTEM IMPROVEMENT PERMITS AND CONSTRUCTION AUTHORIZATION PERMITS, page 22, item 13.</p> <p>b) Destroy in office denied applications 3 years after denial.</p> <p>c) Destroy in office remaining applications 1 year after expiration of application period.</p>	

ITEM #	STANDARD 15: ENVIRONMENTAL HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
12.	<p>WASTEWATER DISPERSAL SYSTEM ENGINEERED OPTION PERMITS</p> <p>Includes notices of intent, inspection reports, engineer's reports, operations and management programs, and other related records.</p>	<p>Destroy in office when permit is revoked, or the system is no longer in use and the system has been properly abandoned, or the facility is connected to an approved public or community system.</p>	<p>Authority: G.S. § 130A-336.1 15A NCAC 18A .1971</p>
13.	<p>WASTEWATER DISPERSAL SYSTEM IMPROVEMENT PERMITS AND CONSTRUCTION AUTHORIZATION PERMITS</p> <p>Includes the entirety of the permit including applications, wastewater system site plans and plats indicating location of septic tanks, drain fields, other plans and specifications, and site evaluations. Includes expiring and non-expiring permits, as well as permits subject to the 2017 Permit Extension Act.</p>	<p>a) Transfer permits that result in the issuance of an operation permit to WASTEWATER DISPERSAL SYSTEM OPERATION PERMITS, page 22, item 14.</p> <p>b) Destroy in office revoked permits 3 years from date of revocation.</p> <p>c) Destroy in office remaining permits issued between January 1, 2000 and January 1, 2015 after January 1, 2021.</p> <p>d) Destroy in office remaining expiring permits 1 year after expiration date.</p> <p>e) Destroy in office remaining non-expiring permits when permit is revoked, or the system is no longer in use and has been properly abandoned, or the facility is connected to an approved public or community system.</p>	<p>Authority: G.S. § 130A-336 15A NCAC 18A .1937</p> <p>Retention: G.S. § 130A-336(b1)</p>
14.	<p>WASTEWATER DISPERSAL SYSTEM OPERATION PERMITS</p> <p>Permit issued to verify wastewater disposal/dispersal systems have been completed according to local health department guidelines and are approved for use.</p>	<p>Destroy in office when permit is revoked, or the system is no longer in use and the system has been properly abandoned, or the facility is connected to an approved public or community system.</p>	<p>Authority: G.S. § 130A-33715A 15A NCAC 18A .1937</p>

ITEM #	STANDARD 15: ENVIRONMENTAL HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
15.	<p>WATER SUPPLY ON-SITE SANITATION SERVICES RECORDS</p> <p>Records concerning sanitation of individual on-site water supplies. File includes inspections, test results, analyses of water samples, and corrective actions in cases of complaints and illnesses associated with water supplies.</p>	Destroy in office 3 years after implementation of corrective action.*	
16.	<p>WATER SUPPLY REGISTRY – PERMITTED WELLS</p> <p>Registry of all private drinking water wells for which a construction or repair permit was issued. Includes water test results for permitted wells.</p>	<p>a) Retain registry in office permanently.</p> <p>b) Destroy in office water test results upon closure of well.</p>	<p>Authority: G.S. § 87-97 15A NCAC 02C .0307</p> <p>Retention: G.S. § 87-97(k)</p>
17.	<p>WATER SUPPLY WELL OPERATIONS RECORDS</p> <p>Forms submitted by well contractors concerning construction, abandonment, and repair of private drinking water wells in area of local health department. File includes certifications of completion or abandonment.</p>	Destroy in office when well is no longer in use or when water supply is connected to an approved public or community system.	<p>Authority: 15A NCAC 02C .0114</p>

STANDARD 16: PROGRAM OPERATIONAL RECORDS – HEALTH EDUCATION RECORDS

Public health records created or received in local health departments and used to manage and monitor health education programs. These are not individual patient clinical records. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

STANDARD 16: HEALTH EDUCATION RECORDS			
ITEM #	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>HEALTH EDUCATION RECORDS Records documenting contacts with individuals receiving health education services. Includes screenings, consultations, and referrals.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 5 years.*</p>	<p>Authority: 10A NCAC 48B .0803</p>
2.	<p>HEALTH PROMOTION TRAINING RECORDS Records concerning health promotion classes and training, including pregnancy prevention, childbirth education, worksite wellness, nutrition counseling, injury control, and tobacco cessation.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 5 years.*</p>	<p>Authority: 10A NCAC 48B .0402</p>

ITEM #	STANDARD 16: HEALTH EDUCATION RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
3.	<p>MEDIA AND PUBLIC HEALTH INFORMATION Records concerning information released to media, the public, and appointed and elected officials. Includes copies of public health assessments, requests for health education presentations, public health hotline messages, public health press releases, community health data and health status information, and other related records.</p> <p>See also Local Government General Records Schedule, Standard 7, Public Relations Records.</p>	<p>a) Retain in office records with historical value permanently.</p> <p>b) Destroy in office remaining records when reference value ends.†</p> <p>Agency Policy: Destroy in office after _____</p>	<p>Authority: 10A NCAC 48B .0400</p>
4.	<p>SEXUALLY TRANSMITTED DISEASE (STD)/SEXUALLY TRANSMITTED INFECTION (STI) COUNSELING AND TESTING QUARTERLY REPORTS Records summarizing counseling and testing for HIV/AIDS and other sexually transmitted diseases and infections.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	
5.	<p>SEXUALLY TRANSMITTED DISEASE (STD)/SEXUALLY TRANSMITTED INFECTION (STI) EDUCATION REPORTS Records concerning public education and awareness efforts concerning HIV/AIDS and other sexually transmitted diseases and infections.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	

STANDARD 17: PROGRAM OPERATIONAL RECORDS – HOME HEALTH AND COMMUNITY-BASED SERVICES RECORDS


Public health records created or received in local health departments and used to manage and monitor home health and community-based services programs. These are not individual patient clinical records. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

STANDARD 17: HOME HEALTH AND COMMUNITY-BASED SERVICES RECORDS			
ITEM #	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN (CAP/C) CASE RECORDS</p> <p>Includes service plans, NC DHHS authorization forms, service orders, waiver supports, and other related records.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 6 years.*</p>	
2.	<p>COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS (CAP/DA) CASE RECORDS</p> <p>Includes service plans, NC DHHS authorization forms, service orders, waiver supports, and other related records.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 6 years.*</p>	

ITEM #	STANDARD 17: HOME HEALTH AND COMMUNITY-BASED SERVICES RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
3.	<p>HOME HEALTH ADVISORY COMMITTEE MINUTES</p> <p>See also Local Government General Records Schedule, Standard 1, Minutes of Public Bodies. See the MICROFILM section on page 61 for instructions on microfilming.</p>	Retain official minutes in office permanently.	
4.	<p>HOME HEALTH PROGRAM RECORDS</p> <p>Records documenting contacts between home health services and individuals served by the local health department. Includes screenings, consultations, referrals, admission and service data, plans of care, and case conferences.</p>	<p>a) If individual receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 5 years.*</p>	<p>Authority: 10A NCAC 46 .0208 10A NCAC 13J .1400</p>
5.	<p>INSURANCE FOR THE AGED CERTIFICATION</p> <p>Records concerning certification of organizations offering health insurance for the aged.</p>	Destroy in office upon expiration of certification.	
6.	<p>NC STATE LICENSURE CERTIFICATE</p> <p>Proof of licensure by NC DHHS to operate as a home care agency.</p>	Destroy in office upon expiration of certification.	<p>Authority: 10A NCAC 13J .0902</p>

STANDARD 18: PROGRAM OPERATIONAL RECORDS – LABORATORY RECORDS

Public health records created or received in local health departments and used to manage and monitor laboratory programs. These are not individual patient clinical records. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

ITEM #	STANDARD 18: LABORATORY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>EQUIPMENT AND INSTRUMENT MAINTENANCE AND REPAIR FILE</p> <p>Records documenting the proper functioning of equipment. Includes notebooks, logs, and test results.</p>	Destroy in office after 2 years.	Retention: 42 CFR 493.1105(a)(5)
2.	 <p>HIV TEST RECORDS</p> <p>Records and logs documenting the transfer of samples to NC DHHS for HIV test processing. May include test results and patient information.</p>	<p>a) Transfer individual clinical records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 5 years.*</p>	Confidentiality: G.S. § 130A-143
3.	<p>LABORATORY PROCEDURES MANUAL</p> <p>Laboratory test procedures with dates of initial use and discontinuance.</p>	Destroy in office 2 years after date of discontinuance.	Retention: 42 CFR 493.1105(a)(2)

ITEM #	STANDARD 18: LABORATORY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
4.	<p>MEDICAL EXAMINER RECORDS</p> <p>Records related to the investigation of deaths by the county medical examiner. May include photographs, notes, reference copies of medical records and law enforcement reports, and other related records.</p>	<p>a) Submit final report to DHHS Office of the Chief Medical Examiner.</p> <p>b) Submit certificate of death to the State Registrar of Vital Statistics.</p> <p>c) Destroy in office remaining investigatory materials when reference value ends.†</p> <p>Agency Policy: Destroy in office after _____</p> <p><i>Retention Note: The offices receiving the final report and the death certificate are the records custodians.</i></p>	<p>Authority: G.S. § 130A-385</p>
5.	<p>PROFICIENCY TESTING RECORDS</p> <p>Records used to attest the handling, preparation, processing, examination, and reporting of results of all proficiency testing. Includes testing report forms, records documenting testing failures and corrective actions, and other related records.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 2 years.*</p>	<p>Retention: 42 CFR 493.1105(a)(4)</p>


ITEM #	STANDARD 18: LABORATORY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
6.	<p>QUALITY CONTROL RECORDS</p> <p>Records concerning quality control of analytics systems as well as quality system assessment. File includes instrument printouts, analytic systems activities, test system performance specifications, and other related records.</p>	<p>a) Retain in office permanently quality control records for blood and blood products with no expiration dates.*</p> <p>b) Destroy in office quality control records for immunohematology, blood and blood products with expiration dates, and transfusions 10 years after completion of processing or 6 months after expiration date for individual product, whichever is later.*</p> <p>c) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>d) Destroy in office remaining records after 2 years.*</p> <p><i>Retention Note: Retain test system performance specifications for life of test system. Upon disuse of test system, follow disposition instructions above.</i></p>	<p>Retention: 21 CFR 606.160(d) 42 CFR 493.1105(a)(3) 42 CFR 493.1105(a)(5)</p>
7.	<p>SLIDES, BLOCKS, AND TISSUE</p> <p>Includes cytology slide preparations, histopathology slides, pathology specimen blocks, and tissue remnants.</p>	<p>a) Destroy in office histopathology slides 10 years from date of examination.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 6 years.*</p>	<p>Authority: 42 CFR 493.1105</p> <p>Retention: 42 CFR 493.1105</p>

ITEM #	STANDARD 18: LABORATORY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
8.	<p>TEST REPORTS Final, preliminary, and corrected test reports concerning test results processed on-site or at another location. File includes immunohematology test reports and pathology test reports.</p> <p>See also HIV TEST RECORDS, page 28, item 2.</p>	<ul style="list-style-type: none"> a) Transfer individual clinical records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable. b) Retain in office permanently immunohematology test reports for products with no expiration date.* c) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹ d) Destroy remaining test reports for immunohematology, blood and blood products, and transfusions 10 years after completion of processing or 6 months after latest expiration date for individual product, whichever is later.* e) Destroy in office remaining pathology test reports after 10 years.* f) Destroy in office all other remaining test reports after 2 years.* 	Retention: 21 CFR 606.160(d) 42 CFR 493.1105
9.	<p>TEST REQUISITIONS Includes test authorizations and copies of patients' medical records if used as test requisitions or authorizations.</p>	<ul style="list-style-type: none"> a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹ b) Destroy in office remaining records after 2 years.* 	Retention: 42 CFR 493.1105

STANDARD 19: PROGRAM OPERATIONAL RECORDS – MATERNAL AND CHILD HEALTH RECORDS

Public health records created or received in local health departments and used to manage and monitor maternal and child health programs. These are not individual patient clinical records. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

STANDARD 19: MATERNAL AND CHILD HEALTH RECORDS			
ITEM #	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>ADMINISTRATIVE FACILITY INFORMATION (CHILD HEALTH PROGRAM)</p> <p>Includes memorandum of agreement forms, visit narrative notes, facility assessment forms, and other related records.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	
2.	<p>CARE COORDINATION FOR CHILDREN (CC4C) PROGRAM RECORDS</p> <p>Records concerning status of children in CC4C program, including child’s name, referral, report date, development status, service status, and other related information. Records created and maintained in NC DHHS, Division of Public Health CC4C Case Management Information System (CMIS).</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	

ITEM #	STANDARD 19: MATERNAL AND CHILD HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
3.	<p>CHILD CARE HEALTH CONSULTANT RECORDS (CHILD HEALTH PROGRAM)</p> <p>Records concerning child care health programs administered to child care facilities by local health departments. May include parent and guardian permission slips, child health assessment forms, confidentiality statements, screening forms, and other related records.</p>	<p>a) If child receives clinical services transfer records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 5 years.*</p>	
4.	 <p>CHILD FATALITY PREVENTION TEAM REVIEWS</p> <p>Case reviews submitted by local child fatality prevention teams listing identifying information, summaries, outcomes of reviews, administrative comments, and other related information. File also includes minutes and quarterly reports to board of health.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	<p>Authority: G.S. § 7B-1410</p> <p>Confidentiality: G.S. § 7B-1413</p>
5.	<p>CHILDREN WITH SPECIAL HEALTH CARE NEEDS SERVICES RECORDS</p> <p>Records concerning services provided to children with special health care needs administered through local health departments.</p>	<p>a) Transfer individual clinical records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions and when child reaches 30 years of age and has not received services within the last 10 years.¹</p> <p>c) Destroy in office remaining records when child reaches 30 years of age and has not received services within the last 10 years.*</p>	

ITEM #	STANDARD 19: MATERNAL AND CHILD HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
6.	<p>MATERNAL AND CHILD HEALTH RECORDS Records documenting maternal and child health services offered to individuals within the jurisdiction of the local health department. Includes screenings, consultations, referrals, Sudden Infant Death Syndrome (SIDS) home visit reports, and pregnancy care management services records.</p>	<p>a) Transfer individual clinical records to PATIENT CLINICAL RECORDS, page 36, item 5, as applicable.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions and when child reaches 30 years of age and has not received services within the last 10 years.¹</p> <p>c) Destroy in office remaining records when child reaches 30 years of age and has not received services within the last 10 years.*</p>	
7.	<p>SUDDEN INFANT DEATH SYNDROME (SIDS) PATHOLOGY REPORTS Reference copies of autopsies.</p>	<p>Destroy in office when reference value ends.† Agency Policy: Destroy in office after _____</p>	

STANDARD 20: PROGRAM OPERATIONAL RECORDS – PATIENT CLINICAL RECORDS




Records created or received by local health departments documenting patient care, including x-ray films, consents for medical care, and copies of laboratory reports.


In accordance with G.S. § 131E-97, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in G.S. § 132-6. Custodians also should be familiar with G.S. § 8-53 concerning confidentiality of communications between physicians and their patients.

Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

<i>ITEM #</i>	<i>STANDARD 20: PATIENT CLINICAL RECORDS</i>		
	<i>RECORDS SERIES TITLE</i>	<i>DISPOSITION INSTRUCTIONS</i>	<i>CITATION</i>
1.	DENTAL PATIENT RECORDS Dental clinical records for patients served by the local health department.	a) Adult patients: Destroy in office 10 years from date of last service.* b) Pediatric patients: Destroy in office when individual reaches 30 years of age and has not received services within the last 10 years. If individual has received services within the last 10 years, follow disposition instructions for adult patients.* c) Deceased patients: Destroy in office 10 years from date of last service.	Authority/Retention: 21 NCAC 16T .0101

ITEM #	STANDARD 20: PATIENT CLINICAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
2.	<p>IMMUNIZATION CONSENT FORMS Consent forms completed by individuals receiving yearly influenza or other inoculations.</p>	<p>a) Transfer consent forms containing immunization information (dose details, etc.) to IMMUNIZATION RECORDS, page 36, item 3.</p> <p>b) Destroy in office remaining consent forms with HIPAA section after 6 years.</p> <p>c) Destroy in office remaining consent forms without HIPAA section after 3 years.</p>	Retention: 45 CFR 164.530(j)(2)
3.	<p>IMMUNIZATION RECORDS Immunization records for patients served by the local health department.</p>	<p>a) Destroy in office immunization records 1 year after entry in the North Carolina Immunization Registry (NCIR).</p> <p>b) Destroy in office immunization records not entered in the NCIR after patient's death and 10 years from date of last service, whichever is later.</p>	Authority: G.S. § 130A-153
4.	<p>MAMMOGRAMS</p>	<p>a) Destroy in office baseline and most recent mammogram 10 years from date of last service.*</p> <p>b) Destroy in office remaining records when superseded.*</p>	
5.	<p>PATIENT CLINICAL RECORDS Clinical records for all patients served by the local health department. Files includes both paper and electronic health records. Also includes x-rays and other diagnostic reports.</p> <p>See also SEXUALLY TRANSMITTED DISEASES (STD)/SEXUALLY TRANSMITTED INFECTIONS (STI) (CLINICAL) RECORDS, page 37, item 8, and TUBERCULOSIS (CLINICAL) RECORDS, page 38, item 9.</p>	<p>a) Adult patients: Destroy in office 10 years from date of last service.*</p> <p>b) Pediatric patients: Destroy in office when individual reaches 30 years of age and has not received services within the last 10 years. If individual has received services within the last 10 years, follow disposition instructions for adult patients.*</p> <p>c) Deceased patients: Destroy in office 10 years from date of last service.</p>	Retention: G.S. § 1-15

ITEM #	STANDARD 20: PATIENT CLINICAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
6. 	PERINATAL HEPATITIS B PREVENTION REPORT PART I Records tracking the testing and vaccination status of newborns exposed to hepatitis B at birth.	a) Enter required information into the North Carolina Electronic Disease Surveillance System (NC EDSS) and the North Carolina Immunization Registry (NCIR). b) Destroy in office when individual reaches 30 years of age and has not received services within the last 10 years.*	Confidentiality: G.S. § 130A-143
7. 	PERINATAL HEPATITIS B PREVENTION REPORT PART II Records tracking the testing and vaccination status of contacts of pregnant females who have hepatitis B.	a) Enter required information into the North Carolina Electronic Disease Surveillance System (NC EDSS) and the North Carolina Immunization Registry (NCIR). b) Destroy in office 10 years from date of last service.	Confidentiality: G.S. § 130A-143
8. 	SEXUALLY TRANSMITTED DISEASES (STD)/SEXUALLY TRANSMITTED INFECTIONS (STI) (CLINICAL) RECORDS Clinical records of patients who receive services for sexually transmitted diseases/sexually transmitted infections, including HIV/AIDS.	Destroy in office 10 years after documented determination of cure or after death of patient.	Authority: NC DHHS, Sexually Transmitted Diseases Public Health Program Manual Confidentiality: G.S. § 130A-143

ITEM #	STANDARD 20: PATIENT CLINICAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
9. 	TUBERCULOSIS (CLINICAL) RECORDS Clinical records for patients with tuberculosis (TB). File also includes summaries of treatment, x-rays, culture results, drug records, counseling, and other related records.	a) Negative test: Destroy in office after 1 year. b) TB infection (no disease): Retain interpretation of most recent x-ray films, TB drug record if treated, and HIV test results if tested for life of patient. Destroy x-ray films 10 years from date of last service. c) TB disease: Retain summary of treatment, most recent x-ray films including interpretations, TB drug record, HIV test results if tested, most recent mycobacterium TB culture result with susceptibilities, and hospital discharge summaries, if any, for life of patient. Destroy all but the most recent x-ray films 10 years from date of last service. d) When patient reaches 90 years of age or is deceased: Destroy records and x-ray films 10 years from date of last service.	Authority: NC DHHS, Tuberculosis Control Program Policy Manual Confidentiality: G.S. § 130A-143

STANDARD 21: PROGRAM OPERATIONAL RECORDS – PHARMACY RECORDS

Records created or received by pharmacies operating within local health departments. According to 21 NCAC 46 .2508, local health departments may create and maintain pharmacy records digitally, provided that the system can print pharmacy records, protects against unauthorized access to pharmacy records, and is backed up daily.

In accordance with G.S. § 131E-97, all medical records compiled and maintained by public health care facilities are confidential and exempt from public inspection as outlined in G.S. § 132-6. This exemption includes financial records concerning charges, accounts, and credit histories, and other personal financial records. Custodians also should be familiar with G.S. § 8-53 concerning confidentiality of communications between physicians and their patients.



Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

ITEM #	STANDARD 21: PHARMACY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>ADVERSE DRUG REACTION REPORTS</p> <p>Reports to the Food and Drug Administration describing adverse drug reactions.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	
2.	<p>CONTROLLED SUBSTANCES RECORDS</p> <p>Records concerning ordering, receiving, dispensing, and transfer of schedule II, III, IV, and V controlled substances. File includes perpetual inventories, invoices, records of disposition of controlled substances prepared for patients but not used, records documenting controlled substances dispensed directly to patients, and controlled substances returned and credited.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	<p>Authority: G.S. § 90, Article 5 21 NCAC 46 .1414 21 NCAC 46 .2502</p>

ITEM #	STANDARD 21: PHARMACY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
3.	<p>DRUG DISPOSAL RECORDS</p> <p>Records documenting the destruction, disposal, or final disposition of all outdated, improperly labeled, adulterated, damaged, or unwanted controlled and non-controlled substances, or drug containers with worn, illegible, or missing labels.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	<p>Authority/Retention: 21 NCAC 46 .3001</p>
4.	<p>DRUG INVENTORIES</p> <p>Inventories of controlled and non-controlled substances and prepackaged drugs. File includes inventory reports, ancillary drug cabinet inventories, biennial and annual inventories, perpetual inventories, and similar records used to account for medication compounding and dispensing by pharmacies and locations outside the pharmacy.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	<p>Authority/Retention: 21 NCAC 46 .1414 21 NCAC 46 .2513</p>
5.	<p>INTRAVENOUS HOOD PERFORMANCE REPORTS</p> <p>Records of tests conducted on intravenous hoods to ensure a sterile environment.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	
6.	<p>MEDICATION ERRORS</p> <p>Records documenting the administration of an incorrect medication or dose. File includes pertinent chronological information, appropriate health care facility forms, and investigative reports including the identity of individual(s) responsible.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	<p>Retention: G.S. § 90-85.26 21 NCAC 46 .1414</p>

ITEM #	STANDARD 21: PHARMACY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
7.	<p>MEDICATION STORAGE INSPECTION REPORTS Reports of medication storage areas inspected on a routine basis, including removal of expired or expiring medication.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	
8.	<p>MEDICARE PART D PRESCRIPTION DRUG PROGRAM RECORDS Records needed to determine compliance with Part D contracts and regulations, such as copies of prescriptions, claims and purchase records, signature logs, and other related records.</p> <p>See also MEDICARE PART D PRESCRIPTION DRUG FINANCIAL RECORDS, page 15, item 10.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 10 years.*</p>	Retention: 42 CFR 423.505(e)(4)
9.	<p>PATIENT MEDICATION PROFILES Lists of all prescribed medications for each patient.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	Authority/Retention: 21 NCAC 46 .1414

ITEM #	STANDARD 21: PHARMACY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
10.	<p>PHARMACY AUDIT RECORDS Records documenting periodic audits performed by the NC DHHS, Division of Medical Assistance.</p> <p>See also Local Government General Records Schedule, Standard 1, Audits: Performance.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 5 years.*</p>	
11.	<p>PHARMACY LICENSES AND PERMITS Licenses, permits, and application records submitted to the NC Board of Pharmacy.</p>	Destroy in office when superseded or obsolete.	Authority: G.S. § 90-85.21 21 NCAC 46 .1601
12.	<p>PHARMACEUTICAL PATIENT COUNSELING AND ASSESSMENT RECORDS Records involving the interpretation and evaluation of a patient's drug therapy or other pharmaceutical care services. File includes on-site drug and medication reviews, collected patient information, and documentation of refusals to receive counseling.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	Authority/Retention: 21 NCAC 46 .2504
13.	<p>PRESCRIPTION DISPENSING AND FILLING RECORDS Records documenting the dispensing and filling of prescriptions. Records include dispensing date, quantity dispensed, pharmacist's name, and documentation of satisfaction of state requirements for drug selection. Also includes records of immunizations administered by the pharmacist.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	Authority: 21 NCAC 46 .1414 21 NCAC 46 .2302 21 NCAC 46 .2303 21 NCAC 46 .2304 21 NCAC 46 .2507 21 NCAC 46 .2801

ITEM #	STANDARD 21: PHARMACY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
14. 	<p>PRESCRIPTION ORDERS</p> <p>Prescription orders and refills for controlled and non-controlled substances, other medications, or devices for each patient. File includes date of issuance; patient's name and address; medication name, strength, dosage form, quantity (as well as any refills or stop date), route of administration, and directions for use; and prescriber's name, address, and telephone number (and in the case of controlled substances, DEA number).</p> <p>See also MEDICARE PART D PRESCRIPTION DRUG PROGRAM RECORDS, page 41, item 8.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	<p>Authority: G.S. § 90-85.26 21 NCAC 46 .1803 21 NCAC 46 .1806 21 NCAC 46 .1813 21 NCAC 46 .1816 21 NCAC 46 .2301</p> <p>Confidentiality: G.S. § 90-85.36</p> <p>Retention: 21 NCAC 46 .1414</p>
15. 	<p>QUALITY ASSURANCE PROGRAM RECORDS</p> <p>Records concerning the proceedings of a pharmacy quality assurance program as well as the records and materials it produces.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 3 years.*</p>	<p>Authority: G.S. § 90-85.47</p> <p>Confidentiality: G.S. § 90-85.47(d)</p>

STANDARD 22: PROGRAM OPERATIONAL RECORDS – RADIOLOGY RECORDS

Public health records concerning protection from sources of radiation used for medical radiology. Records are created or received in local health departments and used to manage and monitor federal, state, and local programs. These are not individual patient clinical records. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.

<i>ITEM #</i>	<i>STANDARD 22: RADIOLOGY RECORDS</i>		
	<i>RECORDS SERIES TITLE</i>	<i>DISPOSITION INSTRUCTIONS</i>	<i>CITATION</i>
1.	QUALITY CONTROL RECORDS Records concerning quality control for radiology programs. File includes surveys, instrument calibrations and quality control tests, leak tests, silver recovery records, quarterly source inventories, and other related records.	a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions. ¹ b) Destroy in office remaining records after 3 years.*	Authority/Retention: 10A NCAC 15 .1643

ITEM #	STANDARD 22: RADIOLOGY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
2.	<p>RADIATION AREA SURVEY RECORDS</p> <p>Area surveys conducted with radiation detection equipment.</p>	<p>a) Retain until termination of each pertinent license requiring the records: records of dosages from external sources used in assessments of individual dose equivalents; records of measurements of individual intakes of radioactive material used in assessments of internal doses; records of air sampling, surveys, and bioassays required pursuant to 10A NCAC 15 .1620(a); and records of measurements of releases of radioactive effluents to the environment. Upon termination, follow disposition instructions below.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 3 years.*</p>	<p>Authority/Retention: 10A NCAC 15 .1637</p>
3.	<p>RADIATION DOSES ADMINISTERED RECORDS</p> <p>Logs or similar records documenting the amount of radiation given to patients.</p>	<p>a) Retain until termination of each pertinent license or registration requiring the records. Upon termination, follow disposition instructions below.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 3 years.*</p>	<p>Authority: 10A NCAC 15 .1640</p>


ITEM #	STANDARD 22: RADIOLOGY RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
4.	<p>RADIATION EXPOSURE HISTORY RECORDS</p> <p>Records concerning radiation exposure levels of local health department staff. File includes film badge reports and other related records.</p>	<p>a) Destroy in office records on the agency form for recording occupational radiation dose history or equivalent when the agency terminates each pertinent license or registration requiring this record.</p> <p>b) Destroy in office after 3 years records used in preparing the agency form for recording occupational radiation dose history.</p>	<p>Authority/Retention: 10A NCAC 15 .1638</p>
5.	<p>RADIATION PROTECTION PROGRAM RECORDS</p> <p>Records and reports documenting inspections by state and federal agencies, consultants, and radiology providers. File includes audit reports, review evaluations, proof of corrective actions taken, and program content and implementation records.</p>	<p>a) Destroy in office records documenting the provisions of the radiation protection program when the agency terminates each pertinent license or registration requiring this record.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 3 years.*</p>	<p>Retention: 10A NCAC 15 .1636</p>
6.	<p>RADIOACTIVE MATERIALS RECEIPT AND DISPOSAL RECORDS</p> <p>Records and reports concerning the receipt, return, and disposal of radioactive materials. Records list date received and returned, condition of packages, wipe test results, trigger levels, dose rates, names of individuals performing inspections, and other related information.</p>	<p>a) Destroy in office records of the disposal of licensed radioactive materials when the agency terminates each pertinent license or registration requiring this record.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>c) Destroy in office remaining records after 3 years.*</p>	<p>Authority: 10A NCAC 15 .0115 10A NCAC 15 .0362 10A NCAC 15 .1642</p> <p>Retention: 10A NCAC 15 .0362 10A NCAC 15 .1642</p>


<i>ITEM #</i>	<i>STANDARD 22: RADIOLOGY RECORDS</i>		
	<i>RECORDS SERIES TITLE</i>	<i>DISPOSITION INSTRUCTIONS</i>	<i>CITATION</i>
7.	RADIOLOGICAL FILM SIGN-OUT RECORDS Records concerning the release of radiological films by a facility for review by another physician. Sign-out records list patient's name, type of film being released, where records were sent, date released, signature of person receiving exams, and other related information.	a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions. ¹ b) Destroy in office remaining records after 3 years.*	
8.	RADIOLOGY EQUIPMENT REGISTRATION Registration information for radiology equipment.	Destroy in office upon final disposition of equipment.	Authority: 10A NCAC 15 .0200

STANDARD 23: PROGRAM OPERATIONAL RECORDS – SCHOOL HEALTH RECORDS

Records concerning health and behavioral support services provided by local health department nurses to students at area schools. Records are created or received in local health departments and used to manage and monitor federal, state, and local programs. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4.



ITEM #	STANDARD 23: SCHOOL HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>BEHAVIORAL HEALTH PROGRAM POLICY AND PROCEDURE RECORDS Policies and procedures documenting agency practices in implementing a behavioral health program.</p>	Retain in office permanently.	
2.	<p>BEHAVIORAL HEALTH SERVICES RECORDS Includes selective and indicative prevention service records for local health departments contracted to provide behavioral support services.</p>	Destroy in office when student reaches 30 years of age and has not received services within the last 10 years.*	
3.	<p>BEHAVIORAL REFERRAL RECORDS Records of screenings, consultations, and referrals from other agencies.</p>	<p>a) If student receives clinical services transfer to BEHAVIORAL HEALTH SERVICES RECORDS, page 48, item 2.</p> <p>b) Destroy in office remaining records when reference value ends.† Agency Policy: Destroy in office after _____</p>	
4.	<p>CLIENT APPOINTMENT AND SCHEDULING RECORDS Logs and similar records used to document patient appointments.</p>	<p>Destroy in office when reference value ends.† Agency Policy: Destroy in office after _____</p>	


ITEM #	STANDARD 23: SCHOOL HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
5.	<p>SCHOOL HEALTH PROVIDER CONTRACTS</p> <p>Memorandums of agreement and contracts between local health departments and local education agencies outlining each party's responsibilities and duties.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 6 years.*</p>	<p>Authority: NC DHHS, School Health Program Manual</p>
6.	<p> SCHOOL HEALTH SCREENING RECORDS</p> <p>Records and logs documenting results of vision, blood pressure, hearing, dental, and other screenings conducted by school nurses.</p> <p>See also SCREENING AND REFERRAL RECORDS, page 8, item 20.</p>	<p>a) Transfer relevant information to Local Education Agency for retention with Local Education Agency's student records.</p> <p>b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions and student reaches 30 years of age.¹</p> <p>c) Destroy in office remaining records when student reaches 30 years of age.*</p>	<p>Authority: NC DHHS, School Health Program Manual</p> <p>Confidentiality: G.S. § 115C-402(e)</p>
7.	<p>SCHOOL HEALTH SERVICES REPORTS</p> <p>Reports listing school enrollments, health services provided by nurses, and similar statistical information. Files includes all reports filed with NC DHHS.</p>	<p>a) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions.¹</p> <p>b) Destroy in office remaining records after 6 years.*</p>	<p>Authority: NC DHHS, School Health Program Manual</p>


ITEM #	STANDARD 23: SCHOOL HEALTH RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
8. 	SCHOOL NURSE RECORDS Permanent health records and individual health and nursing records created by school nurse or other health care providers documenting encounters between school nurses and students. File includes narrative notes, forms and worksheets used and completed by nurses during school visits, and copies of medical records from outside providers.	a) Transfer relevant information to Local Education Agency for retention with Local Education Agency's student records. b) Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions and student reaches 30 years of age. ¹ c) Destroy in office remaining records when student reaches 30 years of age.*	Authority: NC DHHS, School Health Program Manual Confidentiality: G.S. § 115C-402(e)

STANDARD 24: PROGRAM OPERATIONAL RECORDS – VITAL RECORDS

Public health records created or received in local health departments and used to manage and monitor vital records programs. These are not individual patient clinical records. Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4. Comply with applicable provisions of G.S. § 130A-93(b) regarding confidentiality of birth data.

ITEM #	STANDARD 24: VITAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1. 	<p>BIRTH AND DEATH RECORDS Copies of birth and death certificates.</p> <p>See also BIRTHS AND INDEX, page 51, item 2, and DEATHS AND INDEX, page 52, item 4.</p>	Destroy in office within 2 years.	<p>Authority: G.S. § 130A, Article 4</p> <p>Confidentiality: G.S. § 130A-93(b)</p> <p>Retention: G.S. § 130A-97(5)</p>
2. 	<p>BIRTHS AND INDEX Official copies of birth certificates deposited with the Register of Deeds by the local health department. Original records are filed with NC DHHS, Division of Public Health, Vital Records.</p> <p><i>Note: County Register of Deeds Office may keep official record.</i></p> <p>See also BIRTH AND DEATH RECORDS, page 51, item 1.</p>	<p>a) Transfer original birth certificates to North Carolina Vital Records.</p> <p>b) Transfer official copies to county Register of Deeds.</p> <p>c) Records and indexes that have been transcribed or otherwise duplicated may be destroyed in office upon State Archives approval.</p>	<p>Authority: G.S. § 130A, Article 4</p> <p>Confidentiality: G.S. § 130A-93(b)</p>


ITEM #	STANDARD 24: VITAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
3.	BURIAL TRANSIT PERMITS	Destroy in office after 1 year.	Authority: G.S. § 130A-113
4.	<p>DEATHS AND INDEX</p> <p>Official copies of death certificates deposited with the Register of Deeds by the local health department. Original records are filed with NC DHHS, Division of Public Health, Vital Records.</p> <p><i>Note: County Register of Deeds Office may keep official record.</i></p> <p>See also BIRTH AND DEATH RECORDS, page 51, item 1.</p>	<p>a) Transfer original death certificates to North Carolina Vital Records.</p> <p>b) Transfer official copies to county Register of Deeds.</p> <p>c) Records and indexes that have been transcribed or otherwise duplicated may be destroyed in office upon State Archives approval.</p>	Authority: G.S. § 130A, Article 4
5.	<p> DELAYED BIRTH APPLICATION RECORDS</p> <p>Applications and other records submitted as evidence in support of a delayed registration of birth. Copies are filed with NC DHHS, Division of Public Health, Vital Records.</p> <p><i>Note: County Register of Deeds Office may keep official record.</i></p> <p>See also BIRTHS AND INDEX, page 51, item 2.</p>	<p>a) Destroy in office after 1 year applications and supporting documentation for a non-completed registration.</p> <p>b) Destroy in office after 1 year applications and supporting documentation for a completed registration (certificate was approved).</p>	Authority: G.S. § 130A, Article 4 Confidentiality: G.S. § 130A-93(b)


ITEM #	STANDARD 24: VITAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
6. 	<p>DELAYED BIRTHS AND INDEX</p> <p>Official copies of certificates registering the birth of a person born in this state, but not registered within one year after birth. Original records are filed with NC DHHS, Division of Public Health, Vital Records.</p> <p><i>Note: County Register of Deeds Office may keep official record.</i></p> <p>See also BIRTHS AND INDEX, page 51, item 2.</p>	<p>a) Transfer original delayed certificates of birth to North Carolina Vital Records.</p> <p>b) Transfer official copies to county Register of Deeds.</p> <p>c) Records and indexes that have been transcribed or otherwise duplicated may be destroyed in office upon State Archives approval.</p>	<p>Authority: G.S. § 130A, Article 4 10A NCAC 41H .0403-.0406 10A NCAC 46 .0215</p> <p>Confidentiality: G.S. § 130A-93(b)</p>
7.	<p>DISINTERMENT/REINTERMENT PERMITS</p>	<p>Transfer permits after 5 years for permanent retention to: Records Description Unit Government Records Section NC Department of Natural and Cultural Resources 4615 Mail Service Center Raleigh, NC 27699-4615</p>	<p>Authority: 10A NCAC 41H .0505</p>
8.	<p>NOTIFICATION OF DEATH</p> <p>See also DEATHS AND INDEX, page 52, item 4.</p>	<p>Destroy in office 1 year after death certificate is filed.</p>	<p>Authority: G.S. § 130A-112</p>
9.	<p>VITAL RECORD AMENDMENTS</p> <p>Records submitted as evidence to amend, correct, or replace a birth or death certificate issued by North Carolina Vital Records. Original records are filed with NC DHHS, Division of Public Health, Vital Records.</p>	<p>a) Destroy in office 1 year after amendment and/or correction was approved, or after request was denied or withdrawn.</p> <p>b) Return to North Carolina Vital Records copies of certificates involving adoptions, legitimations, or other registrants when a new certificate is received.</p>	<p>Authority: G.S. § 130A, Article 4 10A NCAC 41H .0900</p>

ITEM #	STANDARD 24: VITAL RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
10.	VITAL RECORD APPLICATIONS FOR CERTIFIED COPIES Application forms completed by persons seeking certified copies of birth, death, or marriage certificates.	a) Destroy in office 1 year from date of request if copies are issued and/or received by requestor. b) Destroy in office 3 years from date of request if copies are not issued and/or received by requestor.	Authority: G.S. § 130A, Article 4
11.	VITAL RECORDS PROGRAM EDUCATIONAL RECORDS Records documenting vital records education services administered by local health department for local registration personnel, hospital administrators, and their medical records personnel, funeral directors, medical examiners, and others involved in the registration system.	a) Retain records with historical value permanently. b) Destroy in office remaining records when reference value ends. † Agency Policy: Destroy in office after _____	

STANDARD 25: PROGRAM OPERATIONAL RECORDS – WOMEN, INFANTS, AND CHILDREN (WIC) RECORDS

Public health records created or received in local health departments and used to manage and monitor the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) funded by the U.S. Department of Agriculture. These are not individual patient clinical records (see **PATIENT CLINICAL RECORDS**, page 36, item 5). Comply with applicable provisions of G.S. § 130A-12 and G.S. § 130A-45.8 regarding confidentiality of local health department records that contain privileged patient medical information, information protected under 45 CFR Parts 160 and 164 (Health Insurance Portability and Accountability Act, or HIPAA), or information collected for prevention and control of lead poisoning in children in accordance with G.S. § 130A, Article 5, Part 4. The Crossroads WIC System is considered the system of record, so reports produced out of it are reference copies; see Local Government General Records Schedule, Standard 1, Reference (Reading) File.

ITEM #	STANDARD 25: WOMEN, INFANTS, AND CHILDREN (WIC) RECORDS		
	RECORDS SERIES TITLE	DISPOSITION INSTRUCTIONS	CITATION
1.	<p>VOTER REGISTRATION RECORDS</p> <p>Voter registration preference forms, NC voter registration applications, and agency transmittal forms.</p>	<p>a) Transmit original records to county board of elections within 5 business days of obtaining registration preference form.</p> <p>b) Destroy in office copies of voter registration preference forms and agency transmittal forms after 4 years.</p>	<p>Authority: 52 U.S.C. § 20506</p>
2.	<p> WIC CROSSROADS RECORDS</p> <p>Records documenting the administration of local WIC programs. File includes administrative, operational, financial, participant, self-assessment, and state monitoring records. Records created and maintained in NC DHHS, Division of Public Health North Carolina (NC) Crossroads WIC System.</p>	<p>All documentation uploaded into the NC DHHS, Division of Public Health, Crossroads WIC System can be destroyed in office after quality control procedures have been completed.</p>	<p>Authority: 7 CFR 246.25</p> <p>Confidentiality: 7 CFR 246.26</p>

<i>ITEM #</i>	<i>STANDARD 25: WOMEN, INFANTS, AND CHILDREN (WIC) RECORDS</i>		
	<i>RECORDS SERIES TITLE</i>	<i>DISPOSITION INSTRUCTIONS</i>	<i>CITATION</i>
3. 	WIC LOCAL RECORDS Records concerning the WIC program that are maintained in office and not uploaded into the Crossroads WIC System. File includes any locally-required documentation such as participant waivers. File also includes vendor applications, monitoring reports, training verification, etc. necessary for administrative reviews.	Destroy records supporting the expenditure of federal funds passed through NC DHHS on a fiscal year basis when the DHHS Office of the Controller provides written guidance that records are released from all audits and other official actions. ¹	Authority: 7 CFR 246.25 Confidentiality: 7 CFR 246.26

DESTRUCTION OF PUBLIC RECORDS

Q. When can I destroy records?

- A.** Each records series listed on this schedule has specific disposition instructions that indicate how long the series must be kept in your office. In some cases, the disposition instructions are “Retain in office permanently,” which means that those records must be kept in your offices forever.
-

Q. How do I destroy records?

- A.** After your agency has approved this records retention and disposition schedule, records should be destroyed in one of the following ways:
- 1) burned, unless prohibited by local ordinance;
 - 2) shredded, or torn so as to destroy the record content of the documents or material concerned;
 - 3) placed in acid vats so as to reduce the paper to pulp and to terminate the existence of the documents or materials concerned;
 - 4) sold as waste paper, provided that the purchaser agrees in writing that the documents or materials concerned will not be resold without pulverizing or shredding the documents so that the information contained within cannot be practicably read or reconstructed.

The provision that electronic records are to be destroyed means that the data, metadata, and physical media are to be overwritten, deleted, and unlinked so that the data and metadata may not be practicably reconstructed.

The data, metadata, and physical media containing confidential records of any format are to be destroyed in such a manner that the information cannot be read or reconstructed under any means.

— N.C. Administrative Code, Title 7, Chapter 4, Subchapter M, Section .0510

Without your agency’s approval of this records schedule, no records may legally be destroyed.

Q. How can I destroy records if they are not listed on this schedule?

- A.** Contact a Records Management Analyst. An analyst will discuss the nature of the records with you to determine if the records have historical value. If the records do have historical value, we will discuss the possibility of transferring the records to the State Archives of North Carolina to be preserved permanently.

If the records do not have historical value, we will ask you to complete a Request for Disposal of Unscheduled Records (page 66) if the records are no longer being created. If the records are an active records series, an analyst will help you develop an amendment to this schedule so that you can destroy the records appropriately from this point forward.

Q. Am I required to tell anyone about the destructions?

- A.** We recommend that you report on your records retention activities to your governing board on an annual basis. This report does not need to be detailed, but it is important that significant destructions be entered into the minutes of the Board. See a sample destructions log that follows (and is available online at the State Archives of North Carolina website, <https://archives.ncdcr.gov/government/forms-government>).

ELECTRONIC RECORDS: E-MAIL, BORN-DIGITAL RECORDS, AND DIGITAL IMAGING

Q. When can I delete my e-mail?

A. E-mail is a public record as defined by G.S. § 121-5 and G.S. § 132. Electronic mail is as much a record as any paper record and must be treated in the same manner. **It is the content of each message that is important.** If a particular message would have been filed as a paper memo, it should still be filed (either in your e-mail program or in your regular directory structure), and it should be retained the same length of time as its paper counterparts. **It is inappropriate to destroy e-mail simply because storage limits have been reached.** Some examples of e-mail messages that are public records and therefore covered by this policy include:

- Policies or directives;
- Final drafts of reports and recommendations;
- Correspondence and memoranda related to official business;
- Work schedules and assignments;
- Meeting agendas or minutes
- Any document or message that initiates, facilitates, authorizes, or completes a business transaction; and
- Messages that create a precedent, such as issuing instructions and advice.

*From the Department of Cultural Resources E-Mail Policy (Revised July 2009),
available at the State Archives of North Carolina website*

Other publications (available online at the [State Archives of North Carolina website](#)) that will be particularly helpful in managing your e-mail include tutorials on managing e-mail as a public record and on using Microsoft Exchange.

Q. May I print my e-mail to file it?

A. We do not recommend printing e-mail for preservation purposes. Important metadata are lost when e-mail is printed.

Q. I use my personal e-mail account for work. No one can see my personal e-mail, right?

A. The best practice is to avoid using personal resources, including private e-mail accounts, for public business. G.S. § 132-1 states that records “made or received pursuant to law or ordinance *in connection with the transaction of public business* by any agency of North Carolina government or its subdivisions” are public records (emphasis added). The fact that public records reside in a personal e-mail account is irrelevant.

Q. We have an imaging system. Are we required to keep the paper?

A. You may scan any record, but you will need to receive approval from the Government Records Section in order to destroy paper originals that have been digitized. Your agency must develop an electronic records policy and then submit a Request for Disposal of Original Records Duplicated by Electronic Means. You can find these templates in the Digital Imaging section of the State Archives of North Carolina website (<https://archives.ncdcr.gov/government/digital-records/digital-records-policies-and-guidelines#digital-imaging>). Contact a Records Management Analyst for further instructions on how to develop a compliant electronic records policy.

Permanent records must have a security preservation copy as defined by State Archives of North Carolina’s **Human-Readable Preservation Duplicate Policy** (G.S. § 132-8.2):

Preservation duplicates shall be durable, accurate, complete and clear, and such duplicates made by a photographic, photo static, microfilm, micro card, miniature photographic, or other process which accurately reproduces and forms a durable medium for so reproducing the original shall have the same force and effect for all purposes as the original record whether the original record is in existence or not. ... Such preservation duplicates shall be preserved in the place and manner of safekeeping prescribed by the Department of Natural and Cultural Resources.

The preservation duplicate of permanent records must be either on paper or microfilm.

Non-permanent records may be retained in any format. You will need to take precautions with electronic records that you must keep more than about 5 years. Computer systems do not have long life cycles. Each time you change computer systems, you must convert all records to the new system so that you can assure their preservation and provide access.

Q. Computer storage is cheap. Can I just keep my computer records permanently?

- A.** The best practice is to destroy all records that have met their retention requirements, regardless of format.

Q. What are the guidelines regarding the creation and handling of electronic public records?

- A.** There are numerous documents available on the State Archives of North Carolina website (<https://archives.ncdcr.gov/government/digital-records/digital-records-policies-and-guidelines>). Topics covered include shared storage, cloud computing, e-discovery, trustworthy digital public records, digital signatures, e-mail, social media, text messages, websites, digital imaging, metadata, file formats, database indexing, and security backups.

Note that e-mail, text messages, and social media should be handled according to their content. Therefore, this schedule does not include a records series that instructs you on how to handle one of these born-digital records by format; instead of focusing on how the information is disseminated, consider what content is contained in the e-mail, text message, or social media post. For instance, an e-mail requesting leave that is sent to a supervisor should be kept for 1 year (see Local Government Agencies General Records Schedule, Standard 6: Leave Records).

MICROFILM

Q. Why do you still use microfilm?

A. Microfilm is a legally acceptable replacement for original records, as outlined in G.S. § 8-45.1 and § 153A-436. Microfilm can be read with nothing more sophisticated than a magnifying glass, and there is no software to keep current. Usually, deterioration in the film itself can be detected by visual inspection. The State Archives of North Carolina provides a publication, *Micrographics: Technical and Legal Procedures*, on our website. It explains the four groups of national standards for the production of archival quality microfilm:

- manufacture of raw film
- filming methods
- processing (developing) film
- storage methods

That publication also provides sample forms, targets, and procedures that you or your vendor can use in producing film of your records.

Q. What film services do you provide?

A. The Department of Natural and Cultural Resources provides microfilming services for minutes of major decision-making boards and commissions. We will also film records of adoptions for Social Services agencies. Once those records are filmed, we will store the silver negative (original) in our security vault. Contact the Records Management Analyst in charge of microfilm coordination for the most current information.

Q. How do I get my minutes filmed?

A. We have two processes to film minutes. First, you can send photocopies of your approved minutes to us in the mail. Simply include a copy of the **Certification of the Preparation of Minutes for Microfilming** form (available online at the [State Archives of North Carolina website](#)) with each shipment. For more detailed instructions, contact a Records Management Analyst.

Alternately, you can bring us your original books. We will film them and return them to you. This process is most useful when you have more minutes to film than you are willing to photocopy. It is important to remember that a representative of your office or ours must transport the original books in person so that the custody of the records is maintained. You should not mail or ship your original minutes. Call a Records Management Analyst to make arrangements for an appointment for your books to be filmed. We will make every effort to expedite the filming so that your books will be returned to you as quickly as possible.

Q. What if I need my books while they are being filmed?

A. Call the Raleigh Office at (919) 814-6900, and ask for the Records Management Analyst in charge of microfilm coordination.

Q. Can I send you my minutes electronically?

A. We are working on standards and procedures for an electronic transfer system for minutes. Please contact the Records Management Analyst in charge of microfilm coordination for more information.

Q. I have some old minutes that are not signed. Can they still be filmed?

A. If the only copy you have available is unsigned, and you use it as the official copy, we will film it.

Q. *What if my books are destroyed after they have been filmed?*

- A.** Call a Records Management Analyst who will help you make arrangements to purchase copies of the microfilm from our office. You can then send those reels to a vendor who can either make new printed books or scan the film to create a digital copy.

DISASTER ASSISTANCE

Q. What should I do in case of fire or flood?

- A.** Secure the area, and keep everyone out until fire or other safety professionals allow entry. Then, call our Raleigh office at (919) 814-6903 for the Head of the Government Records Section or (919) 814-6849 for the Head of the Collections Management Branch. If you're in the western part of the state, call our Asheville Office at (828) 296-7230 extension 224. On nights and weekends, call your local emergency management office.

DO NOT ATTEMPT TO MOVE OR CLEAN ANY RECORDS.

Damaged records are extremely fragile and require careful handling. Our staff are trained in preliminary recovery techniques, documenting damage to your records, and authorizing destruction of damaged records. Professional vendors can handle larger disasters.

Q. What help do you give in case of an emergency?

- A.** We will do everything we can to visit you at the earliest opportunity in order to provide hands-on assistance. We can assist you in appraising the records that have been damaged so that precious resources (and especially time) are not spent on records with lesser value. We can provide lists of professional recovery vendors that you can contact to preserve your essential and permanent records.
-

Q. What can I do to prepare for an emergency?

- A.** We provide training on disaster preparation that includes a discussion of the roles of proper inventories, staff training, and advance contracts with recovery vendors. If you would like to have this workshop presented, call a Records Management Analyst.
-

Q. What are essential records?

- A.** Essential records are records that are necessary for continuity of operations in the event of a disaster. There are two common categories of records that are considered essential:
- **Emergency operating records** – including emergency plans and directives, orders of succession, delegations of authority, staffing assignments, selected program records needed to continue the most critical agency operations, as well as related policy or procedural records.
 - **Legal and financial rights records** – these protect the legal and financial rights of the Government and of the individuals directly affected by its activities. Examples include accounts receivable records, Social Security records, payroll records, retirement records, and insurance records. These records were formerly defined as “rights-and-interests” records.

Essential records should be stored in safe, secure locations as well as duplicated and stored off-site, if possible.

STAFF TRAINING

Q. What types of workshops or training do you offer?

- A.** We have a group of prepared workshops that we can offer at any time at various locations throughout the state. Contact a Records Management Analyst if you are interested in having one of the workshops presented to your agency. We will work with you directly to develop training suited to your specific needs. Our basic workshops are:
- Managing public records in North Carolina
 - Scanning/digital imaging
 - Disaster preparedness and recovery
 - Confidentiality
 - Organizing paper and digital files
 - E-mail
 - Digital communications
-

Q. Will you design a workshop especially for our office?

- A.** Yes, we will. Let a Records Management Analyst know what type of training you need.
-

Q. Are workshops offered only in Raleigh?

- A.** No, we will come to your offices to present the workshops you need. We have no minimum audience requirement. We will also do presentations for professional associations, regional consortiums, and the public.
-

Q. Is there a fee for workshops?

- A.** Not at this time.
-

Q. Are the workshops available in an online format?

- A.** Not at this time. However, there are several online tutorials available on the State Archives of North Carolina website, including managing public records, electronic records, and scanning.

Request for Change in Local Government Records Schedule

Use this form to request a change in the records retention and disposition schedule governing the records of your agency. Submit the signed original and keep a copy for your file. A proposed amendment will be prepared and submitted to the appropriate state and local officials for their approval and signature. Copies of the signed amendment will be sent to you for insertion in your copy of the schedule.

AGENCY INFORMATION

Requestor name

Location and Agency [e.g., County/Municipality + Department of Social Services]

Phone and email

Mailing Address

CHANGE REQUESTED

Specify title and edition of records retention schedule being used: _____

Add a new item

Delete an existing item

Standard Number _____ Page _____ Item Number _

Change a retention period

Standard Number _____ Page _____ Item Number _

Title of Records Series in Schedule or Proposed Title:

Inclusive Dates of Records:

Proposed Retention Period:

Description of Records:

Justification for Change:

Requested by:

Signature

Title

Date

Approved by:

Signature

Requestor's Supervisor

Date

Request for Disposal of Unscheduled Records

AGENCY INFORMATION

Requestor name

Location and Agency [e.g., County/Municipality + Department of Social Services]

Phone and email

Mailing Address

In accordance with the provisions of G.S. § 121 and § 132, approval is requested for the destruction of records listed below. These records have no further use or value for official administrative, fiscal, historical, or legal purposes.

RECORDS TITLE AND DESCRIPTION	INCLUSIVE DATES	QUANTITY	RELEVANT STATUTORY REGULATIONS	PROPOSED RETENTION PERIOD

Requested by:

Signature _____ Title _____ Date _____

Approved by:

Signature _____ Requestor's Supervisor _____ Date _____

Concurred by:

Signature _____ Assistant Records Administrator _____ Date _____
State Archives of North Carolina

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SAMPSON COUNTY HEALTH DEPARTMENT
Advisory Committee
Operating Policy and Procedures: Year 2020

Manual: Board of Health	<u>Applicable Signatures/Title</u>
Title: Operating Policy Procedures	Program Coordinator/Specialist: N/A
()SCHD Advisory Committee Policy	Supervisor: N/A
Distributed to: Advisory Committee Members	Director of Nursing: Kelly Parrish, RN
	Medical Director: Dr. Tim Smith
	Health Director: Wanda Robinson
	County Commissioner Chair: Clark Wooten
	Health Advisory Board Chair: Jacqueline Howard
	Effective date: 12/01/2020
	Supersedes: 2/3/2020

Review/Revision Date: 11/18/13; 11/17/14; 11/16/15; 11/21/16; 11/20/17; 11/01/2018; 2/3/2020; 12/01/20

Board of Health Chair

Date

SCHD Advisory Committee Chair

Date

Health Director

Date

**Sampson County Health Department
Advisory Committee Operating Procedures Program Policy
Review & Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
11/2020		Page 1 Dates and Names Page 2 Review & Revision Form added Page 6 Dates updated	S. DeMay	11-16-20

**SAMPSON COUNTY HEALTH DEPARTMENT ADVISORY COMMITTEE
OPERATING PROCEDURES**

I. Name and Principal Office.

The name of the organization is the Sampson County Health Department Advisory Committee (the "Committee"). The principal office of the Committee is located at 360 County Complex Road, Suite 200, Clinton, North Carolina 28328.

II. Officers and Committees.

A. Chair and Vice-Chair.

The Committee members shall elect a Chair and a Vice-Chair by majority vote each year at the Committee's January regular meeting.

B. Secretary.

The local health director shall serve as Secretary to the Committee but is not a member of the Committee. The local health director may delegate the duties of the Secretary that are set forth in these operating procedures to an appropriate local health department employee or other designee.

C. Standing Sub-Committees.

The Committee shall have such standing sub-committees as it shall from time to time constitute. There is currently one (1) standing sub-committee: the Executive Sub-Committee, which is comprised of the Chair, the Vice-Chair, and two (2) other Committee members selected by majority vote of the Committee. All standing sub- committees are subject to North Carolina open meetings laws and shall comply with the provisions thereof.

D. Temporary Sub-Committees.

The Committee may establish and appoint members for temporary sub-committees as needed to carry out the Committee's work. All temporary sub-committees are subject to North Carolina open meetings laws and shall comply with the provisions thereof.

E. Membership.

Members of the Committee shall serve three (3) year terms. No member may serve more than three (3) consecutive three (3) year terms. The ex-officio, non-voting county commissioner serving on the Committee shall serve only

so long as he or she is also members of the Sampson County Board of Commissioners. Meetings.

F. Regular Meetings.

The Committee shall hold a regular meeting at least quarterly on the third Monday of the month. The meeting shall be held at a predetermined designated location at 6:30 p.m.

G. Special Meetings.

The Chair or a majority of the members of the Committee may at any time call a special meeting of the Committee by signing a notice stating the time and place of the meeting and the subjects to be considered. The person(s) who call the meeting shall cause the notice to be posted on the door of the regular meeting place and delivered to the Chair and all other Committee members or left at the usual dwelling place of each member at least 48 hours before the meeting. In addition, notice shall be provided to individual persons and news media organizations who have requested such notice. Only those items of business specified in the notice may be transacted at a special meeting, unless all members are present or those who are not present have signed a written waiver.

H. Emergency Meetings.

If a special meeting is called to deal with an unexpected circumstance that requires immediate consideration by the Committee, the notice requirements for regular and special meetings do not apply. However, the person or persons who call an emergency meeting shall take reasonable action to inform the other members and the public of the meeting. Local news organizations who have requested notice of special meetings shall be notified of such emergency meeting by the same method used to notify Committee members. Only business connected with the emergency may be discussed at the meeting.

I. Agenda.

The Secretary to the Committee shall prepare an agenda for each meeting. Any Committee member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least two (2) working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

Any person may request that an item be placed on the Board's agenda by submitting a written request to the Secretary at least ten working days before the meeting.

J. Presiding Officer.

The Chair of the Committee shall preside at Committee meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

K. Quorum.

A majority of the actual membership of the Committee, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

L. Voting.

A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention. A quorum must be present to vote. Electronic voting is allowed in between board meeting, if deemed necessary by the Chair and the Secretary.

M. Minutes.

The Secretary shall prepare minutes of each Committee meeting. Copies of the minutes shall be made available to each Committee member before the next regular Committee meeting. At each regular meeting, the Committee shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Committee meeting minutes at Sampson County Health Department.

III. Rule-Making Procedures and Other Procedural Matters.

The Committee is advisory in nature and shall have no rule-making authority. Although the Committee may recommend proposed rules to the Board of Health as part of its advisory function, the Board of Health shall be the sole body with the authority to adopt rules. The Committee shall refer to the current edition of *Robert's Rules of Order Newly Revised ("RONR")* to answer procedural questions not addressed in these Operating Procedures so long as the procedures prescribed in *RONR* do not conflict with North Carolina law.

IV. Amendments to Operating Procedures.

These Operating Procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the Operating Procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments to the Operating Procedures are discussed and approved, and any amendments to the Operating Procedures must be approved by a majority of the members present at the meeting.

V. Compliance with North Carolina Law.

In conducting its business, the Committee shall comply with all applicable North Carolina law, including, but not limited to, open meetings laws and public records laws. To assist the Committee in compliance, the Secretary shall maintain a current copy of relevant North Carolina General Statutes and make them available to Committee members upon request.

APPROVED AND ADOPTED, by the Sampson County Health Department Advisory Committee, this ____ day of November, 2020.

JACQUELINE HOWARD, Chair,
Sampson County Health Department Advisory
Committee

WANDA ROBINSON, Secretary,
Sampson County Health Department Advisory
Committee

APPROVED AND ADOPTED, by the Sampson County Board of Health, this _____ day of December, 2020.

CLARK WOOTEN, Chair,
Sampson County Board of Health

SAMPSON COUNTY HEALTH DEPARTMENT
Annual Review/Policy Update Staff Review Form

2020

Program Policy: Advisory Committee Operating Procedures

Review Date: 11-16-21

Name

Date

Name

Date

Name

Date

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Date

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Date

SAMPSON COUNTY HEALTH DEPARTMENT
Conflict of Interest Policy and Procedures: Year 2020

Manual: Board of Health	<u>Applicable Signatures/Title</u>
Title: Conflict of Interest Policy	Program Coordinator/Specialist: N/A
()SCHD Advisory Committee Policy	Supervisor: N/A
Distributed to: Advisory Committee Members	Director of Nursing: Kelly Parrish, RN
	Medical Director: Dr. Tim Smith
	Health Director: Wanda Robinson
	County Commissioner Chair: Clark Wooten
	Health Advisory Board Chair: Jacqueline Howard
	Effective date: 12/01/2020
	Supersedes: 2/3/2020

Review/Revision Date: 11/18/13; 11/17/14; 11/16/15; 11/21/16; 11/20/17; 11/01/2018;
02/03/20; 12/01/20

Board of Health Chair

Date

SCHD Advisory Committee Chair

Date

Health Director

Date

**Sampson County Health Department
Advisory Committee Conflict of Interest Program Policy Review
& Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
11/2020		Page 1 Dates and Names; Page 4 dates	SDeMay	11-16-20

**SAMPSON COUNTY HEALTH DEPARTMENT ADVISORY COMMITTEE
CONFLICT OF INTEREST POLICY**

I. Policy Review:

This Conflict of Interest policy will be reviewed on an annual basis by the Sampson County Health Department Advisory Committee (the “Committee”) and statement signed to assure there is no conflict of interest.

II. Conflict of Interest Defined:

A. A conflict of interest is defined as an actual or perceived interest by a Committee member in an action that results in, or has the appearance of resulting in, personal, organization, or professional gain. A conflict of interest occurs when a committee member has a direct or fiduciary interest in another relationship. A conflict of interest could include:

1. Ownership with a member of the Committee or an employee where one or the other has supervisory authority over the other or with a client who receives services.
2. Employment of or by a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.
3. Contractual relationship with a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.
4. Creditor or debtor to a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.
5. Consultative or consumer relationship with a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.

B. The definition of conflict of interest includes any bias or the appearance of bias in a decision making process that would reflect a dual role played by a member of the organization or group. An example, for instance, might involve a person who is an employee and Committee member, or a person who is an employee and who hires family members as consultants.

III. Health Department Advisory Committee Responsibilities:

A. It is in the interest of the organization, individual staff, and Committee members to strengthen trust and confidence in each other, to expedite resolution of problems, to mitigate the effect and to minimize organizational and individual

stress that can be caused by a conflict of interest. Committee members are to avoid any conflict of interest, even the appearance of a conflict of interest.

- B. This organization serves the community as a whole rather than only serving a special interest group. The appearance of a conflict of interest can cause embarrassment to the organization and jeopardize the credibility of the organization. Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Advisory Committee chair immediately. Advisory Committee members are to maintain independence and objectivity with clients, the community, and organization. Health Department Advisory Committee Members are called to maintain a sense of fairness, civility, ethics and personal integrity even through law, regulation, or custom does not require them.

IV. Acceptance of Gifts:

- A. Members of the Committee are prohibited from accepting gifts, money or gratuities from the following:
 - 1. Persons receiving benefits or services from the organization;
 - 2. Any person or organization performing or seeking to perform services under contract with the organization; and
 - 3. Persons who are otherwise in a position to benefit from the actions of any Committee members.

Approved and Adopted by the Sampson County Health Department Advisory Committee, this the ____ day of **November** 2020.

Jacqueline Howard, Chair
Sampson County Health Department
Advisory Committee

Wanda Robinson, Secretary
Sampson County Health Department
Advisory Committee

Approved and Adopted by the Sampson County Health Board of Health, this the ____ day of **December** 2020.

Clark Wooten, Chair
Sampson County Board of Health

**SAMPSON COUNTY HEALTH DEPARTMENT
Annual Review/Policy Update Staff Review Form**

Program Policy: Advisory Committee Conflict of Interest

Review Date: 11-16-20

Name

Date

Name

Date

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SAMPSON COUNTY HEALTH DEPARTMENT
FISCAL SERVICES
POLICY & PROCEDURES

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**Sampson County Health Department
Fiscal Services Policy Review & Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
10/31/17		Multiple Changes Made to the Following Sections: Financial Eligibility Guidelines; Proof of Insurance/Medicaid/Medicare; Proof of Income; Follow-up of Income; Services Eligibility & Fees; Patient Confidentiality; Eligibility of Specific Programs; Fee Setting Process; Fee Collection Process; Control & Segregation of Duties: Daily Cashiering Operations; Revenue Received by Mail; Procedures for Deposits; Travel; Title X Clients Billing & Collections Guidance References.	T. Jones	11/01/17
09/04/18		All Sections: Reference to BOH now Sampson County Health Advisory Committee Pg. 13- F-U of Income & Services Eligibility. Pg. 14-Patient Confidentiality Pg. 17-Diabetes Program & FP Pg. 18-Immunizations & MH Pg. 19-OBCM Pg. 22-Billing M'Caide/M'Care/Ins Pg. 25-Delinquent Insurance Claims Pg. 29-Revenue Received by Mail Pg. 30-Procedures for Deposits Pg. 31-Employee Payroll & Travel Pg. 31-Purchasing Procedures Pg. 33 Check Requests Procedures Pg. 35-Travel Pg. 38-Change to Title X Policy	Tamra Jones	09/11/18
	7/11/2019	Pgs. 2 & 9 – Changed nursing director from Kathie Johnson to Kelly Parrish	Tamra Jones	7/12/2019

		<p>Pg.11 – Proof of Income Requirements #2 – now reads: A copy of the most recent proof of income will be scanned annually and at the end of presumptive eligibility term if applicable into the client’s document manager. Added “annually and at the end of presumptive eligibility term if applicable.”</p> <p>Pg. 13 – Service Eligibility & Required Fees/Payments #7 Remove TB skin test, re-letter A-H, no longer A-I with removal of TB skin test.</p> <p>Pg. 15 – Eligibility for Specific Programs – Adult Health B-1 – Remove TB skin testing not funded by the TB Program. Re-number 1-7, no longer need 1-8 with removal of #1.</p> <p>Pg. 17 - Communicable Disease Add D. Provides TB skin testing not funded by the TB Program Add #4 – Clients who need a TB skin test for reasons of employment or school may be charged if the health department uses purchased supply.</p> <p>Pg. 18 – Eligibility for Specific Programs #9 Maternal Health – Remove letter C.</p> <p>Pg. 24 – Billing Medicaid/Medicaid/Private Insurance & Handling Delinquent Claims. Medicaid Section, letter H became I. Wording added to H to address handling Medicaid denial.</p>		
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**Sampson County Health Department
Fiscal Services Policy Review & Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
	10/31/17	<u>Multiple Changes Made to the Following Sections:</u> Financial Eligibility Guidelines; Proof of Insurance/Medicaid/Medicare; Proof of Income; Follow-up of Income; Services Eligibility & Fees; Patient Confidentiality; Eligibility of Specific Programs; Fee Setting Process; Fee Collection Process; Control & Segregation of Duties: Daily Cashiering Operations; Revenue Received by Mail; Procedures for Deposits; Travel; Title X Clients Billing & Collections Guidance References.	T. Jones	11/01/17
9/4/2018		All Sections: Reference to BOH now Sampson County Health Advisory Committee Pg. 13- F-U of Income & Services Eligibility. Pg. 14-Patient Confidentiality Pg. 17-Diabetes Program & FP Pg. 18-Immunizations & MH Pg. 19-OBCM Pg. 22-Billing M' Caid/M' Care/Ins Pg. 25-Delinquent Insurance Claims Pg. 29-Revenue Received by Mail Pg. 30-Procedures for Deposits Pg. 31-Employee Payroll & Travel Pg. 31-Purchasing Procedures Pg. 33 Check Requests Procedures Pg. 35-Travel Pg. 38-Change to Title X Policy	Tamra Jones	09/11/18
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9/30/2019		Annual Policy Update	Tamra Jones	9/30/2019

**Sampson County Health Department
Fiscal Services Policy Review & Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
	11-1-2019	Medical Director changed from Dr. Allyn Dambeck to Dr. Timothy Smith	Tamra Jones	11-1-2019
9/30/2020	9/30/2020	<p>Pages 2 & 13– Removed “County” from Board of County Health Chair: Clark Wooten and added “Health Advisory Board Chair: Jacqueline Howard.”</p> <p>Page 13 – Added “Any fees collected for services in any program, including Environmental Health, that are not provided will be refunded either the same day, if determined services were not provided the same day, or by county check with the next available check write.”</p> <p>Page 14 - #1 Added “Family” step 1 under Financial Eligibility Guidelines.</p> <p>Page 16- #5 Removed the word “until” and added the word “not” under Proof of Income Requirements.</p> <p>Page 22 – “D” Changed “Adult Health” to “private” and removed “see Adult Health” on page 23 “D” in # 8.</p> <p>Page 25 – Fee Setting Process # 4 Updated wording to reflect state guideline changes for 340B drugs.</p> <p>Page 32 – Daily Cashiering Operations – Changed “Three” to “Four” and added “\$100” in A. Added “\$100” in D #2.</p>	Tamra Jones	

		<p>Page 36 – Purchasing Procedures #3 – Section completely reworded for better flow of process.</p> <p>Page 38 – Removed Letters G and H under # 4 and updated letters of Check Requests Procedures.</p> <p>Page 39-40 – Added “e. Per Diem” to #1, E, #6, e of Travel. Changed “email” to “submit” in letter G. Added “a” before copy and “by the Management Support Administrative Assistant in the last sentence of letter H. Added letter I. Added # 10 under letter F of #2 – Monthly Travel Sheets.</p>		

**Sampson County Health Department
Fiscal Services Policy Review & Revision Form**

Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified

SAMPSON COUNTY HEALTH DEPARTMENT
Fiscal Services Policy and Procedures: Year 2020

Program/Manual: Administrative Fiscal	<u>Applicable Signatures/Title</u>
Title: Fiscal Services Policy & Procedures	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy:	Fiscal Program Supervisor: Tamra Jones
<input type="checkbox"/> Program Procedures:	Director of Nursing: Kelly Parrish
<input type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Timothy Smith
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
XX Fiscal Policy	Board of Health Chair: Clark Wooten Health Advisory Board Chair: Jacqueline Howard
Distributed to: All Staff	Effective Date: 9/30/2020
	Supersedes: 9/30/2019

Purpose:

To establish and maintain consistent, non-discriminatory procedures for determining client eligibility, billing and fees for services for the clients of the Sampson County Health Department

Policy:

Sampson County Health Department (SCHD) recognizes that public health services are increasingly costly to provide. Sampson County Health Department (SCHD) serves the public interest best by assuring that all legally required public health services are furnished for all citizens and to also provide as many recommended and requested public health services as possible for those citizens with greatest need.

Sampson County Health Department (SCHD) has determined that fees are a means to help distribute services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves. Any fees collected for services in any program, including Environmental Health, that are not provided will be refunded either the same day, if determined services was not provided the same day, or by county check with the next available check write date.

It is the policy of SCHD to use a fee determination and collection process to help ensure services can be provided at a reasonable cost for all those seeking services through the Sampson County Health Department.

SCHD provides services without regard to religion, race, national origin, creed, sex, parity, marital status, age or contraceptive preference.

Applicable Law, Rules & Regulations:

North Carolina General Statute § 130A-39

North Carolina General Statute § 105A: Article 1: 1 – 16.

10A NCAC 45A.

Health Insurance Portability & Accountability Act (HIPAA) of 1996.

42 CFR 59: Grants for Family Planning Services.

Responsible Person(s):

All SCHD staff members involved in any portion of fiscal services.

SCHD staff members are responsible for:

1. Consistently following the established guidelines for fiscal services and fee collection through the local, state and federal guidelines
2. Policy and procedures addressed in this document
3. Generally accepted accounting principles.
4. Holding all client information confidential.

Procedures:

Verification of Identification:

1. All clients will be asked for proof of identification during the registration process.
2. Sampson County Health Department accepts: birth certificates; social security cards; drivers' licenses; or other identification cards such as: work, school, military identification cards; passports; visas or green cards.
3. If a question should arise when the patient presents for a service following the first initial visit, further documentation will be required.

Financial Eligibility Guidelines:

1. Information regarding a client's income and family size is required to be documented under Registration, Family, Family Profile, and Household Income in CureMD application.
2. Confidential Clients: If the patient is considered to be a "confidential patient", this information will be reflected under Registration, Family Profile and Household Income as well as in the address line under Patient Demographics and the patient banner in the CureMD application. – refer to "Patient Confidentiality" below.

Proof of Insurance/Medicaid/Medicare/Co-pays:

1. All clients are required to provide insurance, Medicaid and Medicare cards at the beginning of each visit.

2. The cards are to be collected by the Intake/Eligibility Staff and scanned into the client's chart. A copy of their insurance card is attached to the client's encounter form before being dropped for the nursing staff.
3. Intake/eligibility staff is responsible for collecting co-pays at the time of financial eligibility screening **prior** to the client receiving services with the exception of Family Planning Services. - see "Eligibility for Specific Programs" # 7 below.

Determining Gross Income:

1. Gross income is the total of all cash income before deductions for income taxes, employee social security taxes, insurance premiums, bonds, etc.
2. For self-employed applicants (both farm and non-farm) this means net income after business expenses.
3. Gross income does not include money earned by children for baby-sitting, lawn mowing, and other tasks.
4. In general gross income includes:
 - A. Salaries, wages, commissions, fees, tip
 - B. Overtime pay
 - C. Earnings from self-employment
 - D. Earnings from stocks, bonds, savings account interest, rentals, and other investment income
 - E. Public assistance moneys
 - F. Unemployment compensation
 - G. Alimony and child support payments
 - H. Social Security benefits
 - I. Veterans Administration benefits
 - J. Supplementary Security Income (SSI) benefits
 - K. Retirement and pension payments
 - L. Workers compensation
 - M. Regular contributions from individuals not living in the household
 - N. All other sources of cash income except those specifically excluded
 - O. Lawn maintenance, as a business
 - P. Housekeeping, as a business

Proof of Income Requirements

1. Sampson County Health Department has the right to require "proof of income" when determining eligibility for all programs, with the exception of Communicable Disease, STD and TB Programs.
2. A copy of the most recent proof of income will be scanned annually and at the end of presumptive eligibility term if applicable into the client's document manager.
3. Income is verified by paycheck stub, letter from employer, or tax return/W-2 – refer to "Determining Gross Income" above for income considerations.

4. Adolescents that request confidential Family Planning services: The adolescent's income is the only income that will be used and the adolescent will be considered as a household of one. – see "Patient Confidentiality" and "Title X Fiscal Guidance for Family Planning" below.
5. No client will be refused services when presenting for care due to failure to provide proof of income; however, the client will be billed at 100% of the total cost of the services if proof of income and family size is not provided to the agency within 30 days of the patient's visit.
6. Any client that does NOT have proof of income will sign the thirty (30) day letter showing they understand they have thirty (30) days to present proof of income in order to apply the sliding scale fee to the charges for the visit. If no documentation is produced within the thirty (30) days, the charge will stand at 100% for the visit.
7. SCHD staff has the right to verify income information and the client must read, understand, and sign the income statement in regards to checking their income information.
8. Income verification documented from a client's participation in another program may be used to determine financial eligibility for the current services being requested.

Determining Household Size:

1. A household is defined as a group of related or non-related individuals living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related and serves as the source of income for the unit.
2. Each individual living in the unit is counted as one member of the household.
3. A pregnant woman is counted as two in determining a family size unless it is in conflict with the clients cultural, religious, and/or beliefs.
4. Adolescents requesting confidential services are counted as a household of one per Title X requirements see "Patient Confidentiality" and "Title X Fiscal Guidance for Family Planning" below.
5. Anyone that requests confidential services, regardless of age, will be considered a household unit of one and billed according to the individual's income – see "Patient Confidentiality" below.
6. Examples:
 - A. A foster child assigned by DSS is a family of one with income considered to be paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.
 - B. An individual or family in an institution (incarcerated), etc. is considered a separate economic unit and will be based on a household of one.
 - C. If a patient is living in a homeless shelter or domestic violence is considered to be a problem, the patient will be counted as a household of one and only their income will be counted.

Computation of Income:

1. Employment Income Formula:
 - A. Continued employment past 12 months
 - B. One year back from the date of service
Example: Date of service = 03/11/19; 12 months back = 03/11/18

2. Unemployment Income Formula:
 - A. Six months formula
 - B. Wage earner(s) unemployed at time of application
 - C. Unemployed any time during previous 12 months
Example: Unemployed today = 03/11/18; Income determined six months back = 9/11/17- 03/11/18 - Income determined six months forward = 03/11/18-09/11/18 - Total = 12 months of income.

Follow-up of Income/Household Verification after Initial Visit:

1. Following the initial financial eligibility determination, the client will be asked if there has been a change in their financial status at each subsequent visit.
2. All client information must be updated at each visit, including prenatal returns.
3. When verifying information staff will ask the client “What is your phone number?” “What is your address?”
4. Staff will **NOT** read prior visit demographic information to the client and ask if the information is correct, such as “Is your phone number still 910-999-9999?”
5. Staff will ask for and copy most recent insurance, Medicaid, Medicare or other cards, make copies, attach a copy to the Encounter Form and scan into client’s record.

Services Eligibility & Required Fees/Payments:

1. All clients are eligible for services through the Sampson County Health Department, regardless of their ability to pay with the exception of Adult Health Services – see “Eligibility for Specific Programs” #1 below.
2. Patient fees are assessed according to the rules and regulations of each program and each program’s recommended Poverty Level Sliding Fee Scale Schedule will be used to assess fees with the exception of Adult Health and specific flat fee services, which are NOT supported by state or federal funds and/or program requirements.
3. All sources of payment will be accepted, including cash, check, debit/credit cards, insurances, Medicaid and Medicare. Co-pays (if applicable) are to be collected PRIOR to clients receiving services.
4. All third-party providers are billed where applicable, unless confidentiality is a barrier see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
5. Medicaid will be billed as the payer of last resort.
6. Enrollment under Title XIX (Medicaid) will be presumed to constitute full payment for the service with the exception of the collection of all required Medicaid Co-pays unless

the service the patient is receiving is not covered by their particular type of Medicaid. The patient can be charged for services not covered under their particular type of Medicaid. Patients will be informed of this and will sign the insurance agreement form.

7. Clients requesting Adult Health and flat fee services **MUST** pre-pay for all flat fees, co-pays and deductibles **PRIOR** to receiving services. These services include, but are not limited to:

- A. Work physical
- B. College physical
- C. AH Physical Exam
- D. Varicella titer
- E. Urine culture
- F. CBC with differential
- G. Adult Health Program private vaccines
- H. Any laboratory services provided per written order from a Medical Provider.

8. All other client fees will be collected after the service is received. If a patient is unable to pay their account balance in full, Intake/Eligibility/Cashier Staff will have the patient sign a payment agreement. An itemized bill will be provided to all clients at the time of service. Those clients who pay or make a payment will also be given a receipt.

9. An itemized account of services provided will be given to all Family Planning clients, regardless of the amount owed by the client.

10. The Health Director is authorized to circumvent fiscal services guidelines. Fees for services for any client may be waived, including individuals with family incomes above 250 percent of poverty level who, as determined by SCHD Health Director, are unable for good cause to pay for services, including Family Planning clients.

- A. The client and/or the client's financial record will be referred to the Health Director who will review the information and consider that waiver of charges.
- B. The Health Director's determination will be documented in the client's medical record.
- C. A letter will be sent to the client informing him/her of the Health Director's decision.

Patient Confidentiality:

1. Any client receiving services may request confidentiality – see the SCHD Administrative Manual Confidentiality Policy. This includes adolescents and young adults seeking confidential Family Planning services or individuals for whom billing could result in domestic/intimate partner/interpersonal violence – see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
2. If a patient is considered to be a “confidential patient”, Intake/Eligibility staff will mark the confidential red flag in the patient demographics of the CureMD application and will stamp the charge sheet as confidential. If clinic staff identifies a confidential client, they

will document on the Problem/Needs List and in the SOAP Note as well as the encounter form. Intake/Eligibility staff who checks the patient out, will mark the confidential red flag in the patient demographics of the CureMD application and will stamp the charge sheet as confidential.

3. Any client requesting confidential services will be considered a household of one and billed based on the sliding fee scale for the program requested.
4. **Exception:** Clients requesting confidential services that require Adult Health or flat fee services **MUST** pay **PRIOR** to receiving the requested services.
5. All third-party providers are billed where applicable, unless confidentiality is a barrier. Clients are informed that an Explanation of Benefits (EOB) may be mailed to the address given. If receipt of the EOB conflicts with the client's need for confidentiality, third-party payers that provide EOBs may not be billed.
6. Statements will be mailed monthly where confidentiality is not jeopardized. Confidential patients will be marked confidential in the address line of the demographics section in the patient profile.
7. When a client requests no mail, discussion of payment of outstanding debts will occur at the time services are rendered.
8. Patients marked confidential will be considered **"NO MAIL"** unless the client provides a confidential mailing address, which will be documented in the client record??????
9. Intake/eligibility staff will enter **"CONFIDENTIAL"** in the address line of the patient demographics in the Cure MD application to ensure monthly bills are not sent by mistake.
10. If clinic staff identifies a **"NO MAIL"** client, they will document on the Problem/Needs List and the SOAP Note as well as the encounter forms. Intake/Eligibility staff member will put **"CONFIDENTIAL"** in the address line of the patient demographics.
11. Emergency Contact Information will be completed or some other form of contact will be obtained and Intake/Eligibility staff will verify the information is correct to be used to contact the client. The client will be informed of the need to be contacted regarding account balances –see "Bad Debt Write-Off Process" #7 below.
12. If the client is unable to pay in full at the time of services rendered, a receipt will be issued for partial payment and the client will sign a payment agreement.
13. Client will be reminded at every visit of any amount they still owe.

NOTE: ***NO LETTERS OR CORRESPONDENCE CONCERNING INSURANCE, PAST DUE ACCOUNTS, BILLS, ETC. WILL BE SENT TO ANY PATIENT THAT REQUESTS NO MAIL. The Emergency Contact information will be used to communicate with the client when possible – see #11 above and Bad Debt Write-Off Process" #3.***

Eligibility for Specific Programs:

1. Adult Health:
 - A. Provides Adult Health Physical Exam screening services for clients including physical exam and laboratory testing as indicated.
 - B. Provides flat fee and other services including, but not limited to:
 1. Work/College physicals
 2. Varicella titer
 3. Urine culture,
 4. CBC and other Lab services that are not part of Program requirements
 5. Adult Health Program private vaccines.
 6. Pregnancy Tests
 7. Any laboratory services provided per written order from a Medical Provider.
 - C. Eligibility:
 1. Sampson County resident (Adult Health Vaccine recipients do not have to be a county resident)
 2. 21 years and older. (18 years and older on some programs)
 3. Sliding fee scale which slides to a \$30 minimum co-payment for Adult Health Physical screenings.
 4. Fees vary for other services – refer to the Sliding Fee Schedule
 5. Medicaid, Medicare, Insurances accepted.
 - D. Adult Health clients that do not have third party payers **MUST pre-pay** for all services.
 - E. Clients with third party payers **MUST pre-pay** all applicable co-pays and deductibles **PRIOR** to receiving services.
2. Breast & Cervical Cancer Control Program (BCCCP):
 - A. Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.
 - B. Eligibility: Sampson County resident; determined by income; target group is women 50 to 64 years of age for mammograms and 40 to 64 years of age for Pap testing.
 - C. May not have Medicaid or Medicare; may have limited insurance, providing it meets NC BCCCP guidelines, such as large deductibles. This determination is made on a case-by-case basis.

3. Child Health:
 - A. Well child exams conducted by the Child Health enhanced role nurses. Exams include:
 1. Medical, social, development and nutritional history
 2. Lab work as indicated by screening information
 3. Physical exam.
 - B. Eligibility:
 1. Sampson County resident
 2. Birth through 20 years
 3. Sliding fee scale
 4. Insurance and Medicaid accepted

4. Communicable Disease/TB Control:
 - A. Deals with the investigation and follow-up of all reportable communicable diseases.
 - B. Provides testing, diagnosis, treatment, and referring as appropriate, of a variety of communicable diseases.
 - C. Provides follow-up and treatment of communicable disease cases, TB suspects/cases and their contacts.
 - D. Provides TB Skin testing not funded by the TB program.
 - E. Eligibility:
 1. No residency requirements
 2. Medicaid, Medicare and Insurance payers will be billed
 3. NO fees can be charged directly to the patient for these services as stated in Program Rules.
 4. Clients who need a TB skin test for reasons of employment or school may be charged if the health department uses purchased supply.

5. Care Coordination for Children (CC4C):
 - A. Case management assists families in identification of and access to services for children with special needs that will allow them the maximum opportunity to reach their development potential.
 - B. Eligibility: Sampson County children who have any risk criteria or an identified developmental delay, disability, chronic illness; birth to 5 years of age.
 - C. **NO** fees or costs can be charged directly to the patient for participation in the program.

6. Diabetes Self-Management Program (DSMP):
 - A. Provides diabetes education to increase the awareness and dangers of diabetes and lower the incidence of diabetes in the county.
 - B. The program consists of an initial assessment, one 8 hour class, a three month follow-up assessment and annual refresher classes.
 - C. Eligibility:
 1. Sampson County resident \geq 18 years old who must have a diagnosis of diabetes or pre-diabetes
 2. Must be referred by a medical provider
 3. Private insurances, Medicaid and Medicare will be billed;
 4. Clients must pay all applicable co-pays as required by third-party payers.

7. Family Planning:
 - A. Clinic designed to assist women in planning their childbearing schedule; detailed history, lab work, physical exam, counseling and education given by the nurse practitioners.
 - B. Eligibility: Women and men of childbearing age regardless of residency; sliding fee scale, Medicaid, Insurance.
 - C. FP Clients with private insurance will be charged the lesser of two amounts. Total charges for the visit are calculated based on the sliding fee scale. If the amount due is more than the insurance required co-pay, the co-pay will be collected, if the amount due is less than the insurance required co-pay, the amount due will be collected. The total charges for the day will then be billed to the patient's insurance for payment.
 - D. All Family Planning patients will be given a receipt upon check out. This receipt will include their total charges and any discount applied. If they are at the status of "zero percent pay", they will receive a statement designating the total charge, to reflect their percentage of pay.
 - E. See "Title X Fiscal Guidance for Family Planning" below.

8. Immunizations for VFC Clients and Others:
 - A. Provide immunizations and other vaccinations (e.g. influenza, pneumonia, etc.) to children (infants through 18 years of age) if they qualify for Vaccine for Children (VFC) Program for the prevention of life threatening communicable diseases (e.g. polio, hepatitis, measles, etc.) and reduce the risk of life threatening illnesses at no charge and no resident requirements to the client.
 - B. There is no charge or residency requirement for any state-supplied immunizations according to Program Rules and Regulations.
 - C. VFC eligible clients may not have private or Health Choice insurance, but may have Medicaid.
 - D. Clients that have private or Health Choice insurance or are 19 years of age and above do not qualify for state-supplied vaccines and must receive private vaccines

except under specific circumstances as determined by the NC Immunization and/or Communicable Disease Branch.

- E. SCHD accepts self-proclaimed insurance information. If a client declares they have no insurance, but SCHD has a record of insurance in chart, the client can be questioned.
 - F. Administration fees may be charged for state-supplied vaccines.
9. Maternal Health:
- A. Provides prenatal services for Sampson County residents including: physical exam, laboratory testing; routine prenatal follow-up care based on ACOG and WCH Branch guidelines.
 - B. Eligibility: Determined by household income and number in the household; Sampson County residents; Sliding fee scale; Medicaid or potentially Medicaid eligible, Insurance. Global billing system for all antepartum care or as determined by DMA – refer to North Carolina Division of Medical Assistance Clinical Coverage Policy 1E-7 Obstetrics.
10. Pregnancy Care Management (OBCM):
- A. Care manager assists pregnant women in receiving needed prenatal care and pregnancy related services.
 - B. Eligibility:
 - 1. Sampson County resident
 - 2. Has Medicaid or is Medicaid eligible.
 - 3. Non-Medicaid Grant allows services for those without Medicaid and who are not Medicaid eligible.
 - C. **NO** fees or costs can be charged directly to the patient for participation in the program.
11. Sexually Transmitted Diseases (STDs):
- A. Provides testing, diagnosis, treatment, investigation and follow-up as needed of persons with Sexually Transmitted Diseases – STDs.
 - B. Provides follow-up and treatment of client’s contacts as appropriate.
 - C. Eligibility:
 - 1. No residency requirements.
 - 2. Medicaid, Medicare and Insurance payers may be billed with client approval. Clients will be informed that an Explanation of Benefits (EOB) will be sent to the policy holder when private insurance is billed. The client must sign a consent allowing SCHD to bill private insurance in order for SCHD to file a claim. If the client declines to give consent, services cannot be withheld and the client cannot be billed.

3. NO fees can be charged directly to the patient for services covered by State program requirements.
4. Clients requesting testing for services not offered by the NC STD Branch program requirements will be charged for the testing and **MUST pay** prior to receiving the requested testing.

12. Women, Infants & Children Nutrition Program (WIC):

- A. Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.
- B. Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women, infants, and children up to 5 years old who meet the follow criteria:
 1. Sampson County resident
 2. Be at medical and/or nutritional risk
 3. Have a family income less than 185% of the US Federal Poverty Level
- C. Clients that receive Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.
- D. **NO** fees or costs can be charged directly to the patient for participation in the program.

13. Environmental Health:

- A. Provides permits and collects water samples in the responsibility of ensuring inspections and the active enforcement of state laws, rules and regulations and county and state ordinance rules.
- B. Fees: Fees are set by state and local rules and regulations and are in effect for various permits and water samples collected for the residents of Sampson County.

State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines:

1. North Carolina General Statute G.S. 130-A-39(g) allows local health departments to implement fees for services rendered. The Sampson County Health Department (SCHD), with the approval of the Sampson County Health Department Advisory Committee and the Sampson Board of County Commissioners, implements specific fees for services and seeks reimbursement.
2. Specific methods used in seeking reimbursement are through individual patient pay and third-party coverage, including Medicaid, Medicare, and private insurance.
3. The agency adheres to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided. See “Fee Setting Process,” “Direct Patient Charges,” and “Fee Collection Process.”
4. SCHD uses the appropriate Federal Poverty Scale to determine fees for the following health department programs:

- A. Adult Health: 101% - 250% Federal Poverty Scale – Minimum Co-payment of \$30; does NOT include flat fees
- B. Family Planning: 101% - 250% Federal Poverty Scale
- C. Breast and Cervical Cancer Control: 250% Federal Poverty Level
- D. Child Health: 101% - 250% Federal Poverty Scale
- E. Immunizations: 101% - 250% Federal Poverty Scale
- F. Maternal Health: 101% - 250% Federal Poverty Scale

Fee Setting Process:

1. All SCHD staff will adhere to the procedures for processing client bills.
2. All services available at Sampson County Health Department are associated with a fee. These charges are passed on to the client as applicable based on program eligibility status and requirements. A process is in place to ensure the fees are appropriate based on the cost of services.
3. The Fees Schedule Team, a multidisciplinary team assigned by the Health Director meets as necessary to determine the cost of providing services and discuss the setting of rates for the services provided by the agency.
4. Fees for medications purchased through the 340B program will be set based on the cost of acquisition for each time purchased. Fees will be updated in the system according to the most current purchase price per state guidelines.
5. If there are significant changes associated with services that affect the cost of providing those services, fees will be evaluated on a case-by-case basis.
6. Fees are reviewed annually for possible adjustments, usually when the Office of Medicaid Reimbursement issues their reimbursement rate, which serves as a baseline when determining the cost of services.
7. An increase in Medicare or Medicaid reimbursement rates does not automatically mean the health department cost for providing the service increases.
8. The Fees Schedule Team reviews cost of services, including time costs, labor costs and cost of supplies required to perform a service.
9. The Fees Schedule Team also reviews surrounding community rates, other health department rates and the Medicaid Cost Analysis in the fee setting process.
10. The cost of determining flat rate fees is also determined through this procedure and may be established for specific services that are not funded by state program funds.
11. Once the process has been completed, the Fees Schedule Team recommends fee changes and additions to the QI Committee. If approved by the QI Committee, the recommendations are made to the Management Team. If the Health Director and Management Team approve, fees are taken to the Sampson County Health Department Advisory Committee and Board of County Commissioners, per G.S. 130-A-39, for discussion and final approval.
12. The information is reflected in the appropriate minutes for each meeting for future review.
13. The appropriate fees are maintained in the SCHD Fee Schedule by the Accounting Specialist and Accounting Technician.

14. Once approved by the County Commissioners, updates to the fee schedule are made available to the public by means of posting on site, posting on the health department website and other means as deemed necessary.
15. References that may be used in the process include:
 - A. Current SCHD Fee Schedule
 - B. Medicaid Cost Analysis
 - C. Office of Medicaid Reimbursement Rate Schedule
 - D. Medicare Reimbursement Rate Schedule
 - E. Other health departments' rates,
 - F. Surrounding community providers' rates
 - G. State/Federal program rules
 - H. North Carolina General Statutes

Direct Patient Charges:

1. NO minimum fee requirement or surcharge will be indiscriminately applied to any patient.
2. There will be a consistent applied method of “aging” accounts - see “Bad Debt Write-Off Procedures” below.
3. No one, including Family Planning patients, will be denied services based solely on the inability to pay with the exception of Adult Health Services. See – “Eligibility & Required Fees/Payments” #7; “Patient Confidentiality” #3 & #4; “Eligibility for Specific Programs” #1; and State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” #4.
4. No patient, including Family Planning patients will be required to meet with the Health Director in an attempt to collect a delinquent account.
5. Patients will be given a receipt each time a payment is collected.
6. Donations: Donations will be accepted from any patient regardless of income status as long as they are truly voluntary. There will be no “schedule of donations”, bills for donations, or implied or overt coercion. All donation receipts will be deposited and recorded in the actual program for which the donation is earned.
7. No patient charges will be assessed when household income falls below 100% of Federal Poverty Guidelines, with the exception of the Adult Health Services Program – refer to “Eligibility for Specific Programs” #1;
8. SCHD will use the best efforts possible to provide services to patients at or below 150% of Federal Poverty Level.
9. Family Planning: Title X patients will not be denied a service, due to an outstanding balance or inability to pay – see “Title X Fiscal Guidance for Family Planning.”

Fee Collection Process:

1. With the exception of Adult Health and other flat fee services, which are not funded with state or federal funds, charges in all programs will be determined by the Federal Poverty Level Sliding Fee Scale Schedule based on the most current Federal Poverty Level Schedule set for each specific program.

2. **Exception:** OBCM and CC4C programs are funded at a per-member-per-month rate and no fees are collected for client participation in these programs.
3. At each clinic visit, Intake/Eligibility will determine the income and sliding fee scale status of each patient. Intake/Eligibility staff will be responsible for documentation of financial eligibility in the CureMD EHR system and on the patient encounter form.
4. Patients without the required income verification will be charged the full cost of the services provided until income documentation is received. Clients will be allowed thirty (30) days to provide proof of income and will be required to sign the thirty (30) day proof of income letter stating they understand they have thirty (30) days from the visit date to provide proof of income or the charges for that day's services will be charged to them at 100%, with the exception of STD, TB and Communicable Disease – see “Proof of Income Requirements” #1.
5. Adult Health Program co-pays **MUST** be collected **PRIOR** to the client receiving services. Efforts to collect balances above the minimum co-pays will be made. Patients will be required to sign a payment agreement and schedule for any charges in excess of the minimum co-pays not paid when services are rendered.
6. For other services, private pay clients will be encouraged to pay at least a portion of the fee when services are rendered. If a balance remains, a payment agreement and schedule will be encouraged to be established and signed by the patient. No patient, including Family Planning patients, will be denied services because the patient has a delinquent account balance.
7. Client billing statements will be mailed monthly unless confidentiality is a factor – see “Patient Confidentiality,” Patient Accounts Receivable Process,” #6; and “Bad Debt Write-Off Process” #3-#7.
8. Clients will be given a receipt each time a payment is collected.
9. Receivables through CureMD will be balanced on a daily basis.

Patient Accounts Receivable Process:

1. Maintenance of Patient Accounts Receivable includes processing all patient services encounters in a timely manner.
2. Processing is done via the internet on the Cure MD computer system in accordance with generally accepted accounting principles and all local, state and federal guidelines.
3. Patient Accounts Receivables will be maintained in CureMD and will reflect visit charges, amounts collected and balance due.
4. The process includes reconciliation of Explanation of Benefits (EOB's) and the follow-up and re-submission of denied claims.
5. Fiscal Services staff is responsible for maintenance of self-pay and company bill client accounts.
6. Fiscal Services staff will mail out monthly self-pay and other client statements for the previous month no later than the 15th of the following month.
7. Fiscal Services staff will accurately post payments to the correct client account on a daily basis.
8. The Accounting Specialist/Fiscal Supervisor or designee will review all Accounts Receivable accounts for accuracy in posting quarterly or more frequently as needed.

Billing Medicaid/Medicare/Private Insurance & Handling Delinquent Claims:

1. Medicaid:

- A. Medicaid claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill.
- B. A copy of the Medicaid card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
- C. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
- D. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
- E. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
- F. Fiscal Services staff will submit claims to Medicaid through the Cure MD process several times weekly. Claims flow from Cure MD to Medicaid and are processed by Medicaid if received prior to 4:00 pm each Thursday afternoon.
- G. Each Tuesday (unless it is a holiday) is the Medicaid Check-write day, Fiscal Services staff will post payment in Cure MD using the appropriate process and submit amounts and posting codes to the County Finance Office for accurate record of payment and revenue. Items that need to be manually posted will be handled accordingly.
- H. Any claims denied will be researched and corrections will be made based on denial reason code. Once the claim is corrected, the claim will be submitted again for payment. Assistance from the state administrative office as well as nursing consultants will be requested for claims that continue to be denied.
- I. The Fee Schedule Team will be responsible reviewing and updating the CPT and ICD codes annually and as needed.

2. Medicare:

- A. Medicare claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill.
- B. A copy of the Medicare card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
- C. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
- D. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.

- E. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
 - F. Medicare claims are entered in Cure MD on a daily basis. Claims will be sent to Medicare several times per week through the Cure MD claims process.
 - G. The Fee Schedule Team will be responsible reviewing and updating the CPT and/or ICD codes annually and as needed.
4. Insurance:
- A. SCHD has multiple contracts with public and private insurance providers. SCHD actively seeks new contracts with all insurance companies that SCHD clients use.
 - B. Insurance claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
 - C. A copy of the insurance card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
 - D. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
 - F. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
 - G. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
 - H. All documents regarding insurance billing (assignment of benefits, insurance card, HCFA 1500 Form and encounter sheet) will be maintained in the Insurance Billing File Cabinet located in Medical Records.
 - I. Insurance claims are filed using the procedure codes specified on the encounter form.
 - J. Claims are entered into the Cure MD computer system and electronically filed to each patient's insurance company through a clearinghouse several times a week.
 - K. The name of the Insurance Company will be designated at the top of each HCFA 1500 form and a copy will be kept for posting and further correspondence when HCFA 1500 forms are required.
 - L. Charges are posted and reconciled with correspondences, payments, and denials.
 - M. If an insurance company denies payment for services rendered for reasons of non-coverage, the patient is consulted and given an explanation.
 - N. The documentation of denial from the insurance company is attached to the copy of the HCFA 1500 form and maintained in the Insurance billing file.

- O. The Fee Schedule Team will be responsible reviewing and updating the CPT/ICD codes annually and as needed – see “Fee Setting Process.”
5. Delinquent Insurance Claims:
- A. If there is no response on a claim after 3 months, the claim will be rebilled on the HCFA 1500 form to the insurance company will be attached.
 - B. If there is no response on a claim after six months, a telephone call will be made.
 - C. If there is no response to a claim after a telephone call, the claim will be posted as denied and the patient will be mailed a statement of charges and the amount owed.
 - D. The Health Department will follow Fiscal Program Rules and Regulations concerning billing the patient for these charges – see “Fee Collection Process.”

Bad Debt Write-Off Process:

1. Intake/Eligibility Staff will inform clients of the cost of the service for that visit and of the amount of their account during the eligibility process.
2. Intake/Eligibility Staff will inform clients that payment is due and expected at the time services are rendered.
3. When the client is unable to pay in full at the time services are rendered, a receipt will be issued for partial payment and the patient will sign a payment agreement and that will be scanned in the medical record. The exception is Adult Health services, which require payment prior to the receipt of services – see “Services Eligibility & Required Fees/Payments” # 7; “Patient Confidentiality” # 3 – #4; “Eligibility for Specific Programs” # 1; “State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” # 4; and “Fee Collection Process” #5.
4. A statement will be sent within thirty (30) (60) and (90) days from date of service.
5. All patients with balances 120 days or older with no effort to pay will be sent to the Sampson County Finance office to be put into their collections process. After several attempts to collect, the County Finance office will garnish state refunds for those clients owing a balance for services rendered.
6. An itemized list of uncollectible outstanding client balances will be prepared by the Sampson County Finance Office for submission to the NC Debt Set-Off Program. See NC & Sampson County Debt Set-Off Policy and Procedure.
7. Client requesting confidentiality:
 - A. When a client requests confidentiality/no mail, discussion of payment of outstanding debts will occur at the time services are rendered.
 - B. Staff will obtain an alternate form of notification, such as the Emergency Contact Information Form, and document the information in the client’s chart/record.
 - C. A three-contact process may be done using the alternate notification information. The contact processes will be documented in the client’s chart by the staff obtaining the information.

- D. The Health Department will submit all outstanding account balances to the Sampson County Collection Department if no payments are received from the client within (120) days after the date of service.
8. The account will be considered uncollectable when all means of collection have been exhausted. Finance will inform the Fiscal Supervisor of patient claims that are to be considered uncollectable and that need to be written off. Items can stay in collections with Sampson County Finance for as long as 10 years before being considered uncollectable.
9. An itemized list of uncollectable outstanding patient balances will be prepared periodically by the County of Sampson Collection Department for the Health Department's review.
10. The County Collection Department will send a statement periodically to the Health Department listing which accounts have been approved to be written off.
11. The Accounting Technician will submit the list to the Accounting Specialist and the Health Director for approval. The list is then taken to the Sampson County Health Advisory Committee for approval.
12. Once approval has been provided by the Sampson County Health Department Advisory Committee, the Accounting Technician will write the accounts off based on the information provided in the monthly statement from the Sampson County Collection Department.
13. The Patient account will be listed as uncollectable and evidence will be on file to document required billing in the CureMD system in the patient's record.
14. The client is to never be informed that a debt has been written off.
15. A client that returns for services after a bad debt has been determined uncollectible will have the bad debt write off reactivated and the billing process will resume.
16. Confidential/No Mail: Regarding mailing of billing to clients requesting confidential/no mail services – see “Services Eligibility & Required Fees/Payments” #7; :”Patient Confidentiality” #3 – #4; “Eligibility for Specific Programs” #1; “State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” #4; and “Fee Collection Process” #5; and # 7 above.

Sampson County Debt Set Off Process:

1. An itemized list of uncollectible outstanding client balances will be prepared by the Sampson County Finance Office for submission to the NC Debt Set-Off Program.
2. Sampson County Finance Office will follow the guidelines set forth in Chapter 105-A of the General Statutes, regarding notification and appeals process. (See Attachments: Chapter 105-A NC General Statute and Memorandum of Understanding Agreement – with the NC Local Government Debt Set-Off Clearinghouse Program).

Returned Check Policy:

1. Sampson County Health Department adheres to the County of Sampson Returned Check Policy and Procedure – see Attachment 20.
2. Fiscal staff /Cashier will notify the client with a telephone call and a letter with a copy of the check and the request for the \$25 returned check fee.

3. The client will have 10 days to respond. If there is no response in 10 days, it is forwarded to the County Finance Collections Office.

Control & Segregation of Duties: Handling of Cash/Deposits:

1. Records will be maintained in accordance with accounting principles, and federal, state and local requirements to support fiscal accountability.
2. The SCHED Accounts Receivable System addresses requirements for earned income, including third party receipts and client fees.
3. The system provides for the integration of the North Carolina Department of Human Resources, Division of Health Services Consolidated Agreement reporting system and Sampson County Finance Officer will review and approve all policies and procedures involving the handling of County cash.
4. All Intake/Eligibility/Cashier staff is responsible for protecting the assets of the County of Sampson.
5. These rules and procedures are provided to fiscal staff to assist with carrying out their duties.
6. SCHED has the primary responsibility for care of and liability for loss of County cash in its custody until deposited in the official depository or entrusted to an authorized individual in the County Finance Office for deposit in the official depository.

7. Daily Cashiering Operations:

- A. Four change fund drawers will be maintained in the amounts of \$200, \$100, \$100 and \$100 at the Intake/Eligibility windows located in Medical Records for the purpose of making change for clinical services.
- B. Each Intake/Eligibility employee is responsible for handling cash on a recurring basis and will maintain an individual change fund drawer for which they are solely responsible.
- C. A change fund will be maintained in the amount of \$200 for making change for Environmental Health purposes and will be secured by the Environmental Health Processing Assistant.
- D. At the beginning of each daily shift the cashier will:
 1. Arrange coin currency in a consistent manner. The cash drawer or lockbox will be divided into separate compartments for different currency denominations, checks, etc. to help prevent accidental distribution of incorrect denominations.
 2. Verify the dollar amount of beginning cash for each drawer in the amounts of \$200, \$100, \$100 and \$100 by providing an open count of all cash in each drawer. The cash count will be recorded and initialed by the individual making the count.

E. During the hours of operation, the following procedures will be followed by the Cashiers **at all times** to monitor the cash drawer:

1. The Accounting Technician or Accounting Specialist will bring the change funds to the Intake/Eligibility windows each morning. Each Intake/Eligibility staff member has a locked money bag. They have the key and the extra key is in a sealed initialed envelope in the locked key box in the spare key safe.
2. All cash and coins will be locked in the cash drawer, lockbox, safe or other safe secure location when not in use.
3. The cash drawer or lockbox will never be left unattended. All staff members will be responsible for securing their drawers.
4. Fiscal/Intake/Eligibility staff will never allow any other person access to their drawer unless under the direct supervision of the staff member responsible for the drawer.
5. The cash drawer is never to be used for the purpose of making change, cashing personal checks, or providing temporary loans for anyone, including any SCHD staff member.
6. NO Petty Cash expenditures will ever be paid from a cash drawer.
7. The cash operation of each cashier must include a permanent collection record, including, but not limited to:
 - a. A daily cash collection report
 - b. Receipt documentation
 - c. Calculator tapes dated and initialed by the staff member responsible for the drawer.
8. Records will reflect all transactions including cash, checks, debit/credit card transactions, voids and refunds. This permanent record must be retained by the department for a minimum of three (3) years.

F. The Accounting Technician or Accounting Specialist will collect the Intake/Eligibility change funds in their individual locked money bags at the end of each day and secure all funds for the agency in a locked safe in the Administrative Work Room.

G. The Accounting Technician or Accounting Specialist performs an unannounced audit with staff responsible for the funds present of all change funds on a quarterly basis and provides the results to the Accounting Specialist and the Health Director.

Revenue Received in Mail:

1. The Management Support Staff (on a daily rotating basis) opens and distributes all incoming mail.
2. The Management Support Staff (on a daily rotating basis) records checks and information in a manual check log. This process includes:

- A. Recording the check number
 - B. Amount of the check
 - C. Date received
 - D. Payer's name
3. The Management Support Staff (on a daily rotating basis) then delivers the check(s) to the appropriate Fiscal Services staff responsible for posting and depositing the payment(s).
 4. Fiscal Services staff:
 - A. Verifies in the log the receipt of check by initialing the log
 - B. Stamps the check "For Deposit Only"
 - C. Records the amount for the appropriate program in the check log
 - D. Posts payment to Accounts Receivable
 - E. Balances posting to daily cash report
 - F. Includes in the daily deposit.

Procedures for Deposits:

1. The Intake/Eligibility staff is responsible for the collection and posting of payments from patients/clients throughout the day.
2. The Environmental Health Processing Assistant is responsible for the collection of payments for Environmental Health services.
3. The Patient Relations Representative IV/Billing Clerk and/or other Fiscal staff copy the Remittance Advice (RA) and post payments to patient accounts on a daily basis.
4. Beginning at 4:00 PM every day, the Intake/Eligibility staff will consecutively close out their collections for the day, run daily deposit reports and balance the cash fund for the day.
5. All daily receipts and supporting documentation are given to the Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis), who then verifies that funds are correct and accounted for and initials the documentation.
6. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will:
 - A. Close out the collections for the day
 - B. Run the daily deposit report
 - C. Balance the cash fund for the day
 - D. Prepare a deposit slip
 - E. Prepare an envelope listing currency, coins and checks to be transported to the County Finance Office for deposit.
7. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will verify and sign off on the amount, then lock up the deposit

envelope in her bag for the night. This allows all daily transactions to be included in that day's deposit.

8. The next morning, the Accounting Specialist or Finance Technician will prepare the deposit slip, make copies of all checks, the deposit envelope, charge card receipts and the deposit break down. The deposit along with the checks, charge card receipts and the deposit break down are taken to the Sampson County Finance Office and given to the County Senior Finance Technician or the County Deputy Finance Officer for verification. The deposit will then be taken to the bank by the Sampson County Finance Officer.
9. The Sampson County Finance Office will credit the appropriate line items. The bank receipt as well as a scanned check receipt will be returned to the Health Department.
10. In the absence of any of the Patient Relations Representatives, the Accounting Technician will be responsible for assuring the above procedures occur.
11. Deposits:
 - A. The Sampson County Government Cash Management Plan governs the administration of funds through the central depository system.
 - B. Per the Plan, deposits are to be made in the official depository daily.

Employee Payroll and Travel Deposits:

- A. Employee Payroll and Travel reimbursement is made by direct deposit.
- B. Travel reimbursement is issued on the 20th of the month via electronic deposit and is documented with the monthly Travel Report.
- C. Employee Payroll is issued on the 25th of the month via electronic deposit. The Management Support Administrative Services Assistant will obtain and distribute the payroll check stubs/vouchers on the 25th of the month.
- D. **Note:** Both Travel and Payroll electronic deposits are based on the day of the week that the 20th and/or 25th date falls; if on a weekend or holiday, the electronic deposits are made the day prior to weekend/holiday.

Losses/Shortages/Overages:

1. Any Shortage or Overage will be reported as part of the SCHD's net deposit for separate reporting on the County's General Ledger.
2. The Sampson County Finance Office makes a clear distinction between a "Loss" and "Shortage" of department money:
 - A. An **Overage** occurs when a cashier has collected too much money and cannot immediately return the excess money to a specific client.
 - B. A **Shortage** occurs when an unintentional collection error such as an error made in making change.
 - C. A **Loss** of County money occurs when a cashier has obtained physical custody of money and then, due to reasons of negligence (such as leaving the drawer unattended), an act of God (such as a hurricane), or an unlawful action (such as robbery), cannot deposit that money into the County treasury.

3. Any loss must be immediately reported to the Accounting Specialist, the Health Director and the Sampson County Finance Officer.
4. The County Finance Officer must be sent a detailed statement as to the circumstances of the loss, along with a copy of any applicable Police Report within 24 hours of the loss.

Purchasing Procedures:

1. Sampson County Health Department adheres to the Sampson County Purchasing Policy and Procedure Manual. A copy of this manual is maintained in the Accounting Specialist's office.
2. State and Federal Revenues Received: Revenues received from State and Federal sources are deposited into the programs designated by Agreement Addendums. Sampson County Government uses Munis accounting software to track all receivables and payables. The Health Department places revenues in line items based on the program requirements. One or more Agreement Addendum services may be included in a line item, such as TB, STD, and/or HIV under the Communicable Disease Program.
3. Each employee is to complete his/her requisition in its entirety to include:
 - A. The vendor number, name and address.
 - B. Any shipping, federal excise taxes, print set-up fees and/or any other associated costs. Making sure to break down the cost by the appropriate item.
 - C. Prior to submission, review the request for accuracy and submit the form electronically to the department supervisor. Make sure to include your name and date on the request.
 - D. If the requisition is for a new vendor, the staff member must have the vendor complete a new vendor registration form. If the vendor information has changed, the staff member must complete a vendor form with the correct information and submit it to the Accounting Technician to sent to Finance to set up a Remit To address.
4. The Department Supervisor will specify the program(s) to be charged.
5. The Department Supervisor will then review the request and: either approve it and email it to the Accounting Technician's mail box; or deny it and return it to the staff member. The Department Supervisor is responsible for ensuring all of the information in the request is correct.
6. The Accounting Technician will check the program for the availability of the funds to purchase the items and assign the account number to purchase the items. The request will then be forwarded to the Health Director, or the Accounting Specialist in the Health Director's Absence, for final agency approval.
7. The request is returned to the Accounting Tech to be posted to the ledger and then emailed to the County Purchasing Agent for processing.
8. The County Purchasing Agent will again verify the availability of the funds and type the Purchase Order (PO). It is then forwarded to the County Finance Officer.
9. The County Finance Officer will provide the final approval of the request for the purchase unless it is Capital Outlay. All Capital Outlay must be forwarded to the County Manager for approval.

10. The County Purchasing Agent will then send the authorized Purchase Order (PO) back to the Accounting Tech via email.
11. The Accounting Tech will make a copy on white paper for her records and one on **BLUE** paper and put in the box of the staff member originally requesting the purchase.
12. Staff members receiving the BLUE copy will make a copy to keep for their records.
13. Staff members will:
 - A. Place all packing slip(s) received in the Accounting Tech's mail box **as they arrive** to make the Accounting Tech aware of the items received.
 - B. Make a copy of the packing slip and mark off the items from the original PO.
 - C. Attach to the packing slips to the **BLUE** copy of the PO.
14. In the event that packing slips are not included in the items shipped, staff will:
 - A. Print a copy of the original PO.
 - B. Mark off the type and amount of items received on the PO
 - C. Make a note on the bottom of the PO: 1) that the packing slip was not included; 2) and the date the items were received.
 - D. Make a copy of the PO and attach to the blue copy of the PO.
 - E. Place the original PO being used as a packing slip in the Accounting Tech's mailbox.
15. Once all of the items on the requisition have been received, the staff member will:
 - A. Remove the copies of the packing slips from the **BLUE** PO.
 - B. Attach all copies to their copy of the Purchase Order.
 - C. Place the **BLUE** copy of the PO in the Accounting Tech's mail box to make the Accounting Tech aware that all items requested have been received.

Invoice Procedures:

1. The Accounting Technician will process all invoices for the agency. The Accounting Tech will prepare a bill tab that informs the County Finance Office staff where to deduct the money to cover the expenditure.
2. The bill tab is then posted in the general ledger spreadsheet and forwarded to the Health Director.
3. The Health Director signs and gives the final approval for all invoices. In the Health Director's absence, the Accounting Specialist will approve invoices.
4. The signed invoices are then submitted to the County Finance Office.
5. The County Finance Office ~~then~~ processes the invoice for payment.
6. Invoices are paid by the County on the 10th, 20th, and 30th of each month. Invoices must be submitted to the County Finance office a minimum of five working days prior to these dates.
7. The County Finance Officer and the County Manager will sign each county check.

Check Requests Procedures:

1. Check requests are to be used for purchases that require a check when an invoice will not be received.
2. All check requests are to be typed on the electronic form and submitted to the Department Supervisor for approval.
3. The Department Supervisor will approve or deny the request; if approved, the staff member making the request emails the Check Request with all supporting documents to the Accounting Tech.
4. The staff member is responsible for completing all of the necessary information on check requests. This includes:
 - A. Vendor Number:
Note: Refer to vendor number list/maintained by Accounting Tech in Fiscal Services; vendors, especially hotels, may have several vendor numbers.
 - B. Vendor Name & Complete Remit/Mailing Address
 - C. Invoice and/or Confirmation Number(s)
 - D. Total Dollar Amount of Request (including tax)
 - E. **For:** “What the request is for;” The specifics of the request, such as registration fee, hotel room cost, using wording to detail specific information – see Attachments.
 - F. Description: Travel or other as designated by the Accounting Tech.
 - G. Amount: net amount of request including any applicable taxes
 1. State Tax: Current State Tax percentage
 2. County Tax: Current County Tax/
 3. Occupancy tax percentage (for hotel reservations)
 - H. Total: Total Dollar Amount of request
 - I. **Justification:** “Why the request is needed;” the purpose for which the check is requested, such as to attend a workshop, supplies needed for a program, etc. – see Attachments.
 - J. Delivery Instructions: Is usually marked “Mail to Payee”. Special instructions are to be noted, such as: with attachments; specified to be picked up by Health Department Staff
 - K. Requested By: Employee requesting payment
 - L. Leave all other lines blank
 - M. Attach all information that will be necessary to determine the purpose of the request. This may include, but not be limited to:
 1. Copy of hotel reservation with confirmation number
 2. Copy of form that indicates registration fees
 3. **REQUIRED** Copy of approved Travel Request
 4. Copy of any special forms and/or instructions that need to accompany the check request

5. Staff is to obtain **all** receipts for the check and place in the Accounting Tech's mail box. Receipts include such items as hotel room receipts that show payment or registration fee payment receipts.

Travel:

1. Travel Request:
 - A. If a County Vehicle is available for travel during the scheduled time to travel, staff is to use the available County Vehicle for travel **UNLESS** given specific permission by the Health Director to use a personal vehicle.
 - B. Mileage reimbursement is set by the County Finance Officer in accordance with the current IRS rate per mile.
 - C. All travel requires prior approval from the Department Supervisor, Fiscal Supervisor and the Health Director.
 - D. The person requesting travel is to:
 1. Complete an electronic Travel Request Form
 2. Scan and attach a copy of the reason for the request, such as a copy of a workshop brochure, email of a planned meeting, meeting agenda, etc.
 3. Submit the form to the Department Supervisor for approval.
 - E. The information that must be completed on the form includes:
 1. Date of request
 2. Name of person(s) needing to travel
 3. Travel destination city
 4. Purpose for travel (workshop, meeting, etc.)
 5. Travel date(s)
 6. Estimated total cost of travel to include:
 - a. Registration fee
 - b. Accommodations
 - c. Meals
 - d. Mileage
 - e. Per Diem
 - F. The form is to be submitted to the Department Supervisor a minimum of four (4) weeks prior to the need to travel.
 - G. The Department Supervisor will approve or deny the request. If denied, the form will be returned to the requesting staff member with the denial noted on the form. If approved, the Department Supervisor will submit the request to the Accounting Specialist to verify availability of funds.
 - H. Once funds are verified, the request will be submitted to the Health Director by the Accounting Specialist for final approval. If denied the form will be returned to the staff member and a copy will be provided to the Department Supervisor. If

approved, a copy will be provided to the staff member and the Department Supervisor by the Management Support Administrative Assistant.

- I. The Management Support Administrative Assistant will make any needed hotel reservations billed to the County Credit Card using the hotel information attached to the travel request by the staff member who is traveling.
- J. Once the approved form is received, the employee will then submit any needed check requests with a copy of the approved travel request attached to the check request(s).

2. Monthly Travel Sheets:

- A. Travel sheets are to be completed by each individual employee. The fund code must reflect the program to charge for the employee's travel. Only one month is to be documented per travel sheet.
- B. All travel for the month must be submitted by the last working day of the month for payment on the 20th of the following month. Travel sheets must not be held resulting in multiple months handed in at once. Refer to N. below for annual June requirements.
- C. All expenses incurred while on county approved travel for one day meetings require a receipt from the vendor. The itemized receipt must contain the date of the transaction, the vendor's name, the amount of the purchase and the item(s) purchased. It is the responsibility of the employee to obtain the required documentation to receive reimbursement. No alcoholic beverages, personal items or groceries will be reimbursed.
- D. Overnight travel will be subject to per diem amounts outlined in the County of Sampson Travel Policy.
- E. Accurate odometer reading must be recorded at the beginning and ending of any travel for mileage reimbursement.
- F. The information to be completed by the employee on the form includes:
 - 1. Date of travel
 - 2. Destination
 - 3. Accurate odometer readings to and from the travel destination
 - 4. Total mileage of the trip
 - 5. Fund Code
 - 6. Any Subsistence totals with the receipts taped to a white sheet of paper and **paper-clipped to the BACK of the travel sheet.**
 - 7. Any other expenditures, such as parking, etc., with the receipts taped to a white sheet of paper and **paper-clipped to the BACK of the travel sheet.**
 - 8. A copy of the meeting agenda must also be **paper-clipped to the BACK of the travel sheet for any travel.**
 - 9. The Mileage, Subsistence and Other totals are entered in each section on the travel sheet. Subsistence must be listed in chronological date and meal order (i.e., 10th, 11th 12th of the month; Breakfast, lunch, and dinner).
 - 10. Deductions from daily per diem amount must be listed separately for meals provided during workshops, conferences, meetings, etc.

11. Travel, subsistence, and other totals will be combined for the final total of travel expenses incurred.
- G. Travel sheets are to be given to the Department Supervisor on the last working day of the month unless travel is anticipated on that day. Staff traveling on the last working day of the month will submit their travel sheets as soon as the travel for the day is completed.
 - H. Each Department Supervisor is responsible for reviewing the forms for accuracy and signing the form to indicate review and accuracy.
 - I. The Department Supervisor then places the forms in the Accounting Tech's mailbox.
 - J. The Accounting Tech/Fiscal Services staff reviews the forms for accuracy and designation of costs to programs based on the fund codes.
 - K. If the form is incomplete, it will be returned to the Department Supervisor for follow-up to ensure completion.
 - L. Once the travel form is complete and accurate, the Accounting Tech will prepare a bill tab for submission and make a copy of the form and place in the employee's mailbox.
 - M. Travel reimbursements will be made by direct deposit on the 20th of the month. Refer to "Employee Payroll and Travel Deposits" above.
 - N. Travel sheets for the month of June are to be submitted to the Department Supervisor for approval and then to Fiscal Services on June 25th for the fiscal year end close. Any mandatory travel made from June 26th through June 30th must be documented on a separate travel sheet and submitted on June 30th/last working day of June.

Inventory Management - Capital Outlay & Fixed Assets:

1. A fixed asset inventory listing of the County's personal property is required.
2. Fixed assets are defined as tangible assets of significant value (\$2,500 or more).
3. Exceptions to this limit include office furniture, computer equipment, etc. and some special items which require property control:
 - A. The Management Support Administrative Assistant is responsible for the fixed assets of the department and will maintain a list.
 - B. The Management Support Administrative Assistant will tag fixed assets as directed by the County Finance Office.
 - C. The Management Support Administrative Assistant will perform at least an annual physical inventory in order to keep the records up to date and accurate.
4. When an item is no longer in service at SCHD the Management Support Administrative Assistant will complete the Surplus/Junk Property Form and submit to the County Finance Office in accordance with the Sampson County Surplus Policy – see Attachments.

Replacement of Equipment:

1. Sampson County Health Department will ensure that equipment is sufficient for departmental needs and that all equipment is kept in good working order to ensure that the agency has properly functioning equipment to perform the required public health duties.
2. Each department will ensure that all equipment is maintained and serviced as needed.
3. Maintenance agreements are maintained on equipment requiring service as needed.
4. Equipment needs are reviewed annually, usually during the budget planning process.
5. Equipment will be replaced on an as needed basis.

Title X Fiscal Guidance for Family Planning:

1. SCHD has policies and procedures for charging, billing, and collecting funds for the services provided to Family Planning Clients.
2. Clients are not to be denied services or subjected to any variation in quality of services because of inability to pay.
3. There are no fees or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services.
4. Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) are not charged; however, SCHD bills all third parties authorized or legally obligated to pay for services. All clients are provided a receipt that lists the services received.
5. SCHD uses all valid means of income verification, including the client's participation in other SCHD programs, to verify income rather than rely solely on the client's self-report. All clients are informed to bring proof of income at the time of their visit; verifying client income will not present a barrier to receipt of Family Planning services.
6. SCHD uses the most current sliding fee scale provided by the North Carolina Women's Health Branch to determine costs for Family Planning services for individuals with family incomes between 101% and 250% of the Federal Poverty Level (FPL).
7. Fees are waived for individuals with family incomes above 100% of the FPL who, as determined by the Health Director, are unable, for good cause, to pay for Family Planning services – refer to "Services Eligibility & Required Fees/Payments" #10 above.
8. For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. Refer to the "Fee Setting Process" above.
9. Eligibility for discounts for un-emancipated minors who receive confidential services must be based on the income of the minor. Refer to "Patient Confidentiality" and "Proof of Income Requirements" #4 above.
10. All reasonable efforts are made to obtain third party payment without the application of any discounts for authorization for third party reimbursement.
11. Family income and payment methods are assessed before determining whether payments or additional fees are charged. This includes assessing for private insurance. Refer to "Billing Medicaid/Medicare/Private Insurance & Handling Delinquent Claims" #4 above.
12. Insured clients whose family income is at or below 250% FPL will not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of

discounts is applied and will be charged the lesser of two amounts. After total charges for the visit are calculated based on the sliding fee scale:

- A. If the amount due is more than the insurance required co-pay, the co-pay will be collected
 - B. If the amount due is less than the insurance required co-pay, the amount due will be collected.
 - C. The total charges for the day will then be billed to insurance for payment.
13. Confidential Services: All reasonable efforts are made to collect charges without jeopardizing the client are made. This includes third-party payers that issue Explanation of Benefits (EOB) statements. Refer to “Patient Confidentiality” above.
14. Donations: Voluntary donations from clients are permissible; however, clients are not pressured to make donations, and donations are not a prerequisite to the provision of services or supplies. Refer to “Direct Patient Charges” #6 above.
15. Abortion Services: SCHD does not provide abortion services; therefore, no additional financial documentation is required.
16. Title X References:

NC Department of Health & Human Services
<http://www.ncdhhs.gov/>

NC Department of Public Health:
<http://publichealth.nc.gov/>

Title X Guidelines:
<https://www.hhs.gov/opa/sites/default/files/Title-X-2014-Program-Requirements.pdf>
OPA Instruction Series:
<https://www.fpntc.org/resources/title-x-program-review-tool>

References:

North Carolina General Statute § 130A-39
North Carolina General Statute § 105A: Article 1: 1 – 16.
10A NCAC 45A.
Health Insurance Portability & Accountability Act (HIPAA) of 1996.
42 CFR 59: Grants for Family Planning Services.
OPA: Program Requirements for Title X Funded Family Planning Projects, April 2014.
Centers for Medicare & Medicaid Services
North Carolina Department of Public Health Program Branches
Sampson County Finance Policy & Procedures
Sampson County Accounts Receivable Policy
Sampson County Accounts Receivable Collections Procedure
Sampson County Procedure for Handling Counterfeit Currency
Sampson County Returned Check Policy

Sampson County XVII Surplus Policy
Sampson County Health Board of Health Operating Procedures.
Sampson County Health Department Adult Health Policy
Sampson County Health Department BCCCP/WW Policy
Sampson County Health Department Care Coordination for Children (CC4C) Policy
Sampson County Health Department Child Health Policy
Sampson County Health Department Communicable Disease Policy
Sampson County Health Department Family Planning Policy
Sampson County Health Department Immunizations Policy
Sampson County Health Department Maternal Health Policy
Sampson County Health Department Prenatal Care Management (OBCM) Policy
Sampson County Health Department STD Policy
Sampson County Health Department TB Policy

APPENDIX

**SAMPSON COUNTY
BOARD OF COMMISSIONERS**

ITEM ABSTRACT

ITEM NO. 6

Meeting Date: December 7, 2020	<input checked="" type="checkbox"/>	Information Only	<input type="checkbox"/>	Public Comment
	<input type="checkbox"/>	Report/Presentation	<input type="checkbox"/>	Closed Session
	<input type="checkbox"/>	Action Item	<input type="checkbox"/>	Planning/Zoning
	<input type="checkbox"/>	Consent Agenda	<input type="checkbox"/>	Water District Issue

INFORMATION ONLY

For all Board Information items, please contact the County Manager's Office if you wish to have additional information on any of the following.

- a. Health Advisory Board Minutes, September 21, 2020
- b. Dangerous Dog Appeal Hearing Minutes, September 29, 2020

To: Mr. Edwin Causey
County Manager

Susan Holder
Assistant County Manager

From: Wanda Robinson
Health Director

Subject: Health Department Information items

Date: November 23, 2020

Attached are items approved by the Health Advisory Committee on November 16, 2020, and is being submitted for review by the county commissioners.

- I. Advisory Board Meeting Minutes September 21, 2020 (unsigned due to meeting via conference call, minutes to be signed at later date.)
- II. Dangerous Dog Appeal Hearing Minutes September 29, 2020 (unsigned due to meeting via conference call, minutes to be signed at later date.)

Attachments via Email

Advisory Board Meeting Minutes September 21, 2020
Dangerous Dog Appeal Hearing Minutes September 29, 2020

**SCHD Advisory Committee Meeting Minutes
September 21, 2020**

Members present via conference call: Dr. Jeffrey Bell, Dr. Elizabeth Bryan, Robert Butler, Dr. Cynthia S. Davis, Cassie Faircloth, Yire Hernandez, Jacqueline Howard, Chair, and Commissioner Harry Parker.

Members not present: Charlotte Harrell, Allie Ray McCullen and Linda Peterson.

SCHD and other county staff present: Wanda Robinson, Tamra Jones, Perry Solice, Kelly Parrish, Sally DeMay, Edward Causey and Joel Starling.

I. Call to Order:

Jacqueline Howard, chair called meeting to order.

Wanda Robinson requested to add items to the agenda:

- a. IV. COVID-19 Update
- b. IX e. AA 115 COVID 19 Infection Prevention Support
- c. IX f. AA 165 Infant Mortality Reduction

Correction made to the date on the Agenda to September 21, 2020.

II. Invocation:

Commissioner Harry Parker gave the invocation.

III. Approval of Minutes:

Motion to accept the July 20, 2020 minutes made by Robert Butler and seconded by Commissioner Harry Parker. All in favor. Motion carried.

IV. COVID-19 Update:

Kelly Parrish reported 2, 176 positive cases up 36 cases from Friday, September 18, 2020. Currently have 484 active cases and five open outbreaks:

- Smithfield
- Two congregate labor camps each with one case each
- Plainview School
- Mary Gran – 2 cases (opened today).

Kelly reported working on the Community Health Workers a resource of vendors that have contracted with the state. The Community Health Workers will contact each confirmed case to assess for resource needs such as transportation, food, medication, or any type of needs resulting from isolation.

Kelly reported on a new telephone app, launching "Slow COVID NC" September 22, 2020. The app uses blue tooth to your track locations and in event you test positive, the app will notify close contacts based on the pinged locations. Contacts are notified only if they have downloaded and are using the app and have their blue tooth active.

V. Carolina Breast Imaging Contract:

Carolina Breast Imaging has offices in Goldsboro and Greenville and provide imaging and breast biopsies. They will accept the fees set in the fee schedule and not charge the women in this program. Motion to accept the contract made by Dr. Jeffrey Bell, seconded by Robert Butler. All in favor. Motion carried. Contract will be presented to the County Commissioners meeting as Board of Health.

VI. Information Security Policy Review/Approval:

Sally DeMay discussed the changes to the policy. Majority of changes were made to removing "Agency" and replacing with "SCHD". Change made to add specification of clinic, WIC or Environmental Health front desk; added Cameras (external and internal laptop) to Telecommunication Equipment. Removed links inserted in document and replaced with documents and forms. Motion to accept the changes made to policy made by Dr. Cynthia Davis, seconded by Cassie Faircloth. All in favor. Motion carried. Policy will be presented to the County Commissioners meeting as Board of Health.

VII. Administrative Policy Review/Approval:

Wanda Robinson briefly reviewed the following attached policies that were updated in Administrative Policy changes are highlighted in green and yellow:

- a. Dress Code Policy
- b. Facility & Equipment Cleaning Policy changes made to include updated OSHA and COVID requirements.
- c. Media Policy added information on what is a Public Record.
- d. Orientation Policy & Procedures
- e. Policy on Policies reviewed page 14 Level of Authority and/or Decision making
- f. Staff Qualifications and Development Policy
- g. Time Sheet & Work Schedule Policy
- h. Vehicle Policy added steps to take in case of accidents or breakdowns.
- i. Mosquito Management and Abatement Policy

Motion to accept the above updated Administrative Policies made by Dr. Jeffrey Bell, seconded by Dr. Cynthia Davis. All in favor. Motion carried. Administrative Policies will be presented to the County Commissioners meeting as Board of Health.

VIII. Fiscal Report:

a. Monthly Activity Summary:

Tamra Jones reported on handout. Activities have declined a little, but most staying constant with July. Reviewed the Medicaid Revenues report as being down for the first two months. Correction made to the Care Coord for Children column should be shortage \$1348.00. Local revenues are tending down as the Medicaid Revenues total deficient of \$5300.00.

b. Medicaid Adjustment Fees:

Tamra reviewed the handout of codes that Medicaid is doing an adjustment of fees. Medicaid has started doing an increase of about 17% over the amount we bill for office visit codes. Handout reflects the billed amount; paid amount and the increase amount being paid by Medicaid. Usually paid about 60 to 69% of billed amount. The cost settlement at the end of the year cost settles for the difference. Unsure of how this adjustment will affect the cost settlement for this fiscal year. The adjustments started in

March and will continue through December of this year. Questions was asked if health department would owe money back to Medicaid at end of year due to increased payment. Tamra responded, should not owe money, due to adjustment is being done to help compensate for the reduced clinics.

c. Clinic Fee Schedule Review:

Handout attached for new Lab testing codes for new tests ordered by practitioners. Motion to accept the new clinic fees made by Dr. Beth Bryan, seconded by Robert Butler. All in favor. Motion carried. Clinic Fees will be presented to the County Commissioners meeting as Board of Health.

IX. Agreement Addenda Allocations:

a. AA 168 Maternal Health Innovation \$7500:

New Funding to purchase equipment, provide staff training to strengthen the provision of maternal health services. Allocated the funds into departmental supplies, departmental equipment, and data processing to support telehealth services. Motion to accept the new funding made by Commissioner Harry Parker, seconded Dr. Jeffrey Bell. All in favor. Motion carried. New funding will be presented to the County Commissioners meeting as Board of Health.

b. AA 539 COVID-19 CARES Activities \$32,377:

Correction to above amount to \$32,395. Funds will be used for Salary and Fringe for staff working with COVID-19 tracing and other COVID related activities, testing, departmental supplies, telephone and postage, lab services and travel. Motion to accept new funding of \$32, 395 made by Dr. Jeffrey Bell, seconded by Dr. Beth Bryan. All in favor. Motion carried. New funding will be presented to the County Commissioners meeting as Board of Health.

c. AA 543 ELC Enhancing Detection Activities-\$157,885:

New funding for COVID to enhance detection activities. Funds to be used in Salary and Fringe, departmental supplies, telephone and postage, lab services, travel, and contract services to assist with interpreting. Motion made to accept new funding of \$157,885 made by Robert Butler, seconded by Dr. Jeffrey Bell. All in favor. Motion carried. New funding will be presented to the County Commissioners meeting as Board of Health.

d. WIC-\$16,764:

Additional funding received in WIC due to increase in caseload. Funds will be used to pay Salary and Fringe in the WIC program. Motion to accept the new funding made by Commissioner Harry Parker, seconded by Dr. Cynthia Davis. All in favor. Motion carried. New funding will be presented to the County Commissioners meeting as Board of Health.

e. AA 115 COVID-19 Infection Prevention Support:

Additional COVID funding of \$89, 940.00 received from State. Funding to be used to pay the Salary and Fringe of staff working in COVID. This funding is to be spent by December 31st. Motion to accept additional COVID funding of \$89,940 made by Commissioner Harry Parker, seconded by Dr. Jeffrey Bell. All in favor. Motion carried. Funding will be presented to the County Commissioners meeting as Board of Health.

f. **AA 165 Infant Mortality Reduction:**

Additional funding of \$2,406.00 to help obtains items needed in Family Planning such as Nexplanon and items to aid in Nexplanon insertions and removals. Motion to accept the new funding made by Dr. Jeffrey Bell, seconded by Commissioner Harry Parker. All in favor. Motion carried. New funding will be presented to the County Commissioners meeting as Board of Health.

X. **Health Directors Report:**


Wanda Robinson discussed flier "Connecting Residents to COVID-19 Isolation and Quarantine Support" emailed to board. Wanda will be meeting with two vendors assigned to work with Sampson County. The vendors will be hiring two employees to train and send to us work in Sampson County. Vendors are "Mount Calvary Center for Leadership Development" and "One to One with You" both located in Goldsboro. Workers will be working one on one with the COVID positive patients helping them to access different services Sampson County.

Resignations received, one each in Nursing and Management Support departments and a retirement in Environmental Health department effective at the end of the year.

XI. **Public Comment:**

No public comment.

No further business, meeting adjourned.

	11/19/20	Wanda Robinson	11/19/20
Advisory Committee Chair	Date	Secretary	Date

**SCHD Advisory Committee
Dangerous Dog Appeal Hearing Minutes
September 29, 2020**

Attendance in Person: Robert Butler, Dr. Cynthia Davis, Jacqueline Howard, Chair.

Attendance via Conference Call: Dr. Jeffrey Bell, Dr. Elizabeth Bryan, Cassie Faircloth, and Commissioner Harry Parker.

Sampson County Employee attendance in Person: Sgt. Jessica Byrd, Wanda Robinson, Joel Starling and Sally DeMay.

Speakers attendance in Person: Ms. Ann Tyndall.

Speakers attendance via Conference Call: Ms. Jamie Ringlund, Ms. Wendy Rackley and Ms. Amy Mitchell.

I. Call to Order:

Mrs. Jacqueline Howard called hearing to order.

II. Dangerous Dog Hearing:

a. Overview of Dangerous Dog Hearing Process:

Mrs. Jacqueline Howard reviewed Article 1A. Dangerous Dogs sections (a) (1) a. and b; (2) a. b. and c. (See attached).

b. Public Comment:

Wanda Robinson called on Ms. Jamie Ringlund to speak via conference call. Mrs. Howard administered affirmation. Ms. Ringlund made the following statements. "My dog is not dangerous. I have a five-year-old. I have an English bulldog. He is a big baby at heart. He was just trying to play with them, I mean the little yorkie. We are going to get a privacy fence put up and have an electric fence now that works. It will not happen again. I have a little boy that misses his dog. My son has not slept hardly. The English bulldog does not sleep. He checks on my mom to make sure she was breathing. He had a little routine. It won't happen again because we have gotten everything fixed."

Ms. Ringlund stated that Wendy Rackley was on the conference call on her behalf. Mrs. Howard stated Ms. Rackley would be asked to speak when Ms. Ringlund was finished.

Ms. Ringlund continued with the following statements. "They usually just run up and down the fence. If he truly wanted to hurt that little yorkie or kill him. He would have done it in one bite, but he did not. He was just trying to play with him."

Mrs. Jacqueline Howard asked Mr. Ringlund, "You say your dog does not display any aggressive behavior toward people?" Ms. Ringlund responded, "I mean if he does not know you. I keep him on a chain. He is protective over his people. Not really no. If you do not show aggression toward him, he is not going to show any towards you."

Ms. Ringlund continued with the following statements: "He barks of course because all dogs do. If he was such an aggressive mean dog, my child would not be able to roll all over him and play with him.

Mrs. Howard asked for next speaker to speak via conference call. Speaker stated name as "Wendy Rackley". Mrs. Howard administered affirmation to Ms. Rackley. Ms. Rackley made the following statements: "I been around "Pretty Boy" since he was born. He is not a bad dog. If you try to be ugly with him. He is good with Jackson. Jackson falls on him. He tries to ride him. He has never shown aggression towards me. He has never shown any to my fourteen-year-old at all. I have watched Jackson with him since he was a puppy."

Ms. Jacqueline Howard asked Ms. Rackley, "You have never seen him show aggression to anyone else?" Ms. Rackley responded, "I have never seen him show aggression to nobody."

Ms. Howard asked Ms. Rackley if she had anything else, she would like to add. Ms. Rackley continued: "Like Jamie said, if he wanted to eat that yorkie, he could have ate him in one bite, but he did not. They have a little dog in the house. He has not tried to bother that dog when he was a puppy or nothing."

Mrs. Jacqueline Howard asked Ms. Ringlund if she had any other witness to speak. Ms. Ringlund stated, "My mom, but she is in the hospital."

Mrs. Jacqueline Howard called Ms. Ann Tyndall forward to speak and administered affirmation. Ms. Tyndall made the following statements. "I was in the laundry room at the back of the house and my daughter went outside. The puppy, the little yorkie was running around, running up and down beside the fence wanting to play with the big dog. They are separated, but they can still run and play. Heard my daughter scream, "Mama". She was around on the den side then, on the other side of the house. I went out there and "Pretty Boy" the german shepherd was down at the little dog in a narrow ditch beside the house. My daughter fell on him. Amy did, the one that owns the little dog. It scared him, so he got up. He had a scrap on his leg, the little dog and a couple of puncture wounds. We took him to the vet the next day and he said he is doing very well. Nothing permanent. I shooed him away with a shirt, waving it. He sort of turned towards me like no don't do that. He gave me the impression he was going to come at me. He has known me forever since he was a puppy. He sees me every day coming in and out of the house all the time. He will bark at me. We had noticed recently; he would crouch when the little dog was in the back yard or around the house playing the little yorkie. He would crouch and give him the hardest look like I want to eat you. They have run up and down the fence playing many times before this started, he would just look at him like he wanted to hurt him. They got separated and Jackson came over and got him and took him back home."

Mrs. Jacqueline Howard asked Ms. Tyndall, "When you had the shirt and tried to shoo him away and he turned at you, were you afraid? What were you feeling?" Ms. Tyndall responded, "I knew that he was confused because he was not expecting someone to fall on him. I think that is right. When he went down the ditch trying to get the puppy, Amy

fell on him, my daughter. It confused him and he turned around and heard them calling him and I said go home, go home shaking the shirt at him. He sort of turned towards me, but he did not bother me. Then Jackson, the little boy got him. He will hook him up to be chained or put him in the house when people come.”

Dr. Cynthia Davis asked Ms. Tyndall, “Did the dog every growl at anybody when they where outside?” “When your daughter is out doing things in the backyard is the dog growling?” Ms. Tyndall answered “No, he barks.” Dr. Davis asked Ms. Tyndall, “Tail wagging or not?” Ms. Tyndall replied, “Not really, just barks at me, just runs up and down beside the fence barking at me.”

Ms. Tyndall made the following statements. About a year ago, I needed to get up with Jackson, his grandmother called and asked me to go over to find him. I started in and he would not let me in just a few feet inside the gate. I called Jackson to come and get him because he did not want me in there

Dr. Cynthia Davis asked Ms. Tyndall, “Was this the first time he had been out of the fence or does he get out often?” Ms. Tyndall answered, “No, he does not get out often. This is the first time that I can recall.” Dr. Cynthia Davis asked, “How old is the dog?” Ms. Tyndall replied, “A couple of years maybe.”

Mrs. Jacqueline Howard asked, “You are not afraid of the dog?” Ms. Tyndall answered, “I am afraid of that dog because he growled at me like he was going to eat me when I went inside the gate. I asked Jackson to come and get him because he was not going to let me go any further.” Mrs. Howard stated, “I asked the question to make clear because you had stated he just barked. You can tell a bark that is an aggressive bark.” Ms. Tyndall stated, “He barks at me when I am outside.”

Robert Butler asked Ms. Tyndall, “When you were waving the shirt at the dog, did he show you teeth or his hair stand up?” Ms. Tyndall answered, “No, he turned and looked at me and took a step. Did not come any further than that, I was waving that shirt at him.” Robert Butler asked, “He did not show any aggression to you at that point?” Ms. Tyndall replied, “No, that was it. He turned and looked at me, I was waving the shirt saying go home, go home. He has heard my voice enough; he should be familiar I would think. He was out of control at the moment. “

Commissioner Harry Parker asked, “At what time did you wave the shirt? Who fell on the dog?” Ms. Tyndall answered, “My daughter was chasing both of them trying to get the little one and get the big dog away from him. She fell on him at the ditch and it scared him, and he got up.” Commissioner Parker asked, “If she had not taken those actions, do you think it would have been worse than what it was?” Ms. Tyndall replied, “Definitely, he would have gotten him, the puppy was screaming.” Commissioner Parker asked, “The German Shepperd was out of control at this time?” Ms. Tyndall answered, “Yes sir.”

Dr. Cynthia Davis asked, “In the statement it says that Amy threw the dog out of the ditch, but the dog came out of the ditch on its own accord?” Ms. Tyndall replied, “Well, I am not certain about that. I know that when I heard her scream, I tore around the

house with the shirt in my hand. I was screaming at him and I was thinking she fell on him trying to get to the puppy, to get them separated. I can't give you exact on that." Mrs. Jacqueline Howard asked, "You did see her fall on the dog purposely to stop him from getting the little dog?" Ms. Tyndall replied, "Yes. It was happening so fast."

Mrs. Jacqueline Howard asked for Amy Mitchell to speak next. Mrs. Howard administered the affirmation to Ms. Mitchell. Ms. Mitchell made the following statements. "Several times that I have been over to my mother's, that dog has been out. He is always crouched down like a panther and has a death stare at my dog. My dog would go the fence and that dog would act like he was going to eat him up. But then, there has been several times when they would run up and down the fence. But he still acts like he wants to eat him. I have told my mother several times that is a dangerous dog. He wants to get ahold of my dog."

"Of course, there was a weak spot in the fence where they have tried to patch it up and when I was standing on the back porch my little dog went to the fence and thought he was going to run with him. When my dog started to run that dog busted through the fence and went after him. At that time, I started hollering and running after the dog."

He got my dog on two different occasions during that time. My dog kept trying to get away from him and hollering. I finally was able to catch up with him when my dog went into that ditch. I threw myself on the big dog to him off my dog. I think it might have scared the dog the way he turned around and looked at me. At that time, when he turned around, he got out and turned around towards me like he was coming back to me. My mother was there at that time, hollering at him. She swung at him with a shirt to get him away from me. When I get up to go after him, he was headed towards my mother and she kept slinging the shirt, hollering at him. At that time, Jackson, the little boy, was in the middle of the front yard. He was hollering at him. And us going towards the dog, he decided to go to Jackson."

Ms. Mitchell continued with, "Yes, it is a very vicious dog. My mother sees that dog several times a day. She goes out and out he goes acting like he wants to eat somebody. He does not need to be there. I fear for that child as well. So that dog can turn on somebody, even a family member. I feel that way." If Jackson was not coming over, I feel like that dog would have attacked me or my mother. After that, I got my dog and we went into the house. Mother called animal services. Furthermore, that fence is not fixed, it needs to be redone completely. There are so many places that are patched up. Majority of the places that are patched, my mother patched. My mother has a great grandson that is two years old and he loves dogs. He went to the fence, we went and got him because the dog acted like he was going to eat that child. The nurses that go out there, I know they have to lock that dog in the bathroom so she can go and see her patient, which is a grandmother that lives there. It is not friendly by no means; it is a vicious dog. He has the death stare."

Robert Butler asked Ms. Mitchell, "At the time you were trying to separate the dogs, what kind of aggression did the German Shepperd show to you?" Ms. Mitchell replied, "He was concentrating on the dog. I think I surprised him by falling on him to get him

off and when I did, he stopped, turned his head around and looked for what fell on him and noticed it was me. When he got up out of the ditch and I was still halfway in the ditch getting up, he turned around like he was coming to me. At that time, my mother was already there hollering and screaming at him and swinging the shirt at him. He turned towards my mother. I was able to get up that time and start going towards him because he was going towards my mother and she kept swinging. Jackson, at that time, was there in the front yard hollering for him and he saw Jackson and went towards him. He is a very dangerous dog. That is my opinion. He is very aggressive. He would have killed my dog, if was not outside. Hands down, I know he would have.

Robert Butler asked Ms. Mitchell, "So you feel that, if Jackson had not come out that he might have continued at you and your mother?" Ms. Mitchell answered, "Absolutely. He is not a friendly dog, by no means."

Dr. Jeffrey Bell asked, "What kind of injuries the small dog sustained? Do it need a Vet visit?" Ms. Mitchell replied, "Yes it did, he had trouble walking on his back leg. He would not walk on it that whole day and part of the next day. He had bite marks on the inside of the leg and a couple on his back, puncture wounds where he tried to grab him. We took him to Dr. Oglesby."

Mrs. Jacqueline Howard called Sgt. Jessica Byrd to come forward to speak. Mrs. Howard administered the affirmation. Sgt. Byrd made the following statements. "Speaking with Ms. Ann and Ms. Amy, they definitely had concerns over the dog before this incident. They even more concerns now. I spoke with Dr. Oglesby; the small dog did receive puncture wounds and some scratches. I feel the scratches are probably not from the nails, but during the fighting process. Directly, thereafter the attack on the dog, the dog did show aggression toward both females there."

"The night that Ms. Jamie brought the dog to the shelter, she did state that the dog might be afraid and uncomfortable around strangers. Deputy Oats, the one that did impound that night, he told Sgt. Byrd the following: "that the dog was fine as long as it was under Ms. Jamie's control. After she left, he back into the shelter to fix the impound sheet, as soon as he came in sight of the dog it was like a light switch. He was barking, growling, did not want him anywhere near his kennel."

Sgt. Byrd stated, "I observed his behavior the following day. As soon as you approach the dog's kennel it is immediate barking and growling. If you go to put your hand or get closer to the kennel, like to open the latch to the kennel. He actually starts biting at your hand. He has been so bad throughout this process that, we cannot neighbor dogs beside of him. Even if we had a dog that did not have any kennel issues or any type of space aggression. How he reacts to people has affected the dogs that are beside of him. He has to have a space beside him cleared because the dogs being housed next to him have started showing out as well. I also would reiterate Ms. Amy's statement, that had she not intervened, I believe due to the size of this German Shepperd it would have resulted in death or at a minimum severe injury. The dog did receive puncture wounds and scrapes, which is not typical with playing, but is indicative of a bite.

Dr. Cynthia Davis asked Sgt. Byrd, "Is this dog castrated?" Sgt. Byrd answered, "He is not." Dr. Davis asked, "Has he had any aggression notes from his veterinarian?" Sgt. Byrd replied, "Dr. Oglesby was supposed to have vaccinated this dog against Rabies. There is no record. There is no record of this dog being seen. There is a record of a "Lover Boy" which is "Pretty Boy's" brother." Sgt. Byrd stated that Ms. Jamie had asked for Dr. Oglesby to do a statement saying that the dog showed no aggression, no history of aggression at the vet's office. Sgt. Byrd stated, "Dr. Oglesby nor Tris Oglesby could recall the dog. Trish went to the shelter and confirmed the same as I did. She would not give a letter. I think Ms. Jamie either wanted her to have a dog obedience trainer to go and assess the dog for aggression towards people and aggression towards animals. We would not recommend it, because we cannot safely handle the dog unless, he is on a catch pole. Trish would not recommend it to a local dog trainer because of the aggression he showed Trish. There is no record of him being seen."

Someone asked how old the dog and questions were asked of Ms. Jamie Ringlund. Ms. Ringlund answered, "He is two years and three months." Mrs. Ringlund made the following statements. "When I went to see my dog there had been dogs beside him and there were dogs in front of him. At the vet's office, yes, they had the wrong dog because at the time, we did not even have "Lover Boy". I gave him to a friend of mine. I did not take him at that time, someone else did. They just put the wrong dog's name down because I had to give him the Rabies number and they confirmed that was the shot they gave."

c. Discussion:

Mrs. Jacqueline Howard called for all board members to vote by roll call to affirm to uphold the recommendations from the law officer to declare the dog as a dangerous dog. Roll call vote: Dr. Jeffry Bell, affirm, Dr. Elizabeth Bryan, affirm, Robert Butler, affirm, Dr. Cynthia Davis, affirm, Cassie Faircloth, affirm, Jacqueline Howard, affirm, Commissioner Harry Parker, affirm. The vote was unanimous to uphold the recommendations to declare the dog as a dangerous dog.

Mr. Joel Starling spoke to Ms. Jamie Ringlund explaining she would receive written ruling from this body. That ruling is appealable through the Superior Court, Division of the General Court of Justice.

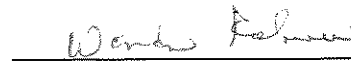
III. Adjournment:

Mrs. Jacqueline Howard adjourned meeting with no further business.



SCHO Advisory Board Chair

Date



Secretary

Date

11/19/20

PUBLIC COMMENT POLICIES AND PROCEDURES

Revised June, 2018

In accordance with NCGS 153A-52.1, a period reserved for comments from the public on topics not otherwise included on that evening's agenda will be included as an item of business on all agendas of regularly-scheduled Board of Commissioners meetings and shall be deemed the "Public Comment" segment of the agenda. The Public Comment segment of the agenda will be placed at the end of the agenda, following the conclusion of all other open session business. Because subjects of Special and Emergency Meetings are often regulated by General Statutes, there will be no Public Comments segment reserved on agendas of these meetings; however, Special and Emergency Meetings are open for public attendance.

As with public hearings, the Chair (or presiding officer) will determine and announce limits on speakers at the start of the Public Comment period. Each speaker will be allocated no more than five (5) minutes. The Chairman (or presiding officer) may, at their discretion, decrease this time allocation if the number of persons wishing to speak would unduly prolong the meeting. A staff member will be designated as official timekeeper, and the timekeeper will inform the speaker when they have one minute remaining of their allotted time. When the allotted time is exhausted, the speaker will conclude their remarks promptly and leave the lectern. Speakers may not yield their time to another speaker, and they may not sign up to speak more than once during the same Public Comment period.

An individual wishing to address the Board during the Public Comment period shall register with the Clerk/Deputy Clerk to the Board prior to the opening of the meeting by signing his or her name, and providing an address and short description of his or her topic on a sign-up sheet stationed at the entrance of the meeting room. Any related documents, printed comments, or materials the speaker wishes distributed to the Commissioners shall be delivered to the Clerk/Deputy Clerk in sufficient amounts (10 copies) at least fifteen minutes prior to the start of the meeting. Speakers will be acknowledged to speak in the order in which their names appear on the sign-up sheet. Speakers will address the Commissioners from the lectern, not from the audience, and begin their remarks by stating their name and address.

To ensure the safety of board members, staff and meeting attendees, speakers are not allowed to approach the Board on the seating platform, unless invited by the Board to approach.

Speakers who require accommodation for a disabling condition should contact the office of the County Clerk or County Manager not less than twenty-four (24) hours prior to the meeting.

If time allows, those who fail to register before the meeting may be allowed speak during the Public Comment period. These individuals will be offered the opportunity to speak following those who registered in advance. At this time in the agenda, an individual should raise his or her hand and ask to be recognized by the Board Chair (or presiding officer) and then state his or her name, address and introduce the topic to be addressed.

A total of thirty (30) minutes shall be set aside for public comment. At the end of this time, those who signed up to speak but have not yet been recognized may be requested to hold their comments until the next meeting's public comment period, at which time they will be given priority for expression. Alternatively, the Board, in its discretion, may extend the time allotted for public comment.

Items of discussion during the Public Comment segment of the meeting will be only those appropriate to Open Meetings. Closed Meeting topics include, but are not limited to, such subjects as personnel, acquisition of real property, and information protected by the client-attorney privilege. Closed Meeting

subjects will not be entertained. Speakers will not discuss matters regarding the candidacy of any person seeking public office, including the candidacy of the person addressing the Board.

Speakers will be courteous in their language and presentation, shall not use profanity or racial slurs and shall not engage in personal attacks that by irrelevance, duration or tone may threaten or perceive to threaten the orderly and fair progress of the discussion. Failure to abide by this requirement may result in forfeiture of the speaker's right to speak.

The Public Comments segment of the agenda is intended to provide a forum for the Board of Community to listen to citizens; there shall be no expectation that the Board will answer impromptu questions. However, Board members, through the presiding officer, may ask the speaker questions for clarification purposes. Any action on items brought up during the Public Comment period will be at the discretion of the Board. When appropriate, items will be referred to the Manager or the proper Department Head for further review.

A copy of the Public Comments Policy will be included in the agenda of each regular meeting agenda and will be made available at the speaker registration table. The policy is also available on the County's website.