



**SAMPSON COUNTY  
BOARD OF COMMISSIONERS  
MEETING AGENDA  
February 3, 2020**

**6:00 pm Convene Regular Meeting (County Auditorium)**

Invocation and Pledge of Allegiance  
Approve Agenda as Published

**Tab 1 Presentations and Reports**

- a. Recognition of Retirees 1

**Tab 2 Action Items**

- a. Tax Administration - Annual Statutory Activities Related to Tax Collection 2 - 4
- Report of Unpaid Taxes Which Are Liens on Real Property
  - Scheduling of 2017 Board of Equalization and Review Hearings
- b. Public Works – Engineer’s Report on Negotiation with Bidder for I40/NC403 Well Project 5 - 10
- c. Appointments 11
- LEPC
  - DSS Advisory Committee

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- a. Approve the minutes of the January 21, 2020 meeting 14
- b. Adopt a resolution approving the settlement agreement in Sampson County and the City of Clinton v. Westwoods of Sampson County, LLC 15 - 23
- c. Approve Sampson County Department of Social Services Background Check Policy for Child Support Employees 24 - 30
- d. Approve Sampson County Department of Social Services Video and Audio Recording Policy 31 - 32
- e. Accept 2019 Community Child Protection Team Report 33 - 35
- f. Accept and authorize submission of Action Pathway’s Application for FY 2020-21 Community Services Block Grant funding 36 - 73
- g. Adopt a resolution instructing County Attorney to send notices of termination of existing fire, rescue and fire medic service contracts 74 - 75

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| h. Authorize the addition of three school resources officers and approve associated budget amendment                              | 76 - 79   |
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| l. Approve budget amendments as submitted   | 101 - 105 |

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| n. Approve the Sampson County Health Advisory Committee Conflict of Interest Policy  | 113 - 116 |
| o. Approve the HIPAA Privacy Policy & Procedure Manual   | 117 - 175 |
| p. Approve the LHD-HSA Policy  | 176 - 183 |
| q. Approve the Board of Health Operating Procedures  | 184 - 190 |
| r. Approve the Memorandum of Understanding between the Sampson County Health Department and the Sampson County Child Advocacy Center | 191 - 196 |
| s. Approve Dangerous Dog Appeal Board Rules of Procedure   | 197 - 199 |

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**Recess to Reconvene - Board Planning Session, February 18, 8:30 am, County Administration Conference Room**

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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**ITEM ABSTRACT**

**ITEM NO.    1**

Meeting Date:      February 3, 2020       Information Only       Public Comment  
 Report/Presentation       Closed Session  
 Action Item       Planning/Zoning  
 Consent Agenda       Water District Issue

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**SUBJECT:**                      Recognition of Retirees

**DEPARTMENT:**              Governing Body

**PUBLIC HEARING:**          No

**CONTACT PERSON:**        Vice Chairperson Sue Lee

**PURPOSE:**                      To recognize County employees for their dedicated service

**ATTACHMENTS:**              None

**BACKGROUND:**

Retirees as of January, 2020:

Hurmean Beach, DSS (April 1999 - January 2020)

Jane Robinson, Tax (May 1980 - Jan 2020)

**RECOMMENDED ACTION OR MOTION:**

Present each retiree with a County plaque in recognition of her years of service to the County

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 2 (a)

Meeting Date: February 3, 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

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**SUBJECT:** Tax Department - Annual Statutory Activities Related to Tax Collection

**DEPARTMENT:** Tax Administration

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Jim Johnson, Tax Administrator

**PURPOSE:** To complete annual statutory activities related to tax collection

**ATTACHMENTS:** Memoranda from Tax Administrator

**BACKGROUND:**

Report of Unpaid Taxes/Request to Advertise Pursuant to GS 105-369, Tax Administrator Jim Johnson will report to the Board the amount of unpaid taxes for last year which are liens on real property. Upon receipt of this information, the Board must set a date to advertise these delinquent taxes at least once between March 1 and June 30. Mr. Johnson has recommended an advertisement date of April 2, 2020 with a deadline for payment being March 27, 2020.

Setting Dates for Board of Equalization and Review Hearings In accordance with GS 105-322, the first meeting of the Board of Equalization and Review shall not be held earlier than the first Monday in April and not later than the first Monday in May. In a year in which the County conducts a real property valuation, the Board shall complete its duties on or before December 1st. The meeting dates must be published at least three times and include the date on which the Board expects to adjourn. Mr. Johnson has recommended the Board convene from 1-6 pm on April 21, 2020 and April 28, 2020.

**RECOMMENDED ACTION OR MOTION:**

1. Motion to authorize advertisement of unpaid taxes which are liens on real property as recommended by Tax Administrator
2. Motion to set dates for the Board of Equalization and Review as proposed

Sampson County  
Office of Tax Collector

Phone 910-592-7081  
Fax 910-592-4865

Clinton, N.C. 28329-0207

P.O. Box 207

To: Ed Causey, County Manager  
From: Jim Johnson, Tax Administrator  
Subject: Advertising Tax Liens on Real Property  
Date: January 21, 2020

According to NCGS 105-369, on the first Monday in February it is the duty of the Tax Collector to report to the governing board the total amount of unpaid taxes for the current fiscal year that are liens on real property. Upon receipt of this information, the governing board must set a date or dates for the advertising. The law requires that the liens be advertised at least once between March 1 and June 30. I would like to recommend that the board set April 2, 2020 as the advertising date with the deadline to pay to avoid advertising being Friday March 27, 2020. Payments must be received in the tax office by 5:00pm on this date.

Please put on the Board of Commissioners agenda for February 3, 2020.

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  
Subject: Board of Equalization and Review Hearings  
Date: January 21, 2020

I would like the Board of Commissioners to consider setting dates for the 2020 Board of Equalization and Review hearings. According to NCGS 105-322, the first meeting shall not be held earlier than the first Monday in April and not later than the first Monday in May. In the year a county conducts a real property revaluation, the board shall complete its duties on or before December 1. We are required to publish the dates at least three times, with the first publication to be at least ten days prior to the first meeting. Also, the notice shall state the date on which the board expects to adjourn. I would like to recommend April 21, 2020 and April 28, 2020 as the dates for the 2020 Board of Equalization and Review hearings. I would also recommend appointment times be set from 1:00pm to 6:00pm on those dates.

Please put on the Board of Commissioners agenda for February 3, 2020.

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 2 (b)

Meeting Date: February 3, 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"/>	

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**SUBJECT:** Engineer's Report on Negotiation with Bidder for I40/NC403 Well Project

**DEPARTMENT:** Public Works

**PUBLIC HEARING:** No

**CONTACT PERSON(S):** Matthew West, Dewberry Engineers  
Lin Reynolds, Public Works Director

**PURPOSE:** To receive the engineer's report on the negotiation with the low (only) bidder on the I40/NC 403 Project and their recommendation for proceeding with the project

**ATTACHMENTS:** Engineer's Memo, Public Works Director's Memo

**BACKGROUND:**

As discussed at your called meeting on January 21, 2020, the County received only one bid for the I40/NC 403 Well Head Completion (after bidding the project twice). The bid by Herring-Rivenbark, Inc. of \$3,892,970 exceeded the available grant funding for the project, so the engineer was directed to negotiate the contract price prior to making a formal recommendation on the award of the contract. Engineer Matt West and Public Works Director Lin Reynolds will be present to report on those negotiations and make recommendations to the Board regarding next steps for the project.

**RECOMMENDED ACTION OR MOTION:**

Consider recommendations presented by the engineering firm and Public Works Director

# COUNTY OF SAMPSON

DEPARTMENT OF PUBLIC WORKS

827 S.E. Blvd. • P.O. Box 1280 • Clinton, North Carolina 28328  
(910) 592-0188 • Fax No. (910) 592-7242

L.E. Reynolds, P.E.  
Public Works Director

TO: SUSAN HOLDER, ASSISTANT COUNTY MANAGER

FROM: L. E. REYNOLDS, P.E., PUBLIC WORKS DIRECTOR

DATE: JANUARY 22, 2020

SUBJECT: AGENDA FOR FEBRUARY, 2020

I would like for an item to be added to the agenda for BOC meeting in February. One bid was received on January 16<sup>th</sup> for the I40/NC403 Well Project. Matt West is reviewing the bid documents and is negotiating with the contractor. He will be ready to make recommendations to the BOC at their next scheduled meeting.

Please let me know if you need anything further.



January 21, 2020

Sampson County  
Mr. Edwin Causey  
County Manager  
406 County Complex Road  
Clinton, NC 28328

RE: Letter of Recommendation to Negotiate with Low Bidder  
Sampson County I40/NC 403 Well Head Completion and Manganese Treatment

Dear Mr. Causey:

Bids for the Sampson County I40/NC 403 Well Head Completion and Manganese Treatment were received on Thursday, January 16, 2020 at 2:00 pm following the second bid advertisement.

As stated in G.S. 143-132, three bids are required for construction or repair contracts subject to the formal bidding procedures. If three bids are not received after the first advertisement, the project must be re-advertised for at least the minimum time under the formal bidding statute. The project was originally advertised for bid on Tuesday, November 26, 2019. One bid was received after the first bid advertisement at the first bid opening held on Thursday, December 19, 2019 at 2:00 pm. Since a minimum of three bids were not received, the bid was returned to bidder unopened. The Sampson County I40/NC 403 Well Head Completion and Manganese Treatment project was re-advertised on Saturday, December 21, 2019 for bids to be received on Thursday, January 16, 2020.

A total of one bid was received and publicly opened and read aloud. No bidders were present for the bid opening. The following questions were asked even though no bidders were present:

- There were two addenda issued, were the addenda received?
- Was anyone denied the right to bid?
- Are there any objections to proceeding with the bid opening?

The bid was submitted by Herring-Rivenbark, Inc. Dewberry Engineers Inc. (Dewberry) has reviewed the bid received for this project and it is our opinion that Herring-Rivenbark, Inc. has submitted responsive, responsible bids. A complete Bid Tabulation is enclosed for your information.

<b><u>Bidder</u></b>	<b><u>Location</u></b>	<b><u>Total Base Bid</u></b>
Herring-Rivenbark, Inc.	Kinston, NC	\$3,892,970.00

This project is being funded by the Golden Leaf Foundation, the Economic Development Administration, and the North Carolina Department of Water Infrastructure. The total funding available for the entire project is \$3,051,750.00. Approximately \$2,513,790 is available for the construction of the I40/NC403 Well Head Completion and Manganese Treatment.

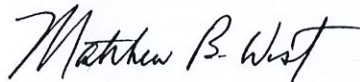
Mr. Edwin Causey  
140/NC 403 Well Head Completion and Manganese Treatment  
Letter of Recommendation to Negotiate with Low Bidder  
January 21, 2020

Herring-Rivenbark, Inc. is willing to negotiate the contract price with Sampson County based on agreed upon modifications to the project and value engineering. A meeting will be scheduled during the week of January 27, 2020 to review the bid prices and determine opportunities to reduce costs. We recommend completing the negotiation process before making a formal recommendation on the award of this contract. It is anticipated that an additional update will be provided to the Board of Commissioners at their February 3, 2020 meeting.

Should you have any questions or comments, please call me at (919) 424-3770.

Sincerely,

Dewberry Engineers Inc.



Matthew B. West, P.E., LEED AP  
Vice President

Enclosures: Bid Tabulation

Cc: Linwood Reynolds, Sampson County  
Mac Ellen Brown, Sampson County  
Mark Turlington, Sampson County  
Susan Holder, Sampson County  
Skip Green, Skip Green and Associates  
Joel Starling, Sampson County

\\Ravenrock\Projects\50082652\Adm\Correspondence\Letters\2020.01.21 - Recommendation to Award Letter.docx

BID TABULATION

OWNER: Sampson County, North Carolina

PROJECT: Sampson County I-40/NC403 Well Head and Manganese Treatment

LOCATION: Sampson County Public Works, 827 SE Blvd., Clinton, NC 28328

BID OPENING DATE: January 16, 2020

*Ryan P. Ames*  
 Ryan P. Ames, P.E.

Certified as Correct



				Herring-Rivenbark, Inc. Kinston, NC	
ITEM	DESCRIPTION	PAY UNIT	QUANTITY	UNIT PRICE	TOTAL
General					
1	Mobilization (Limited to 1.5% Total Bid)	LS	1	\$95,000.00	\$95,000.00
2	Site Prep and E & S	LS	1	\$123,420.00	\$123,420.00
3	Building (62' x 29')	LS	1	\$738,000.00	\$738,000.00
4	Vertical turbine well pump with well head piping, valves and instrumentation	LS	1	\$248,900.00	\$248,900.00
5	Well Pump Enclosure	LS	1	\$52,250.00	\$52,250.00
6	Disinfection Equipment	LS	1	\$79,500.00	\$79,500.00
7	Provide and Install Manganese Treatment System (Pressure Filters(3)), Centrifugal Pumps for backwash recycle (2), PLC controls, Instrumentation, Automated Valves and Pressure Gauges, and Manganese Dioxide filter media (>80% MnO2)	LS	1	\$847,125.00	\$847,125.00
8	Backwash recycle system(pumps and filters	LS	1	\$134,900.00	\$134,900.00
9	Sludge Transfer Pumps	LS	1	\$92,677.00	\$92,677.00
10	Interior process piping and valves not included in filter package	LS	1	\$205,078.00	\$205,078.00
11	Site Piping and valves	LS	1	\$145,145.00	\$145,145.00

**BID TABULATION**

OWNER: Sampson County, North Carolina

PROJECT: Sampson County I-40/NC403 Well Head and Manganese Treatment

LOCATION: Sampson County Public Works, 827 SE Blvd., Clinton, NC 28328

BID OPENING DATE: January 16, 2020

				Herring-Rivenbark, Inc. Kinston, NC	
ITEM	DESCRIPTION	PAY UNIT	QUANTITY	UNIT PRICE	TOTAL
12	Backwash Tank (60,000 gallons, bolted stainless steel with concrete foundation and sloped bottom)	LS	1	\$172,917.00	\$172,917.00
13	Two 10,000 gallon HDPE sludge storage tanks with accessories, valves and piping	LS	1	\$103,811.00	\$103,811.00
14	Equipment Pad for Pressure Filters	LS	1	\$38,250.00	\$38,250.00
15	Equipment Pad for Storage Tanks	LS	1	\$47,500.00	\$47,500.00
16	Electrical - Connection to Treatment System and upsizing of service entrance breaker and panel board	LS	1	\$447,875.00	\$447,875.00
17	Backup Generator and concrete pad	LS	1	\$115,044.00	\$115,044.00
18	SCADA - Integration into existing system	LS	1	\$110,578.00	\$110,578.00
19	Concrete Driveway	LS	1	\$95,000.00	\$95,000.00
<b>TOTAL BASE BID PRICE</b>					<b>\$3,892,970.00 *</b>
Alternate Bid #1 16: HDPE DR-9					
AI-2	Net Difference in Cost to use Custom Controls Unlimited, Inc. as the Process Control Integrator	LS	1	\$25,000.00	\$25,000.00

\*Sum of line items differs from bidder's total.

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 2 (c)

Meeting Date: February 3, 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

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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

LEPC

The LEPC has recommended the appointment of Kevin Thigpen of Prestage AgEnergy to the LEPC Committee.

DSS Advisory Committee

Mr. Robert Werner is not able to continue to attend the meetings remaining in his first term. Therefore, a replacement is requested for the remainder of the term which ends in June 2020.

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO. 3

Meeting Date: February 3, 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

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**SUBJECT:** Consent Agenda

**DEPARTMENT:** Administration/Multiple Departments

**ITEM DESCRIPTIONS/ATTACHMENTS:**

- a. Approve the minutes of the January 21, 2020 meeting
- b. Adopt a resolution approving the settlement agreement in Sampson County and the City of Clinton v. Westwoods of Sampson County, LLC
- c. Approve Sampson County Department of Social Services Background Check Policy for Child Support Employees
- d. Approve Sampson County Department of Social Services Video and Audio Recording Policy
- e. Accept 2019 Community Child Protection Team Report
- f. Accept and authorize submission of Action Pathway's Application for FY 2020-21 Community Services Block Grant funding
- g. Adopt a resolution instructing County Attorney to send notices of termination of existing fire, rescue and fire medic service contracts
- h. Authorize the addition of three school resources officers and approve associated budget amendment
- i. Approve the amendment to the audit contract for fiscal year ending June 30, 2019
- j. Declare a 2002 Chevrolet Tahoe and 2007 Chevrolet Tahoe from the Sheriff's Department as surplus and authorize sale as salvage
- k. Approve tax refunds and releases as submitted
- l. Approve budget amendments as submitted

(Board of Health Items) continued on next page

Board of Health Consent Agenda Items

- m. Approve the Sampson County Health Advisory Committee Operating Policy and Procedures
- n. Approve the Sampson County Health Advisory Committee Conflict of Interest Policy
- o. Approve the HIPAA Privacy Policy & Procedure Manual
- p. Approve the LHD-HSA Policy
- q. Approve the Board of Health Operating Procedures
- r. Approve the Memorandum of Understanding between the Sampson County Health Department and the Sampson County Child Advocacy Center
- s. Approve Dangerous Dog Appeal Board Rules of Procedure

**RECOMMENDED ACTION OR MOTION:**

Motion to approve Consent Agenda as presented

The Sampson County Board of Commissioners convened for a special meeting at 3:00 p.m. on January 21, 2020 in the Conference Room of the County Administration Building, 406 County Complex Road in Clinton, North Carolina. Members present: Chairman Clark Wooten, Vice Chairperson Sue Lee, and Commissioners, Jerol Kivett, and Harry Parker. Commission Thaddeus Godwin was absent.

Chairman Wooten called the meeting to order and recognized staff for discussion.

**Item 1: Report on Bid Opening for Well Project at I40/NC403**

Dewberry Engineer Matt West reported that bids for the Sampson County I40/NC403 Well Head Completion and Manganese Treatment project had been received on January 16, 2020 for the second time as only one bid had been received following the first advertisement. Mr. West reported that there were no additional responses following the second bid, the only bidder being Herring-Rivenbark, Inc., with a bid of \$3,892,970. Mr. West and Public Works Director Lin Reynolds explained that the bid significantly exceeded the project grant funding of \$2.5 million, and that the bidder was willing to negotiate the contract price. They recommended that the Board allow them to negotiate before making a formal recommendation of the bid award at the Board's February meeting. They cautioned the need to be mindful of not removing those items from the bid that were necessary for the project.

There being no further business, the Board voted unanimously to adjourn upon a motion by Commissioner Kivett and second by Commissioner Parker.

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Clark H. Wooten, Chairman

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Susan J. Holder, Clerk to the Board



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

**MEMORANDUM**

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**TO:** Susan Holder  
**FROM:** Joel Starling  
**DATE:** January 22, ~~2022~~<sup>2020</sup>  
**RE:** Proposed Settlement Agreement in Sampson County and the City of Clinton v. Westwoods of Sampson County, LLC

---

On September 25, 2018, Sampson County and the City of Clinton filed a condemnation action against Westwoods of Sampson County, LLC (“Westwoods”), seeking to take by eminent domain 22.742 acres on the eastern side of Airport Road. Members of the Furr family, who own Westwoods, disagreed with the amount of just compensation deposited with the Clerk of Superior Court by the County and City and chose to litigate the issue of just compensation.

On January 17, 2020, the parties attended a mediated settlement conference with a court appointed mediator. The parties have reached a tentative settlement agreement which is expressly conditioned upon the further approval of the Board of Commissioners and the City of Clinton City Council. The North Carolina Department of Transportation has authorized the proposed settlement payment and has indicated that the settlement payment is eligible for reimbursement by DOT.

Should the Board of Commissioners wish to approve the settlement, the members of the Board should adopt the enclosed Resolution.

Materials:

1. Resolution approving settlement agreement;
2. Map for Record Survey for Clinton-Sampson County Airport;
3. Mediated Settlement Agreement;
4. Draft Consent Judgment

## RESOLUTION

WHEREAS, Sampson County and the City of Clinton jointly instituted a condemnation action entitled Sampson County and the City of Clinton v. Westwoods of Sampson County, LLC, No. 18 CVS 957, on or about September 25, 2018, seeking to take, by eminent domain, 22.742 acres, more or less, as more particularly described on the attached map of survey; and

WHEREAS, a dispute arose between Sampson County and the City of Clinton, on the one hand, and Westwoods of Sampson County, LLC, on the other hand, as to the amount of just compensation owed to Westwoods of Sampson County, LLC for the taking; and

WHEREAS, the parties participated in a mediated settlement conference on or about January 17, 2020 and reached a tentative mediated settlement agreement, a copy of which is attached hereto and incorporated herein by reference; and

WHEREAS, the mediated settlement agreement reached by the parties is expressly conditioned upon the further approval of the Sampson County Board of Commissioners and the City of Clinton City Council; and

WHEREAS, the Sampson County Board of Commissioners finds that the mediated settlement agreement tentatively reached by the parties should be approved, provided that and to the extent that the settlement amount set forth in the mediated settlement agreement is eligible for reimbursement by the North Carolina Department of Transportation;

NOW, THEREFORE, be it Resolved that:

1. The settlement agreement set forth in attached mediated settlement agreement is hereby approved, provided that and to the extent that the settlement amount set forth therein is eligible for reimbursement by the North Carolina Department of Transportation.

2. Clark H. Wooten, Chair of the Sampson County Board of Commissioners, is hereby authorized to execute a Consent Judgment substantially similar to the draft Consent Judgment attached hereto and incorporated herein by reference, upon recordation of a final map of survey describing the condemned area.

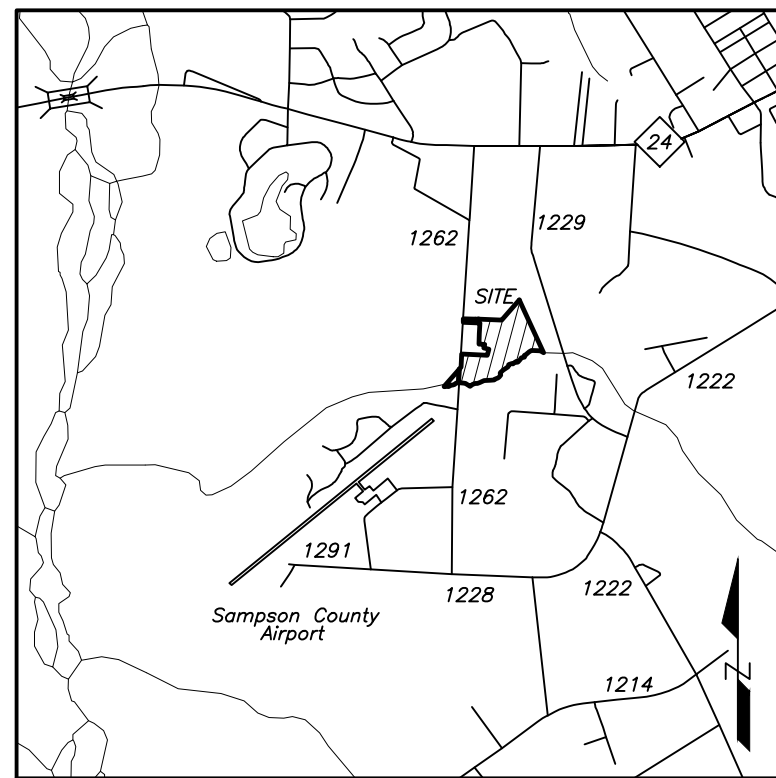
Adopted the 3rd day of February, 2020.

By:

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

ATTEST:

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



VICINITY MAP  
(NOT TO SCALE)

STATE OF NORTH CAROLINA SAMPSON COUNTY

I, JAMES R. WATSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; (DEED DESCRIPTION RECORDED IN MAP & DEED BOOKS NOTED); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION REFERENCED HEREON; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: 10,000±; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. THAT THE FOLLOWING INFORMATION WAS USED TO PERFORM THIS GNSS SURVEY:

CLASS OF SURVEY: A  
POSITIONAL ACCURACY: 0.10'  
TYPE OF GPS FIELD PROCEDURE: RTK  
DATES OF SURVEY: 4/27/2016 - 5/5/2016  
DATUM / EPOCH: NAD 83(2011)  
PUBLISHED / FIXED CONTROL USED: OPUS  
GEOID MODEL: GEOID12  
COMBINED GRID FACTOR: 0.99988409  
UNITS: U.S. SURVEY FEET

WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 29TH DAY OF MAY, A.D., 2016.

L-4712

I, JAMES R. WATSON, PROFESSIONAL LAND SURVEYOR NO. 4712, CERTIFY THAT THIS SURVEY IS OF ANOTHER CATEGORY. TO WIT: AN EXCEPTION TO THE DEFINITION OF SUBDIVISION.

L-4712

I, REVIEW OFFICER OF SAMPSON COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

REVIEW OFFICER \_\_\_\_\_  
DATE \_\_\_\_\_

FILED FOR REGISTRATION \_\_\_\_\_  
2016, \_\_\_\_\_ M  
MAP BOOK \_\_\_\_\_, PAGE \_\_\_\_\_

REGISTER OF DEEDS  
SAMPSON COUNTY

**"PRELIMINARY PLAT"  
NOT FOR SALES, CONVEYANCES,  
OR RECORDATION.**

FLOOD STATEMENT

THIS PROPERTY IS LOCATED IN ZONE "X"  
AND IS NOT WITHIN A SPECIAL FLOOD HAZARD  
AREA, AS DETERMINED BY NFIP RATE MAP  
DATED 01/05/07 : COMMUNITY PANEL  
NUMBER 370263-1484-L.

LINE	BEARING	LENGTH
L-1	N 86°04'54" W	30.02
L-2	N 03°58'00" E	29.49
L-3	N 03°52'19" E	30.52
L-4	S 86°04'22" E	29.85

1  
NCGSM "CTZ A 2006"  
N=446,890,3004'  
E=2,190,822,1341'  
(NC GRID-NAD 83/2011)

1  
ACREAGE DATA  
(BY COMPUTER)  
0.635 AC±  
(EXISTING TRACT 1,  
DB 1798, PG 484)

PARKER FAMILY REAL ESTATE, LLC  
DB 1221, PG 65  
MB 16, PG 91

N/F  
R. A. NAYLOR, ET AL.  
DB 756, PG 263

SAMPSON AIRPORT AUTHORITY, INC.  
DB 731, PG 15  
MB 14, PG 75

SAMPSON AIRPORT AUTHORITY, INC.  
DB 731, PG 15  
MB 14, PG 75

SAMPSON COUNTY SHRINE CLUB  
DB 733, PG 218  
DB 600, PG 116

4  
MB 16, PG 65

2  
ACREAGE DATA  
(BY COMPUTER)  
21.564 AC± EXCL. R/W  
22.107 AC± INCL. R/W

CURVE	LENGTH	RADIUS	CHORD BEARING	CHORD DIST.	DELTA ANGLE
C1	52.42'	210.00'	N 86°46'26" E	52.29'	14°18'12"

LINE TABLE					
ALONG CENTERLINE OF COOPERS MILL BRANCH					
LINE	BEARING	LENGTH	LINE	BEARING	LENGTH
L-5	N 58°26'00" W	58.41	L-29	S 41°13'17" W	45.87
L-6	N 85°16'19" W	128.87	L-30	S 51°39'24" W	25.47
L-7	N 87°48'59" W	21.25	L-31	S 71°37'26" W	42.63
L-8	S 59°24'21" W	39.38	L-32	S 47°03'07" W	24.71
L-9	S 49°32'57" W	49.90	L-33	S 89°20'21" W	65.39
L-10	S 48°54'54" W	26.79	L-34	S 86°56'49" W	106.51
L-11	S 70°32'14" W	25.19	L-35	S 65°23'10" W	72.22
L-12	S 01°49'14" E	30.88	L-36	S 69°30'30" W	47.11
L-13	S 86°59'04" W	21.50	L-37	N 83°28'57" W	35.32
L-14	S 69°15'35" W	14.46	L-38	S 71°52'38" W	46.91
L-15	S 87°31'43" W	23.23	L-39	S 52°51'44" W	52.69
L-16	S 22°00'09" W	31.74	L-40	N 56°35'15" W	87.96
L-17	S 44°33'38" W	59.07	L-41	N 77°07'51" W	35.71
L-18	S 76°49'47" W	13.18	L-42	N 87°46'24" W	55.19
L-19	N 39°36'49" W	20.47	L-43	N 87°46'24" W	30.01
L-20	S 55°32'58" W	32.89	L-44	N 87°46'24" W	24.02
L-21	S 48°12'28" W	38.09	L-45	S 69°56'28" W	25.84
L-22	N 66°15'43" W	23.37	L-46	S 35°27'57" W	20.86
L-23	S 69°00'05" W	51.09	L-47	S 77°45'16" W	33.16
L-24	S 17°56'07" W	37.33	L-48	S 87°52'19" W	29.12
L-25	S 56°27'05" W	96.55	L-49	S 59°38'59" W	47.08
L-26	S 52°05'22" W	61.81	L-50	N 80°39'13" W	26.20
L-27	S 24°00'45" W	21.22	L-51	S 81°30'12" W	31.83
L-28	S 27°50'13" E	26.25	L-52	N 86°58'07" W	18.26

SOURCE OF TITLE

DB 1798, PG 484  
MB 16, PG 91

ACREAGE DATA  
(BY COMPUTER)

TRACT 1 = 0.635 AC±  
TRACT 2 = 21.564 AC± EXCL. R/W  
TRACT 2 = 22.107 AC± INCL. R/W  
TOTAL = 22.199 AC± EXCL. R/W  
TOTAL = 22.742 AC± INCL. R/W

EXISTING AVIGATION  
EASEMENT ACREAGE DATA  
(BY COMPUTER)

TRACT 1 = 0.635 AC±  
TRACT 2 = 19.044 AC±  
TOTAL = 19.679 AC±

- NOTES:
1. COMBINED FACTOR IS 0.99988409.
  2. ALL DISTANCES ARE HORIZONTAL GROUND MEASUREMENTS IN FEET & DECIMALS THEREOF, UNLESS OTHERWISE NOTED.
  3. NO UTILITIES ARE SHOWN ON THIS SURVEY.
  4. THE POND SHOWN HEREON WAS DRAWN BY DIGITAL SCALING OF AERIAL PHOTOGRAPHY AND WAS NOT SURVEYED AT THIS TIME.



- LEGEND
- R/W = RIGHT OF WAY
  - C/L = CENTERLINE
  - EIS = EXISTING IRON STAKE
  - ECM = EXISTING CONCRETE MONUMENT
  - EIA = EXISTING IRON AXLE
  - NIS = NEW IRON STAKE
  - NMN = NEW MAG NAIL
  - o = NO POINT SET
  - CMP = CORRUGATED METAL PIPE
  - (TL) = TIE LINE
  - (CC) = CONTROL CORNER
  - N/F = NOW OR FORMERLY
  - NCGSM = NC GEODETIC SURVEY MONUMENT
  - Z- = NOT TO SCALE
  - - - = ADJOINING PROPERTY LINE

SUMMER TREE COURT  
PROPOSED 60' R/W  
(MB 92, PG 55)

MAP FOR RECORD

SURVEY FOR

CLINTON-SAMPSON  
COUNTY AIRPORT

SOUTH CLINTON TWP. APRIL 27, 2016

SAMPSON COUNTY, NC SCALE: 1" = 150'

150' 75' 0 150' 300'



GRAPHIC SCALE

**MATRIX EAST, PLLC**  
PROFESSIONAL LAND SURVEYORS  
906 N. QUEEN ST., SUITE A KINSTON, NC 28501  
TEL: 252-522-2500 FAX: 252-522-4747

FIRM LIC. # P-0221	EMAIL: surveyor@matriceast.net
DRAWN BY: JRW	PROJECT NO.: 20160041
SURVEYED BY: BAR/CRB/DGJ	DATE: 4/27/2016
SCALE: 1" = 150'	DRAWING NAME: 20160041

COUNTY OF SAMPSON

SAMPSON COUNTY and  
THE CITY OF CLINTON,  
Plaintiffs,

vs.

WESTWOODS OF SAMPSON COUNTY, LLC,  
Defendant.

MEDIATION SETTLEMENT  
AGREEMENT

The following settlement was reached in a Mediation Settlement Conference in the above-entitled matter held on **January 17, 2020**.

(1) The original condemnation deposit in the amount of **\$331,250.00** was deposited for the taking into the Office of the Sampson County Clerk of Superior Court when this action was filed.

(2) The parties herein agree to settle this condemnation action by the payment of the original deposit in Court, which has already been disbursed to Defendant, plus an additional sum of **\$143,750.00**, for total compensation in the amount of **\$475,000.00**, as complete and full payment for the taking in the above-entitled action and final settlement of all claims in or related to this action, including, but not limited to, any claims for interest and costs.

(3) The terms of this settlement are expressly conditioned upon the further approval of the Sampson County Board of Commissioners and the City of Clinton City Council.

(4) The plaintiff will prepare a more formal Consent Judgment to be signed by all parties, including all members of the Defendant, and counsel.

(5) The parties shall bear their own costs and attorney's fees.

(6) The undersigned representatives of Defendant certify that they are fully authorized to enter into this Mediated Settlement Agreement and to legally bind Defendant.

This the 17 day of January, 2020.

SAMPSON COUNTY

By: Edwin W. Causey  
Edwin W. Causey, County Manager

By: W. Joel Starling, Jr.  
W. Joel Starling, Jr., County Attorney

THE CITY OF CLINTON

By: Thomas C. Hart, Jr.  
Thomas C. Hart, Jr., City Manager

By: Timothy W. Howard  
Timothy W. Howard, City Attorney

WESTWOODS OF SAMPSON COUNTY, LLC

By: Lois P. Furr  
Lois P. Furr, Member

By: Lee P. Furr  
Lee P. Furr, Member

By: Charles R. Brewer  
Charles R. Brewer, Attorney for Defendant

James H. Locus, Jr.  
James H. Locus, Jr., Mediator

STATE OF NORTH CAROLINA  
COUNTY OF SAMPSON

IN THE GENERAL COURT OF JUSTICE  
SUPERIOR COURT DIVISION  
18 CVS 957

SAMPSON COUNTY and THE CITY OF  
CLINTON,

Plaintiffs,

v.

WESTWOODS OF SAMPSON COUNTY,  
LLC,

Defendant.

**CONSENT JUDGMENT**

**THIS CAUSE** coming on to be heard before the undersigned Superior Court Judge upon the joint motion of the parties in the above-entitled action for entry of a Consent Judgment, the Court makes the following findings of fact, conclusions of law, and decree:

1. This action was duly instituted on or about September 25, 2018 by the issuance of Summons, the filing of a Complaint, Declaration of Taking, and Notice of Deposit, and the deposit of \$331,250.00 as estimated just compensation for the taking of real property described in the Complaint, Declaration of Taking, and Notice of Deposit.

2. Defendant accepted service of the Summons and the Complaint, Declaration of Taking, and Notice of Deposit on or about November 3, 2018.

3. Defendant filed and served an Answer requesting only a determination of just compensation on March 13, 2019, and title to the real property taken vested in Plaintiffs pursuant to N.C. Gen. Stat. § 40A-42(b)(1).

4. Defendant is the only party who has an interest in the real property described in the Complaint, Declaration of Taking, and Notice of Deposit; title to the property is not in dispute;

and as of the date of the institution of this action, the property described in the Complaint, Declaration of Taking, and Notice of Deposit was subject only to such liens and encumbrances as were set forth in the Complaint, Declaration of Taking, and Notice of Deposit.

5. All parties who are necessary to a determination of this action are properly before the Court, and Defendant is under no legal disability.

6. Plaintiffs and Defendant have reached the following agreement:

a. Plaintiffs have agreed to pay and Defendant has agreed to accept the total sum of \$475,000.00, which includes the sum of \$331,250.00 originally deposited with the Clerk of Superior Court of Sampson County and already disbursed to Defendant, as complete and final payment for the taking and final settlement of all claims in or related to this action, including, but not limited to, any claims for interest and cost;

b. The sum of \$143,750.00, which represents the remaining balance of the \$475,000.00 payment described above, shall be deposited with the Clerk of Superior Court of Sampson County within sixty (60) days of the filing of this Consent Judgment;

c. Title to the real property is vested in Plaintiffs; and

d. The parties shall bear their own costs and attorney's fees.

7. The Court has personal jurisdiction over the parties and subject matter jurisdiction over this cause.

8. The agreement of the parties, as more particularly set forth herein, is fair and reasonable and should be made an Order of this Court.

**NOW, THEREFORE, IT IS ORDERED, ADJUDGED, AND DECREED:**

1. That Plaintiffs were entitled to acquire and did acquire, free and clear of all encumbrances, on or about the 25<sup>th</sup> day of September, 2018, pursuant to the provisions of Article 3 of Chapter 40A of the General Statutes of North Carolina, fee simple title for all purposes to the following property:

BEING all of that certain tract or parcel of land lying and being in South Clinton Township, Sampson County, North Carolina as shown on that certain map or plat of survey entitled, "Map for Record Survey for Clinton-Sampson County Airport," containing 22.199 ± acres, exclusive of right of way and 22.742 ± acres inclusive of right of way, and recorded at Map Book \_\_\_\_, Page \_\_\_\_ of the Sampson County Registry.

The above described property having previously been a portion of the following property:

Those certain tracts or parcels of land lying in South Clinton Township, Sampson County, North Carolina and being more particularly described as follows:

TRACT I: BEING a certain tract or parcel of land lying and being in South Clinton Township, Sampson County, North Carolina and being a portion of the Parker Family Real Estate Property as described in Deed Book 1221, Page 65, Sampson County Registry, and being more particularly described as follows:

BEGINNING on a point located at the intersection of the western right of way of S.R.1262 (60 ft. public right of way), with the centerline of the run of Copper Mill Branch, said beginning point being further located as having a N.C. Grid coordinate of N=448,601.49 E=2,192,410.49 (N.A.D. 1983), said beginning point being further located North 00 deg. 33 min. 21 sec. West, a distance of 385.18 feet from an old iron pipe located at the intersection of centerlines of S.R. 1262 and the centerline of Dixon Street as shown on a map of the Naylor Division as recorded in Map Book 8, Page 28:

Proceed thence with the aforesaid run of Cooper Mill Branch, the following bearings and distances, South 74 deg. 58 min. 53 sec. West, a distance of 114.87 feet to a point; thence South 76 deg. 41 min. 09 sec. West, a distance of 95.49 feet to a point; thence North 80 deg. 33 min. 09 sec. West, a distance of 35.83 feet to a point; thence leaving said run, North 42 deg. 07 min. 28 sec. East, a distance of 380.61 feet to an iron located on the Western right of way of S.R. 1262; thence with said right of way South 03 deg. 53 min. 25 sec. West, a distance of 236.96 feet to the point of beginning, and containing 0.679 acres according to a survey by Hanover Design Services, P.A. in October of 2001.

TRACT II: BEING all of the Grantor's remaining property lying east of Airport Road, consisting of approximately 40 acres. BEING a portion of that property described in Deed Book 1221, Page 65, Sampson County Registry.

TRACT III: BEING all of Lots 1, 2, 3, 4, 5 & 6 of Section 2 of the Coopers Mill Subdivision, as shown on that plat recorded in Plat Book 25, Page 53, Sampson County Registry, reference to which is hereby made for a more particular description.

The three above-described tracts are portions of the property of Parker Family Real Estate, LLC as recorded in Deed Book 1221, Page 65, Sampson County Registry, and being also a portion of the property shown on Map Book 16, Page 91 of the Sampson County Registry.

2. That Plaintiffs pay to the Clerk of Superior Court of Sampson County the additional sum of \$143,750.00, and that said sum be disbursed by the Clerk of Superior Court to Charles R. Brewer, Attorney at Law, as counsel for and for the benefit of Defendant, Westwoods of Sampson County, LLC.

3. That the sum of \$475,000.00, said sum being the total amount of the original deposit, which has already been disbursed to Defendant, plus said additional amount, is just compensation pursuant to Article 4 of Chapter 40A of the General Statutes of North Carolina for the taking of the hereinabove described interest and areas by Plaintiffs; for any and all claims for interest and cost; for any and all damages caused by the acquisition; for the past and future use thereof by Plaintiffs, its successors and assigns, for all purposes for which the said Plaintiffs are authorized by law to subject the same; and in final settlement of all claims in or related to this action.

4. That the parties shall bear their own costs and attorney's fees.

5. That a copy of this Consent Judgment be certified by the Clerk of Superior Court of Sampson County to the Register of Deeds of Sampson County, who shall record the same among the land records of said County.

**SO ORDERED** this the \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
SUPERIOR COURT JUDGE PRESIDING

**APPROVED AND CONSENTED TO:**

**SAMPSON COUNTY**

By: \_\_\_\_\_  
CLARK H. WOOTEN, Chair,  
Sampson County Board of Commissioners

**ATTEST:**

By: \_\_\_\_\_  
SUSAN J. HOLDER, Clerk,  
Sampson County Board of Commissioners

\_\_\_\_\_  
W. JOEL STARLING, JR., County Attorney



**CITY OF CLINTON**

By: \_\_\_\_\_  
LUTHER D. STARLING, JR., Mayor

ATTEST:

By: \_\_\_\_\_  
ELAINE HUNT, City Clerk

\_\_\_\_\_  
TIMOTHY W. HOWARD, City Attorney

**WESTWOODS OF SAMPSON COUNTY, LLC**

By: \_\_\_\_\_  
JOHN L. DILLON, Member

By: \_\_\_\_\_  
JAMES E. FURR, III, Member

By: \_\_\_\_\_  
LEE P. FURR, Member

By: \_\_\_\_\_  
LOIS P. FURR, Member

By: \_\_\_\_\_  
RICHARD D. FURR, Member

\_\_\_\_\_  
CHARLES R. BREWER, Attorney for Defendant

SAMPSON COUNTY  
**DEPARTMENT OF SOCIAL SERVICES**  
CLINTON, NORTH CAROLINA 28328

360 COUNTY COMPLEX ROAD, Suite 100

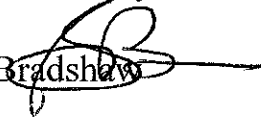
**Director**  
**Sarah W. Bradshaw**

TELE: (910) 592-7131  
FAX: (910) 592-3763

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## Memo

To: Sampson County Board of Commissioners

From: Sarah Bradshaw 

Date: January 14, 2020

RE: Request for Approval – Agency Policies

On behalf of the Sampson County Department of Social Services, we are requesting approval of the two enclosed policies: 1) Background Check Policy for Child Support Employees and 2) Video and Audio Recording Policy. The Background Check Policy is a new federal requirement and the Recording Policy is needed to properly manage confidential information within our Agency.

County Attorney (Joel Starling), DSS Leadership and the DSS Advisory Committee have coordinated to draft and endorse both of these policies.

Thanks in advance for your consideration.

**SAMPSON COUNTY DEPARTMENT OF SOCIAL SERVICES**  
**BACKGROUND CHECK POLICY FOR CHILD SUPPORT EMPLOYEES**

**Effective January 17, 2020**

**Scope**

This policy applies to all applicants, employees, and contractors who have access to Federal Tax Information (FTI) in conjunction with Child Support Enforcement job duties for Sampson County Department of Social Services. Federal Tax Information (FTI), consists of tax returns and tax return information. FTI can be either or both. FTI is any return or return information received from the IRS or an IRS secondary source, such as the Social Security Administration, Federal Office of Child Support Enforcement, Bureau of Fiscal Services, or the Center of Medicare and Medicaid Services. FTI is also shared under agreements allowed by statute or regulations.

**Purpose**

To define and establish procedural guidelines and suitability standards for potential employees, employees, and contractors background checks in accordance with federal and state compliance for covered persons (applicants, employees, and contractors) who have access to FTI in conjunction with Child Support Enforcement job duties for Sampson County Department of Social Services.

**Policy**

In accordance with IRS Publication 1075, this policy outlines Sampson County Department of Social Services' responsibilities for conducting a security background investigation based on the position sensitivity of the individual's assigned position and risk designation established by the Federal Investigative Standards (FIS) when granting access to FTI. Requests for criminal record checks shall not be due to a person's age, sex, race, color, national origin, religion, creed, political affiliation or disabling condition as defined by N.C.G.S. 168A-3.

**Definitions**

**Covered Person:** N.C.G.S. 143B-935.1 in accordance with DHHS Policies and Procedures defines covered persons as an applicant for employment, a current employee or contractor.

**Criminal History:** A State or Federal conviction of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have access to Federal Tax Information. The term includes a record of arrests that have not resulted in a conviction and those that have resulted in a favorable disposition such as a dismissal or a verdict of not guilty.

**Unfavorable criminal history:** Criminal pending charge or conviction of a misdemeanor or felony crime related, but not limited to embezzlement, theft, and fraud.

Criminal Offense: Convictions(s), pending charge(s) or pending indictment(s) specified on an applicant or current employee's criminal history.

Relevant Hit: Convictions specified on an applicant or current employee's criminal history that could affect their ability to be employed by Sampson County Department of Social Services.

Internal Review Panel: An independent body consisting of Human Resources and Executive Leadership of Sampson County Department of Social Services charged with reviewing criminal histories and weighing the evidence and explanation of covered persons as it relates to their suitability to access FTI.

Suitability Standards: Agency criteria for determining a subject's suitability to have access to FTI.

Suitability: A person's identifiable character traits and conduct sufficient to decide whether employment or continued employment would or would not protect the integrity or promote the efficiency of Sampson County Department of Social Services and its use and storage of FTI.

Background Check: All necessary checks are required to have access to FTI. IRS Publication 1075 requires that checks must include, at a minimum, fingerprint checks (as permitted by the FBI), local law enforcement checks, and citizenship verification.

Subject: Person for which a background check is being conducted.

### **Procedure- Background Check Requirements**

IRS Publication 1075 requires State and local agencies to establish a personnel security program that ensures background investigations are completed at the appropriate level for any individual who will have access to FTI using the below information as minimum standards and a reinvestigation conducted within 10 years at a minimum.

Prior to granting access to FTI, IRS Publication 1075 requires that Sampson County Department of Social Services complete a suitability background investigation for each potential new Child Support Enforcement employee or contractor and every 10 years thereafter. **Current Child Support Enforcement employees and contractors must submit to a background investigation within 30 days of this policy and every 10 years thereafter.**

When approved to handle FTI, employees are required to maintain safeguard procedures as established by the DHHS and the IRS. In addition, employees, and contractors will be required to have background checks every ten years.

Background investigations for any person granted access to FTI must include at a minimum:

- a) Federal Bureau of Investigation (FBI) fingerprinting (FD-258) -review of FBI fingerprint results conducted to identify possible suitability issues. (Contact the appropriate state identification bureau for the correct procedures to follow.) A listing of state identification

bureaus can be found at: <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks/state-identification-bureau-listing>.

This national agency check is the key to evaluating the history of a prospective candidate for access to FTI. It allows the Agency to check the applicant's criminal history in all 50 states, not only current or known past residences.

- b) Check of local law enforcement agencies where the subject has lived, worked, and/or attended school within the last 5 years, and if applicable, of the appropriate agency for any identified arrests. The local law enforcement check will assist agencies in identifying trends of misbehavior that may not rise to the criteria for reporting to the FBI database but is a good source of information regarding an applicant.
- c) Citizenship/residency – Validate the subject's eligibility to legally work in the United States (e.g., a United States citizen or foreign citizen with the necessary authorization).

Employers must complete USCIS Form I-9 to document verification of the identity and employment authorization of each new employee hired after November 16, 1986, to work in the United States. Within 3 days of completion, any new employee must also be processed through E-Verify to assist with verification of his/her status and the documents provided with the Form I-9. The E-Verify system is free of charge and can be located at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify). This verification process may only be completed on new employees. Any employee with expiring employment eligibility must be documented and monitored for continued compliance.

Sampson County DSS Administration/Human Resources will conduct all background checks in a timely manner. The subject will not be allowed access to FTI until they pass all Background Checks and receive a favorable rating under Sampson County Department of Social Services and DHHS suitability standards.

In determining an individual's suitability to access FTI, Sampson County Department of Social Services and DHHS will consider crimes and activities including but not limited to:

- Conviction of a misdemeanor or felony crime that involves fraud.
- Conviction of a misdemeanor or felony crime that involves embezzlement.
- Conviction of a misdemeanor or felony crime that involves theft/identity theft.
- Conviction of a misdemeanor or felony crime that involves counterfeiting and issuing monetary substitutes.
- Conviction of a misdemeanor or felony crime that involves robbery.
- Conviction of a misdemeanor or felony crime that involves, false pretenses and cheats.
- Conviction of a misdemeanor or felony crime that involves obtaining property or services by false or fraudulent use of credit device or other means.
- Conviction of a misdemeanor or felony crime that involves financial transaction card crime act.
- Conviction of a misdemeanor or felony crime that involves, frauds and forgery.
- Refusing to consent to background investigation.

- Falsifying information provided to conduct background investigation.
- Dismissal from prior employment for unauthorized use of employment related networks and equipment, and unauthorized access, use or disclosure of tax information.

The Sampson County Department of Social Services has identified the DSS Director and the DSS HR/Administrative Assistant as who will be trained by the SBI to handle all background checks for each individual for which SBI system access is requested. They are responsible for submitting information for processing the background check to the criminal background check unit of the Sampson County Sheriff's Department. They will also submit a request for fingerprinting in writing through the criminal background check unit to the SBI. The signed Authority for Release of Information form shall be retained by Sampson County Department of Social Services Human Resources for a period of one (1) year from the date the fingerprints are submitted to the SBI. The criminal background check unit of the SC Sheriff's Department will receive the results of the background check and fingerprinting and must not release those results to anyone other than the two Administrators listed above.

The Child Support Program Manager and/or Child Support Supervisor will be advised if the results returned were favorable or unfavorable. If no criminal history is found, the employment process can proceed. If a criminal history is found for a potential employee, employee, or contractor, the DSS Director shall not employ or contract with any person who has been found guilty of any of the crimes or activities listed above unless, per the terms of this policy concerning criteria to be considered, they are deemed suitable for employment involving FTI access.

If there is a "relevant hit" or "unfavorable criminal history", the Sampson Co., DSS Director or their designee, will review the results and determine the employee's employability and suitability to access FTI. Additional information may be requested from the potential employee, employee, or contractor to complete the review process. Current employees and contractors must comply with investigation requirements, and revocation of access to FTI may result in dismissal.

Covered persons are required to immediately report (within 24 hours or no later than the first work day following the occurrence) any arrest, criminal charges, or criminal convictions (other than minor traffic violations), any protective orders entered against them or any confirmed finding of abuse or neglect against them to the Sampson County DSS Director and/or Sampson County DSS HR Representative.

Employment actions shall be made based on consideration of the criteria below (as well as in accordance with all other aspects of this policy):

- (1) The level and seriousness of the crime;
- (2) The date of the crime;
- (3) The age of the person at the time of the conviction;
- (4) The circumstances surrounding the commission of the crime, if known;
- (5) The nexus between the criminal conduct of the person and job duties of the person;
- (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed; and

- (7) The subsequent commission by the person of a crime listed in the criminal record check criteria above.

The covered person may be released/rejected from employment and/or contractual arrangement upon an unsatisfactory background check (per the terms of this policy).

The Sampson County Department of Social Services Director (Appointment Authority), upon a decision to hire/retain a covered person with a criminal history (following thorough consideration of the statutory factors listed above) must file a written justification within the Sampson County DSS HR Department in a separate location from the applicable employee's personnel file.

### **Criminal Record Check Process**

- A. Only the Sampson County Department of Social Services Director and HR Administrative Assistant shall serve as "requesting officials" for the processing of criminal record checks.
- B. To process a criminal record name check, the authorized DSS official shall access the DHHS Criminal Background Check System located at <https://NCCRC.DHHS.STATE.NC.US>.
- C. To process a criminal fingerprint check authorized under N.C.G.S. 143B-935.1, the DSS Human Resources representative shall access the Live Scan fingerprinting and Paper fingerprinting card site at <http://ncchildcare.dhhs.state.nc.us/general/dhhscre-dhhsemployees.asp>
  - 1. The Sampson County Sheriff's Department is the approved Agency for Live Scans.
  - 2. The Electronic Fingerprint Submission Release of Information (on SBI letterhead) form will be completed and signed.
  - 3. The Applicant Information form will be completed.
  - 4. Once an applicant is fingerprinted by Live Scan, the Certified Electronic Fingerprint Release shall be returned to the DSS Human Resources authorized official to be kept on file. This representative will then ensure the applicants information has been entered into the DHHS Personnel database so that the DHHS Criminal Record Check (CRC) Unit is aware that a fingerprint check result for the applicant is pending.
  - 5. The DSS Human Resources/Administration Office shall establish controls to protect confidential information from unauthorized access or disclosure. Records containing criminal record check information shall be kept in a


file separate from the personnel file and are to be accessible only by the designated "requesting officials."

- D. Covered persons under N.C.G.S. 143B-935.1, shall have a criminal record check conducted at the time of the conditional offer.
- E. Covered employees shall be checked each time there is a break in employment, including a transfer, promotion or demotion from one position to another if it is in a covered unit/section. Covered contractors shall be checked each time there is a break in service of six or more months.

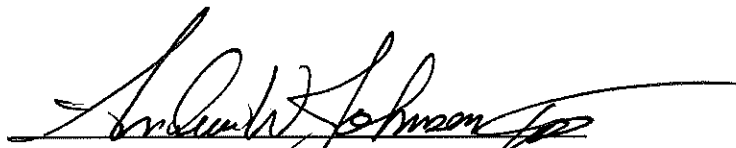
**References**

- IRS Publication 1075- Tax Information Security Guidelines for Federal, State, and Local Agencies
- N.C. G.S. 143B-935.1- North Carolina General Statues and Provisions
- NC.G.S. 143B-146.16 - North Carolina General Statues and Provisions

**Policy Approved by:**

  
\_\_\_\_\_  
DSS Director

1-14-2020  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
DSS Advisory Committee

1/14/2020  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Sampson County Board of Commissioners

\_\_\_\_\_  
Date



# **SAMPSON COUNTY DEPARTMENT OF SOCIAL SERVICES VIDEO AND AUDIO RECORDING POLICY**

**Effective February 4, 2020**

## **1.0 Purpose**

The Sampson County Department of Social Services (the “Department”) takes seriously its legal obligation under federal and state law to keep client information confidential. The Department is also committed to ensuring that its employees share a workplace that is consistently fair and respectful in all professional interactions; where state law regarding the confidentiality of employee personnel records is observed; where audio recording equipment is used to enhance the Department’s commitment to client service; and where each employee is held accountable for promoting a positive and respectful work environment.

## **2.0 Objective**

It is the objective of this Policy to clearly identify those circumstances in which video and/or audio recording by Department employees is permitted and those circumstances in which it is not.

## **3.0 Policy**

### **A. Confidential Client Information**

Department employees are prohibited from creating video and/or audio recordings that capture client information, including, but not limited to, the image of a client, regardless of whether the video/audio recording is made with the knowledge or consent of the client. For purposes of this Policy, client information includes, but is not limited to, public assistance and social services client and applicant information; abuse neglect, and dependency information; juvenile court records; protected health information subject to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”); mental health records subject to Chapter 122C of the North Carolina General Statutes; substance abuse records protected by 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2; and education records protected by the Family Educational Rights and Privacy Act (“FERPA”).

Notwithstanding the foregoing, there may be occasions when a client, the parent or guardian of a client, the parent or guardian of a juvenile, or other representative for a client/juvenile insists on video and/or audio recording an interaction or conversation with Department employees. Department employees should not attempt to prohibit the client, parent/guardian or other representative from recording. Instead, Department employees must temporarily suspend the conversation or interaction with the client, parent/guardian or other representative, obtain approval from a supervisor to commence a Department-sanctioned video/audio recording of the interaction or conversation, and commence the video/audio recording prior to resumption of the interaction or conversation. This Department-sanctioned video/audio recording will ensure that the Department and its employees are protected in the event that the client or parent/guardian later attempts to alter their video/audio recording. Department employees who create a Department-sanctioned recording under these circumstances should always clearly and audibly explain the fact that the interaction/conversation is being recorded pursuant to Department policy at the beginning of the video/audio recording

### **B. Private Employee Personnel Information**

Department employees are prohibited from creating video and/or audio recordings that capture information regarding the application, selection, nonselection, performance, promotion, demotion, transfer, suspension and other disciplinary actions, counseling, trainings, evaluations (forms and discussion), leave, salary, or termination of any Department or Sampson County employee or any other information that qualifies as a private personnel record under N.C. Gen. Stat. § 153A-98.

**C. Secret Recording**

While acting in the course and scope of their employment, Department employees are prohibited from video and/or audio recording an individual without that person's prior knowledge and consent, whether the individual is a Department employee, Sampson County employee, client, or member of the general public. This includes a prohibition against recording conversations unless all parties to the conversation have prior knowledge that the conversation is being recorded, consent to the recording and the recording is not otherwise prohibited per this policy. Department employees are further cautioned that, under state law, it is a Class H felony for any person to intercept a wire, oral, or electronic communication without the consent of at least one party to the communication.

**D. Permitted Recording**


Department employees may create video and/or audio recordings provided that all persons captured on the video/audio recording are aware that they are being recorded prior to the commencement of audio recording and consent to the recording and the recording does not capture any client information or the personnel information of any employee.

Nothing in this Policy shall be read as prohibiting a Department employee from leaving a voicemail message containing client information or employee personnel information, provided that the person for whom the voicemail message is left is authorized to receive the information and no other provision of law prohibits the creation of the message.


**4.0 Violations**

In addition to any criminal or civil sanctions that may be imposed by federal and state law, violations of this Policy may result in disciplinary action, up to and including termination.

Policy Approved by:

  
\_\_\_\_\_  
DSS Director

1-10-2020  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
DSS Advisory Committee

1-10-2020  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Sampson County Board of Commissioners

\_\_\_\_\_  
Date

# Sampson County Community Child Protection Team

360 County Complex, Suite 100

Clinton, NC 28328

Telephone (910) 592-7131

## (A) Mandated Members and

### Current Representative:

#### **Director, SC DSS**

Sarah Bradshaw

#### **Clinton City Schools Designee**

Renee White

#### **Director, SC Health Department**

Wanda Robinson

#### **District Attorney's Office (rotates)**

Robert Thigpen

Jennifer Barnes

#### **Eastpointe MCO**

Angela Wilson

#### **Guardian ad Litem**

Ken Chambers

#### **Local Medical Provider, Clinton**

#### **Medical Clinic**

Ginger McCullen

#### **DSS Board Designee**

Andrew Johnson III

#### **Sampson County Sheriff's Office**

Det. Chris Godwin

Det. Andrew Worley

#### **Community Action Team**

Marvin Price, Jr.

#### **Sampson County Schools Designee**

Jennifer Daughtry

### (B) Additional Members Appointed

#### by SC County Commissioners

#### **Sampson County Health**

#### **Department**

Kelly Parrish

Sally Demay

#### **Sampson County DSS**

Lynn Fields

Rhonda Matthews

Patty Santos

Angelia Morrisey

#### **Emergency Medical Services**

Erick Herring

#### **District Court Judge**

Vacant

#### **County Medical Examiner**

Dr. Carl Barr

#### **Local Day Care Representative**

(open)

#### **Parent**

Wanda Capps

#### **Board of County Commissioners**

Commissioner Harry

Parker

January 17, 2020

#### Sampson County Board of Commissioners

Mr. Clark Wooten, Chairman

Ms. Sue Lee, Vice-Chairperson

And Commissioners:

Mr. Harry Parker, Mr. Thaddeus Godwin, and Mr. Jerol Kivett

406 County Complex Road

Clinton, NC 28328

Dear Commissioners:

This report is being submitted by the Sampson County Community Child Protection Team to meet requirements within the federal Child Abuse Prevention and Treatment Act (CAPTA - as amended in 1998) and the Keeping Children and Families Safe Act of 2003.

Directives per these regulations include:

1. A review of CPS (Child Protective Services) "practices" as well as policies and procedures, looking beyond the case decisions and services to add a community dimension to address ongoing services and accessibility for all families;
2. Public comment on the impact of CPS procedures and practices; and
3. Recommendations to improve state and local CPS with outcomes that result in identification of a gap in services, a need for additional services or resources needed in the community or a collaborative recommendation of action that may remove a risk situation for a child.

North Carolina has established Community Child Protection Teams in all 100 counties and has directed that the actions of such teams will ensure the following outcomes:

1. Families will have resources available to them to enhance the family's ability to provide safe environments for their children;
2. The community will be informed regarding child protection and issues that impact the family and the community's ability to protect children;
3. The collective knowledge of the team will be utilized to promote change for families and children.

# Sampson County Community Child Protection Team

360 County Complex, Suite 100

Clinton, NC 28328

Telephone (910) 592-7131

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Dozens of members of our Community Child Protection Team met five times throughout 2019 to extensively review 10 cases. These were selected cases (among our total) that involved serious unmet needs resulting in hardships/obstacles for the families involved to provide safe environments for their children. Through these reviews, the team was able to surface underlying problems with community wide impact.

**The CPS key factors found in the cases reviewed included the following (our Team Response is also included):**

1. Lack of adequate, local resources to meet the needs of the population within the County.

**Response:**

- i. CCPT members collaborated with community programs such as Action Pathways to explore the use of Community Service Block Grant funding to provide assistance in areas such as housing, weatherization programs, homeless shelters, parenting classes etc.
- ii. CCPT Members participated in training, provided at one of the regular meetings, in which a guest speaker shared effective treatment options/strategies for individuals addicted to substances (such as opioids).
- iii. CCPT Members completed extensive research within the state around core service obstacles and availability to meet the needs of local, autistic children.

2. Lack of consistent, accessible, and effective mental health services to diagnosis and treat a younger population of juveniles with extensive mental and behavioral health needs. CCPT Members expressed gaps and delays involved with accessing proper mental health services.

**Response:**

- i. The Mental Health representative at the meetings provided information on different resources within the catchment area.
- ii. CCPT Team Members participated in offsite, collaborative meetings in which clarity was offered around effective, alternative procedures/contacts when mental health services obstacles are met.

3. Lack of adequate resources within the county to address issues associated with the growing population of individuals impacted by substance abuse/misuse.

**Response:**

- I. CCPT members partnered with the Sampson County Substance Abuse Coalition on events such as the local Opioid Summit (Scope for Hope).
- II. Invited a Substance Abuse Treatment Professional to attend a meeting and provide training around effective treatment options.
- III. Participated in local Prescription Medication Takeback Events, Substance Misuse Conferences, Wellness Fairs, Child Abuse Prevention Events, etc.

While diligent efforts were made and some success was achieved, this Team continued to identify similar obstacles as experienced annually. The key issues continue to be systemic and beyond the ability

# Sampson County Community Child Protection Team

360 County Complex, Suite 100

Clinton, NC 28328

Telephone (910) 592-7131

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of any single team or county to resolve. Recent federal and state legislation around some of these issues (such as substance misuse) are giant steps in the right direction but true success will require collective (business and human services) local action to address “whole person care” and give consistent, proper attention to *all* social determinants of health. The Team is hopeful that funding streams, such as potentially impending for our region due to Medicaid Transformation and the related “Healthy Opportunities Pilot”, will yield positive results for our county – for the consumers and service providers.

On behalf of the SC Community Child Protection Team, thank you for the opportunity to share this report with you and we appreciate your continued support as we work to promote child safety and prevent child maltreatment.

Sincerely,



Sarah Bradshaw, Chair

SC Community Child Protection Team

# North Carolina Department of Health and Human Services



## Community Services Block Grant Program

**Fiscal Year 2020-21 Application for Funding**  
**Project Period July 1, 2020 – June 30, 2021**  
**Application Due Date: February 14, 2020**

Agency Information			
Agency:	Action Pathways, Inc.		
Agency:	Action Pathways, Inc.		
Federal I.D.	56-0845795		
DUNS Number:	625279108		
Administrative Office Address:	316 Green Street, Fayetteville NC 28301		
Mailing Address (include the 4-digit zip code extension):	P.O. Box 2009, Fayetteville, NC 28302		
Telephone Number:	910-485-6131		
Fax Number:	910-485-7479		
<b>Proposed Funding:</b>	<b>CSBG:</b> <b>\$921,234</b>	<b>Additional Resources:</b> <b>\$19,540,208</b>	<b>Agency Total Budget:</b> <b>\$20,461,442</b>
<b>Application Period:</b>	<b>Beginning:</b> July 1, 2020	<b>Ending:</b> June 30, 2021	
Board Chairperson:	Glenn Adams		
Board Chairperson's Address: (where communications should be sent)	201 Hay Street, Suite 103, Fayetteville, NC 28301		
Board Chairperson's Term of Office (enter beginning and end dates):	Term of Public Officer		
Executive Director:	Lonnie Ballard		
Executive Director Email Address:	Lonnie.ballard@actionpathways.ngo		
Agency Fiscal Officer:	Kimberly Stafford		
Fiscal Officer Email Address:	kstafford@actionpathways.ngo		
CSBG Program Director:	Syreeta Morrisey		
CSBG Program Director Email Address:	Syreeta.morrisey@actionpathways.ngo		
Counties Served with CSBG funds:	Cumberland and Sampson		
Agency Operational Fiscal Year:	January 1- December 31		

North Carolina Department of Health and Human Services  
 Office of Economic Opportunity –  
 2420 Mail Service Center / Raleigh, North Carolina 27699-2420

**Proposed Funding**

**CSBG:** Enter the proposed amount of CSBG funds allocated for FY 2021.

**Additional Resources:** Enter the amount of other resources the agency expects to receive during the 2021 program year. If an exact figure is not known at this time, the best possible estimate.

**Agency Total Budget:** Enter the sum of CSBG and Additional Resources for the period of July 1, 2020 - June 30, 2021.

### Checklist to Submit a Complete Community Services Block Grant (CSBG) Application

Please put a check mark in the appropriate box to show that you have included the completed document with your application. All documents are required with the exception of those that say "if applicable."

Item	Included (√)
Signed Application Certification (blue ink only)	✓
Signed Board Membership Roster (blue ink only)	✓
Board of Directors Officers and Committees	✓
Board of Directors Community Needs Assurance	✓
Planning Process Narrative	✓
Form 210 – Agency Strategy for Eliminating Poverty	✓
Form 212 – One-Year Work Program	✓
Monitoring, Assessment and Evaluation Plan	✓
Form 6844S – Agency Budget Information	✓
Form 6844N-Budget Narrative	✓
<b>Appendices (to be attached by the Applicant):</b>	
• Organizational Chart (do not include names)	✓
• Job Description and Resume for the Agency's Executive Director	✓
• Job Description and Resume for the Agency's Chief Financial Officer	✓
• Job Descriptions for all CSBG employees (do not include names)	✓
• Affirmative Action Plan	✓
• Documentation of Public Hearings for Initial Planning Process:	✓
Copy of Public Notice(s) from Newspaper(s)	✓
Agenda of Public Meeting(s)	✓
Copy of Attendance Sheet(s)	✓
Minutes of Public Meeting(s)	✓
• Documentation for Notice of Intent to Apply:	✓
Copy of advertisement(s)	✓
• Documentation of Submission to County Commissioners:	✓
Notarized document from county clerk	✓
Commissioners' comments or minutes (if applicable)	N/A
• Cognizant-Approved Indirect Cost Agreement	✓
• Copy of the Proposal Application submitted to the cognizant agency for approval of the Indirect Cost Rate	✓
• Cost Allocation Plan (if applicable)	✓
• Vehicle Registrations (must be up-to-date)	✓
• State Certification-No Overdue Tax Debts	
• State Certification-Contractor Certification required by N.C. Law	
• Federal Certifications	
• Cost Allocation Plan Certification	
• Federal Funding Accountability and Transparency Act (FFATA)	
• Central Contractor Registration (CCR) (must be up-to-date)	



**Checklist to Submit a Complete Community Services Block Grant (CSBG) Application  
(continued)**

Item	Included (✓)
• IRS Tax Exemption Verification- verifies the agency's 501 (c) (3) status <i>(must be dated after July 1, 2014)</i>	
• Conflict of Interest Policy <i>(must have been approved within the past 5 years and must be notarized)</i>	
• Contractual Agreements/leases <i>(must be current within contract period)</i>	

**Community Services Block Grant Program  
Fiscal Year 2020-21 Application for Funding  
Certification and Assurances**

**Public Hearing on the Initial Plan**

We herein certify that a public hearing as required by 10A NCAC 97B .0402 Citizen Participation in the Application Process occurred on 12/9/2019 for the initial planning process for the agency's current project plan and the agency has maintained documentation to confirm the process of the public hearing.

For multi-county providers, indicate the date and the county the hearing was held.

Date	County	Date	County
12/9/2019	Sampson		
12/9/2019	Cumberland		

**County Commissioners' Review**

We herein certify that the application for this project period was submitted to the Board of County Commissioners for review and comment on 1/22/2020 as required by 10A NCAC 97C .0111(b)(1)(A).

For multi-county providers, indicate the county and date the application for funding was presented to the Board of County Commissioners as required by 10A NCAC 97C .0111(B).

Date	County	Date	County
	Cumberland		
	Sampson		

**Board of Directors Approval of the Application**

I hereby certify that the information contained in the attached application is true and the Board of Directors has reviewed and approved this application for the Community Services Block Grant Program.

Date of Board Approval: \_\_\_\_\_

Board Chairperson: \_\_\_\_\_  
(Signature) (Date)

Finance Committee Chairperson: \_\_\_\_\_  
(Signature) (Date)

### Board of Directors' Membership Roster

Total Seats Per Agency Bylaws	27			Total Current Vacant Seats	9	
Total Number of Seats Reserved for Each Sector	Poor	9	Public	9	Private	9
Total Number of Vacant Seats Per Each Sector	Poor	2	Public	4	Private	3

Name	County of Residence	Community Group/ Area Represented	Date Initially Seated [month/year]	Number of Terms Served [completed]	Current Term Expiration [month/year]
<b>Representatives of the Poor</b>					
1. Joyce Malone	Cumberland	Community 1	01/2018	0	10/2023
2. Bertha Elliott	Cumberland	Community 2	02/2009	2	12/2019
3. Lenwood Edwards	Cumberland	Community 3	01/1989	5	12/2019
4. George Jamison	Cumberland	Community 4	04/2010	1	12/2019
5. Doris Ann Shipman	Cumberland	Community 5	10/2018	0	10/2023
6. Valencia Handy	Cumberland	Community 6	10/2018	0	10/2023
7. Vacant	Cumberland	Community 7			
8. Carlotta Murphy	Sampson	Community 8	10/2018	0	10/2023
9. Vacant	Sampson	Community 9			
<b>Public Elected Officials</b>					
1. Vacant	Cumberland				
2. Thimi Kollar	Cumberland	Town of Stedman	07/2013	0	Term of Public Office
3. Glenn Adams	Cumberland	Cumberland Co. Commissioners	01/2019	0	Term of Public Office
4. Beth Ray	Cumberland	City of Fayetteville	10/2018	0	Term of Public Office
5. Vacant	Cumberland				Term of Public Office
6. Larry Wright	Cumberland	City of Fayetteville	02/2018	0	Term of Public Office
7. Chancer McLaughlin	Cumberland	Town of Hope Mills	10/2018	0	Term of Public Office
8. Vacant	Sampson				Term of Public Office
9. Vacant	Sampson				
<b>Representatives of Private Organizations</b>					
1. Dr. Sherree Davis	Cumberland	Fayetteville State University	05/2015	0	12/2020
2. Julanda Jeff	Cumberland	CC Partnership for Children	10/2019	0	10/2024
3. Vacant	Cumberland				
4. Lisa Chance	Cumberland	Cumberland Co. Dept of Social Services	07/2014	0	12/2019
5. Chuck Pelfrey	Cumberland	Second Harvest Food Bank	03/2016	0	12/2021
6. Rashad Lovett	Cumberland	Head Start Policy Council	01/2019	0	01/2024
7. Vacant	Cumberland				
8. April Clark	Sampson	Precise Signature & Healthcare Management Solutions	09/2015	0	12/2020
9. Vacant	Sampson				

The signature of the Board of Directors Chairperson certifies that the persons representing the poor were selected by a democratic process and that there is documentation on file that confirms the selection of all board members. In addition, by signing below, the Board of Directors Chairperson confirms that the selection of all board members coincides with the directives outlined in the agency's bylaws and that a current Board of Directors Member Profile is on file for each member.

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Board of Directors Chairperson

**Board of Directors' Membership Contact Listing**

<b>Board Member</b>	<b>Physical Address</b>	<b>Email Address</b>
<b>Lenwood Edwards</b>	6262 Tabor Church Road Fayetteville, NC 28312 (h)483-2603, (c) 308-2747	<a href="mailto:Taxman6262@yahoo.com">Taxman6262@yahoo.com</a>
<b>Larry Wright</b>	433 Hay St. Fayetteville NC 28301 910-494-8274	healthelandmin@aol.com
<b>Valencia Handy</b>	720 Rockwood Drive Fayetteville, NC 28311 910-644-8281	missvalencia122@gmail.com
<b>Bertha Elliott</b>	2140 Rich Walker Road Wade, NC 28395(H)323-5406	<a href="mailto:elliott_bertha@yahoo.com">elliott_bertha@yahoo.com</a>
<b>George Jamison</b>	5316 Silver Pine Drive Fayetteville, NC 28303	simontemplefb@gmail.com
<b>Carlotta Murphy</b>	4136 Herring Rd Rose Hill, NC 28458	lottabug@yahoo.com
<b>Dr. Sherree Davis</b>	1200 Murchison Road Fayetteville, NC 28301	SDavis56@uncfsu.edu
<b>Lisa Chance</b>	5309 Ballestere Street Hope Mills, NC 28348	E50@ccdssnc.com
<b>April Clark</b>	3155 Old Mintz Hwy Roseboro, NC 28382	<a href="mailto:aprilmac2@intrstar.net">aprilmac2@intrstar.net</a>
<b>Glenn Adams</b>	201 Hay Street, Suite 103 Fayetteville, NC 28301	Glenn.adams@abb-law.com
<b>Joyce Malone</b>	516 Spaulding St. Fayetteville, NC 28301	joyhadmal@embarqmail.com
<b>Julanda Jett</b>	301 Wagnor Rd. Fayetteville, NC 28303	jjett@ccpfc.org
<b>Thimi Kollar</b>	320 Second Street Stedman, NC 28391	thimi@outlook.com
<b>Charles "Chuck" Pelfrey</b>	4601 Ramsey St. Fayetteville, NC 28311 <a href="mailto:cpelfrey@woodforest.com">cpelfrey@woodforest.com</a>	cpelfrey@woodforest.com
<b>Beth Ray</b>	117 Dick Street Suite 427 Fayetteville, NC 28301	<a href="mailto:Leigh.e.ray@nccourts.org">Leigh.e.ray@nccourts.org</a>
<b>Rashad Lovett</b>	7830 Adrian Drive Fayetteville, NC 28314	<a href="mailto:Shad011@icloud.com">Shad011@icloud.com</a>
<b>Doris Ann Shipman</b>	6614 Carloway Drive Fayetteville, NC 28304	<a href="mailto:shipmandann@aol.com">shipmandann@aol.com</a>
<b>Chancer McLaughlin</b>	2413 Painters Mill Dr. Fayetteville, NC 28304	<a href="mailto:cmclaughlin@townofhopemills.com">cmclaughlin@townofhopemills.com</a>

### Board of Directors' Officers and Committees

**Note:** All committees of the board should fairly reflect the composition of the board (10A NCAC 97C .0109). Be sure to identify the chairperson and other committee positions.

Name	Office	Sector Represented	County Represented*
<b>Officers of the Board</b>			
Glenn Adams	Chairperson	Public	Cumberland
Dr. Sherree Davis	Vice Chairman	Private	Cumberland
Carlotta Murphy	Secretary	Elected	Sampson
Chancer McLaughlin	Treasurer	Public	Cumberland
Valencia Handy	Parliamentarian	Elected	Cumberland
Rashad Lovett	Chaplain	Private	Cumberland
<b>Committee Name: Executive</b>			
Glenn Adams	Chairperson	Public	Cumberland
Dr. Sherree Davis	Vice Chairman	Private	Cumberland
Carlotta Murphy	Secretary	Elected	Sampson
Chancer McLaughlin	Treasurer	Public	Cumberland
Valencia Handy	Parliamentarian	Elected	Cumberland
Rashad Lovette	Chaplain	Private	Cumberland
Doris Ann Shipman	Member	Elected	Cumberland
Lisa Chance	Member	Private	Cumberland
Beth Ray	Member	Public	Cumberland
<b>Committee Name: Finance</b>			
Chancer McLaughlin	Chairperson	Public	
April Clark	Member	Private	Sampson
Chuck Pelfrey	Member	Private	Cumberland
Carlotta Murphy	Member	Elected	Sampson
Lenwood Edwards	Member	Elected	Cumberland
Lisa Chance	Member	Private	Cumberland
<b>Committee Name: Board Development</b>			
Valencia Handy	Chairperson	Elected	Cumberland
Carlotta Murphy	Member	Elected	Sampson
Bertha Elliott	Member	Elected	Cumberland
Rashad Lovett	Member	Private	Cumberland
Lisa Chance	Member	Private	Cumberland
George Jamison	Member	Elected	Cumberland
<b>Committee Name: Nominating</b>			
Carlotta Murphy	Chairperson	Elected	Sampson
Lisa Chance	Member	Public	Cumberland
Chuck Pelfrey	Member	Private	Cumberland
Joyce Malone	Member	Elected	Sampson
<b>Committee Name: Personnel</b>			
April Clark	Chairperson	Private	Sampson
Bertha Elliott	Member	Elected	Cumberland
Carlotta Murphy	Member	Elected	Sampson
Lenwood Edwards	Member	Elected	Cumberland
Chancer McLaughlin	Member	Public	Cumberland
<b>Committee Name: Event Planning</b>			
Joyce Malone	Chairperson	Elected	Cumberland
Carlotta Murphy	Member	Elected	Sampson
George Jamison	Member	Public	Cumberland
Doris Ann Shipman	Member	Elected	Cumberland
Rashad Lovett	Member	Private	Cumberland
<b>Committee Name: Bylaws/Articles of Incorporation/Board Policy Manual</b>			
Beth Ray	Chairperson	Public	Cumberland
Thimi Kollar	Member	Public	Cumberland

# Community Service Block Grant Board of Directors Contractual Certifications

I, Glenn Adams, Chairman of Action Pathways, Inc. (board chairperson name and name of applicant) certify the information in the following categories by initialing each certification and signing below:

**A. Conflict of Interest:** I certify that a Conflict of Interest Policy is in place and that a copy of the policy can be found in the Employee Policy Manual and in the Board Member Handbook. I also certify that all members of the Board of Directors and all staff annually sign "Conflict of Interest" forms and that copies of Board member signatures are kept in the Board Minutes Book while copies of employee signatures are retained in the personnel files.

**B. Board of Director Orientation/Training:** I certify that a Board Member Orientation Policy is in place and that it is utilized as new Board members are assigned to the Board. I also certify that all Board members attend an annual Board Training each year and record of such is reflected in the Board minutes. The most recent Board Training occurred on August 15, 2019.

**C. Agency-wide Audit:** I certify that *Cherry, Bekaert & Holland* performs an audit annually. The audit is completed each year and submitted for review by the Board. The most recent audit for program year January 1, 2019-December 31, 2019 was submitted and accepted by the Board at the June 20, 2019 \_meeting and is on record in said minutes.

Certification (Original Signature)

\_\_\_\_\_  
Signature of Chairperson/President

\_\_\_\_\_  
Date

## Community Service Block Grant Certification of Community Assessment

The Action Pathways, Inc. (applicant) has conducted a Community Assessment of its service area within the past three (3) years utilizing the following method(s):

(Check one or more of the following methods)

- Surveys of the community(s) - door to door, telephone, etc.
- Review of Records - agency intake forms, program participant records, etc. (may be used with at least one other type of needs assessment; will not meet compliance on its own)
- Review of demographical information - U.S. Census, welfare statistics, unemployment statistics, etc.
- Discussions/information/testimony provided by individuals and community members - social service professionals, agency staff, program participants, etc.
- Public meetings to solicit input on community needs
- Other (Describe) \_\_\_\_\_

The most recent Community Assessment was completed on: December 2019 (date)

The Community Assessment was completed by: Fayetteville State University (agency or contractor)

It is expressly understood that this Community Assessment should include community and consumer input. It is to be used as a basis for prioritizing the needs of the low-income population in the service area and for planning the applicant's projects to meet those needs.

It is further understood that documentation validating that a Community Assessment was completed and is to be retained by the applicant and is subject to review by the Office of Economic Opportunity.

Please provide a 4-5 sentence summary of your most recent Community Needs Assessment:

The Community Needs Assessment captures the problems and conditions of poverty in the agency's service area based on objective, verifiable data and information gathered through various sources. The most recent Needs Assessment was used as a basis for agency's goals, and program delivery strategies. The CNA was used to identify local poverty related issues in Cumberland and Sampson counties and used to prioritize eligible activities offered to low-income community members over the next 3 years.



**(continue to next page)**

The following is a list of needs as prioritized, with community input, through the needs assessment process.

1. Affordable Housing	4. Medical/Healthcare
2. Food/Nutrition	5. Education
3. Employment	6. Transportation

Certification (Original Signature)

\_\_\_\_\_  
Signature of Chairperson/President

\_\_\_\_\_  
Date

**Community Services Block Grant Program  
Fiscal Year 2020-21 Application for Funding  
Planning Process Narrative**

1. Explain in detail how each of the following was involved in the planning and development of this strategic plan.
  - a. **Low-Income Community:**

The involvement of the low-income community in the planning process is fundamental to and continues throughout all phases of planning, development, and evaluation. During the program year, API staff members host and attend community forums throughout the program year in low-income communities to gather input from residents regarding the conditions and causes of poverty in their community. Low-income individuals are encouraged to give input on the services and activities needed to alleviate the causes and conditions of poverty. API's Board of Directors and management utilize this information in the planning and development of programs and services to be implemented by the agency. The low-income residents of the Cumberland and Sampson County represents, participate in the development of the annual work plan through community meetings, surveys, annual planning meetings, Head Start Policy Council and other advisory boards and membership on the API Board of Directors. Action Pathways, Inc. distributed surveys throughout our service area to identify the needs of low-income families.
  - b. **Agency Staff:**

Employees throughout the organization meet regularly to discuss program progress, identify problems impeding goal accomplishments, and to develop quality improvement strategies. The staff through daily contact with the targeted population, community forums/meetings with other human services agencies, and on-going staff meetings, is directly involved in the planning, evaluation, and development of this strategic plan.
  - c. **Agency's Board Members:**

Governing and advisory board members, including Head Start's Policy Council use meeting time to familiarize themselves with barriers that impact the low-income community. Approaches to resolve problems and remove barriers are recommended, including changing systems that could affect access to services for low-income citizens. From this decision action plans are developed and used to implement services Action Pathways, Inc. will offer.
  
2. Describe how and what information was gathered from the following key sectors of the community in assessing needs and resources during the community assessment process and other times. These should ideally be from each county within your agency's service area:
  - a. **Community-based organizations:**

In order to administer surveys in as broad a fashion as possible, the researchers and AP representatives collaborated with the Sampson County Department of Social Services (DSS) to administer paper-and-pencil copies of the instrument to individuals who had come to DSS for services. In the end, going to DSS netted 72 Sampson County surveys. AP collaborated with Operation Blessing, NC Works, City of Fayetteville Public Library and CSBG currently enrolled customers netted 333 surveys in Cumberland County Faith-Based Organizations:

The faith-based sector participated in the community assessments through community meetings, surveys, and planning meetings. Action Pathways, Inc. distributed questionnaires to

faith-based organizations in the community. Questionnaires asked organizations to identify major barriers that prevent low-income individuals and families from reaching a level of self-sufficiency. Public hearings were also held to solicit feedback and comments from organizations.

c. Private Sector:

The private sector participated in the community assessments through community meetings, surveys, and planning meetings. Action Pathways, Inc. distributed questionnaires to local businesses based in the community. Questionnaires asked organizations to identify major barriers that prevent low-income individuals and families from reaching a level of self-sufficiency. Public hearings were also held to solicit feedback and comments from local businesses in the community.

d. Public Sector:

The public sector participated in the community assessments through community meetings, surveys, and planning meetings. Action Pathways, Inc. distributed questionnaires to faith-based organizations in the community. Questionnaires asked organizations to identify major barriers that prevent low-income individuals and families from reaching a level of self-sufficiency. Public hearings were also held to solicit feedback and comments from general public and participants.

e. Educational Sector:

The Educational sector participated in the community assessments through community meetings, surveys, and planning meetings. Action Pathways, Inc. distributed questionnaires to the local colleges, public school systems, and early childcare facilities in the community. Questionnaires asked organizations to identify major barriers that prevent low-income individuals and families from reaching a level of self-sufficiency. Public hearings were also held to solicit feedback and comments from general public and participants.

3. Describe your agency's method and criteria for identifying poverty causes including how the agency collected and analyzed qualitative and quantitative data in identifying those causes.

As a part of its mission, API conducts tri-annual Community Needs Assessments to provide a complete profile of the current economic, health, safety and educational status of the residents of Cumberland and Sampson counties. The Community Needs Assessment is multifaceted on-going process of data collection and assimilation that describes community strengths, needs, and resources. Through this collaborative process and data compilation, the Community Assessment helps identify the causes of poverty or needs and prioritization. The CNA helps determine where eligible families live, and the population of eligible low-income families and it describes eligible families by age, race and ethnicity, primary language, income, family size, social service needs, educational attainment, employment status, work and job training needs, health factors, nutrition, special educational needs, crime, and housing needs.

Information from the Needs Assessment, meetings with the low-income population; recommendations from the Head Start Policy Council, Program Directors, and other program boards are presented to the API Board of Directors for consideration in establishing the major causes of poverty causes and the prioritizing the community needs. Case Management services also help identify gaps and barriers that contribute to the conditions and causes of poverty. The Community Assessment indicated gaps in job training and preparation, unemployment, financial assistance (rent and mortgage), affordable childcare and youth programs, home repairs, affordable healthcare, mental health and dental assistance, Reentry services, tuition assistance, lack of transportation, and lack of youth activities.

Action Pathways, Inc. has worked to address the issue of self-sufficiency and empowerment of low-income individuals by:

- Coordination of services with local human service agencies so families can get timely referrals and the services needed;
  - Provided counseling and referral assistance for skills training/education programs;
  - Helping low-income families remove the barriers to self-sufficiency such as: childcare and transportation
  - Collaboration with the NC Works Career Center, which helps low-income families improve employment skills and find jobs;
  - Provided housing assistance to low-income families including rental, rehab, utility assistance and individualized financial counseling.
  - Provided financial literacy workshops for low-income residents in Cumberland and Sampson county.
  - Provided parenting skills, child development, nutrition and wellness, mental health, and leadership workshops to strengthen families.
  - Implementing a weekend Back Pack program; which provided supplemental food for low-income families in Cumberland County.
  - Provided weatherization services to the low-moderate income, elderly, and disabled households in Cumberland, Sampson, Bladen, Brunswick, Columbus, Hoke, Montgomery, Moore, Pender, Robeson, and Scotland counties.
  - Implement the Fayetteville Cumberland Reentry Council, which helps empower individuals with criminal histories to become law-abiding citizens
5. Describe how your agency plans to make more effective use of, coordinate and form partnerships with other organizations and programs including: State welfare reform efforts; public and private resources; religious organizations, charitable groups, and community organizations.

Action Pathways, Inc. collaborates with a broad range of advisory boards and human service agencies to implement programs to eliminate the causes and conditions of poverty. We collaborate with local human service agencies, faith-based organizations, government agencies to meet the emergency needs of Cumberland and Sampson county residents. Action Pathways, Inc. staff serves on numerous committees and boards to provide access to streamlined services and resources to low-income individuals and prevent duplication of services. We work in partnership with local organizations in Cumberland and Sampson counties that provide educational services including; basic life skills, financial literacy, job search and retention skills, post-secondary education, and vocational education. NC Works, Fayetteville State, Fayetteville Tech, Sampson and Cumberland County DSS, Housing Authority, and other agencies to provide additional supportive services to assist low-income households become self-sufficient.

Through collaboration and coordination with other human service agencies, we were able to increase resources and improve services provided to low-income individuals in our community. Action Pathways, Inc. has a long history of creating and maintaining strategic partnerships and community linkages to increase services and activities for the residents Cumberland and Sampson counties.

6. Describe how your agency will establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals, to avoid the duplication of such services and to fill identified gaps in services, through the provision of information, referrals, case management and follow-up consultations.

Action Pathways, Inc. provides a copy of the CSBG application to local government officials, public hearing, and upon request, to other human service agencies providing services to the low-income community.

Action Pathways, Inc. has a long history of creating and maintaining strategic partnerships and community linkages to increase services and activities for the residents Cumberland and Sampson counties. Action Pathways, Inc. governing board and staff members are actively involved local planning boards and new community initiatives to create opportunities and advocate for the needs of the low-income community. Through interagency referrals, client tracking databases, and staff follow-up, we are able ensure effective delivery of services to low-income residents in Cumberland and Sampson counties.

7. Provide a description of how your agency will support innovative community and neighborhood-based initiatives related to the purposes of the Community Services Block Grant (fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging effective parenting).

Action Pathways, Inc. will support programs and fatherhood initiatives through providing self-sufficiency services to participants referred from programs in Cumberland and Sampson counties. We will participate in fatherhood and family strengthening initiatives to increase awareness and make appropriate referrals to programs in the community. We will collaborate with organizations in creating new opportunities for initiatives in Cumberland and Sampson counties. Action Pathways, Inc. mission is to strengthen the community by improving financial stability, alleviating the conditions of poverty, educating and empowering low-income families. We will work with the Reentry program participants to provide additional supportive services to alleviate barriers preventing them from achieving family stability.

8. Describe activities that your agency has undertaken or plans to undertake, on an emergency basis, for the provision of such supplies and services, nutritious foods and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals.

The Food Bank does not provide food directly to individuals and families, families are served through its network membership of organizations. Referrals are made to one of the member agencies to receive assistance with emergency food.

The Food Bank is a member of the NC County Emergency Relief effort that provides food to disaster victims in Eastern NC.

## **Community Services Block Grant Program**

**Fiscal Year 2020-21 Application for Funding  
Planning Process Narrative (continued)**

9. Describe how your agency will coordinate the provision of employment and training activities with entities providing activities through statewide and local workforce investment systems under the Workforce Innovation and Opportunity Act. Provide the dollar amount of your allocation that will go towards employment training.

Action Pathways, Inc. will coordinate employment and training activities through the NC Works Career Center. We will work with the local colleges to assist with employment skills training and career readiness. The ASPIRE Case Managers coordinate employment resource referrals with partner organizations for low-income participants enrolled in the Self-Sufficiency program, participants are connected to jobs and employment training skills classes.

10. Describe how your agency will ensure coordination with the emergency energy crisis intervention program under title XXVI (relating to low-income home energy assistance).

Action Pathways, Inc. will coordinate with DSS in administering the Emergency Energy Crisis Intervention Program in the following manner:

- Attending outreach information training
- Refer eligible households to the Salvation Army to apply for LIEAP services
- Assist ASPIRE program participants access services
- Distribute and post information flyers to agency clients
- Accept referrals of applicants who ineligible to receive energy assistance

11. Describe the needs of low-income youth and your agency's efforts to promote increased community coordination and collaboration in meeting the needs of low-income youth.

Action Pathways, Inc. has identified the following needs of low-income youth in Cumberland and Sampson counties:

- Lack of affordable recreational activities (Summer Camps)
- Lack of after-school programs
- Lack of teen-pregnancy programs
- Low literacy rate (reading below grade level, low test scores)
- Lack of affordable child care
- Lack of affordable after-school Mentoring/Tutoring programs

AP, Inc. has identified partnerships to develop initiatives to address the most urgent needs for the youth in our communities. We are collaborating with Sampson County Parks and Recreation to create an after-school program and a summer camp for low-income youth in the community. The Action Pathways, Inc. ASPIRE program offers the Youth Leadership and Employment Programs. Our youth programs host workshops that focus on college preparation, financial literacy, career readiness, self-esteem, nutrition, health, mentorship, internships, and skills testing.

12. Describe your agency's method for informing custodial parents in single-parent families that participate in CSBG programming about the availability of child support services. In addition, describe your method for referring eligible parents to the child support office[s].

Action Pathways, Inc. ASPIRE Program encourages all participants to seek additional financial support through the Child Support Enforcement, participants are given contact information for the local Child Support Enforcement office. Case Managers work closely with participants to navigate them throughout the child support application process and assist them with resolving any issues that may occur during the application process.

13. Describe activities that your agency has undertaken or plans to undertake, to address the Department's priorities which includes:
- **Combat the Opioid Crisis** by focusing on policies and practices that prevent opioid misuse, addiction and overdose; Provide customer referrals to Carolina Outreach.
  - Develop attainable outcomes for **Early Childhood** learners to ensure that they are healthy, safe and nurtured, learning and ready to succeed through the partnership with the Head Start Family Advocate case management initiative;
  - Expand **NCCARE360**, a statewide database that provides resource information for medical providers and human services professionals in response to social determinants of health like housing stability, food security, transportation access and interpersonal safety; and
  - Implement **Healthy Opportunities** that improve the health, safety and well-being of North Carolinians by addressing conditions in which people live that directly impacts health.

**Community Services Block Grant Program  
Fiscal Year 2020-21 Application for Funding  
OEO Form 210**

**Agency Strategy for Eliminating Poverty**

**Planning Period:** July 1, 2020-June 30, 2021

**Section I: Identification of the Problem (use additional sheets if necessary)**

1. Give the Poverty Cause name(s), rank the poverty cause(s) and identify which one(s) the agency will address.

Analysis of data obtained through the Action Pathways, Inc. Community Assessment indicated the following barriers and challenges facing the residents of Cumberland and Sampson Counties:

1. Lack of resources for comprehensive services and skills training to assist low-income families become self-sufficient
  2. Lack of living wage jobs/high unemployment rate
  3. Lack of access to decent and affordable housing
  4. Lack of opportunities for education
  5. Lack of homeless shelters
  6. Limited availability of funds for emergency assistance with rent and utilities
  7. Lack of affordable after-school and summer programs for youth
  8. Lack of access to affordable health, vision and dental care
  9. Lack of resources to provide transportation/medical/needs
  10. Lack of Reentry programs for ex-offenders
  11. Lack of access to family support/family empowerment services
  12. Lack of affordable childcare
  13. Lack of resources for minor home repairs
  14. Lack of resources for teen moms
  15. Lack of programs tutoring and mentoring for youth.
2. Describe the poverty cause(s) in detail in the community with appropriate statistical data (include data sources).

- (A) Explain why the problem exists.

According to the U.S. Census, approximately 18.15% of Cumberland County and 24.31% of Sampson County residents are living at or below the poverty level. And estimated 62% of children under the age of 18 were living below the poverty level in both counties. UW of Cumberland found that many of the residents lack the income needed to realistically support their basic needs, without public or private assistance monthly. The median family income for Cumberland County is \$ 44,737; however, many of those jobs are not accessible to low-income families. The median income for Sampson County is \$37,765. Cumberland and Sampson county residents face numerous barriers and challenges preventing them from becoming self-sufficient. Those issues include; limited or no transportation, inadequate living wage jobs, and unaffordable daycare/childcare programs.

Sampson County is the second largest county in land area in North Carolina. Sampson county is a very rural area, with a land mass of 947 square miles. Historically, the county's



largest economic drivers are manufacturing, agriculture, forestry, fishing, and hunting. The economy and jobs for this county have declined or no longer feasible. Due to technology, decline in farming, environmental regulations, market fluctuations, and the seasonal nature of work, many of those jobs have been lost.

These counties both have significant challenges with adequate health systems, education systems, unemployment, and low-wage jobs.

**(B) Identify the segment of the population and give the number of people experiencing the problem.**

Based on data from the U.S. Census Bureau-American Fact finder, in 2017 18% of Cumberland County and 24% of Sampson County residents were living in poverty. In Cumberland County the population is younger than the North Carolina average age of 31 years old, due in large part to the military population. The median age for Sampson County is 40 years of age. The U.S. Census 2007-2011 American Community Survey reports 17% of the residents in Cumberland County are at or below the poverty level and 22.8% of the residents in Sampson County are at or below the poverty level. The poverty rate for families with children under the age of 18 was 19.8 %. The data suggest that families with children under the age of 18 are at a greater risk for poverty.

A total of 593 of Cumberland County residents are homeless. There are 119 household in Cumberland County homeless families with children under the age of 18. 44% of the families or individuals in Cumberland County are African American, 21% of the homeless individuals are suffer from some form of mental illness, and 21% of the homeless populations has a substance abuse problem.

**(C) Provide demographic information of those adversely effected inclusive of:**

**(a) Gender**

In 2017, 20.4% of females and 15.76% of males lived at or below the poverty level in Cumberland County. Gender differences in poverty rates were more pronounced for the elderly. For children under age 18, there was no statistical difference between the poverty rates for girls (62%) and the rate for the boys (62.84%). In 2015, full-time male employees in Sampson County made 1.26 times more than female employees. Due to gender-based wage disparity, women and single mother are at a greater risk for living in poverty. 34% of households led by women living in Cumberland County were living in poverty. Women with children under the age of 18, the statistics for those living in poverty jumped to 43%. And for single mothers with children under the age of 5, more than 52% lived in poverty. There is a 2:1 ratio of male to female in the homeless population. The number of males is consistently higher from year to year. In 2017, the median household income in Cumberland County, NC was \$55,322, but the average male salary was \$14,054 more than the average woman's salary.

**(b) Age**

The number of people in poverty increased from 31% to 37% from 2015-2017 for

certain groups, including unrelated individuals, people between the ages of 18 and 64 with a disability, people with a bachelor's degree or higher, and married-couple families. According to Data USA in 2017, Cumberland County has a population of 332,766 and a median age of 31. Sampson County has a population of 63,664 and a median age of 40.

(c) Race/Ethnicity for the agency's service area

According to the 2018 North Carolina Talk Poverty, 12.48% of White North Carolina residents live at or below the poverty level. 13.49% of Cumberland and 19.44% of Sampson County white residents live at or below the poverty levels. 24.89% of African Americans, 12.48 % of White residents, 12.67% of Asian residents live at or below the poverty level. Native Americans have the highest rate of poverty in Cumberland County and African Americans in Sampson County. Cumberland and Sampson Counties have both have diverse populations with over 80 cultures in Cumberland and 44 cultures Sampson represented in their counties.

(D) Explain how the persons are adversely affected.

Because of poverty, low-income individuals are limited in the means to become self-sufficient. Generational poverty in our communities generally results in lack of education, lower paying jobs, unaffordable and unsafe housing, limited access to transportation, and other needed services. Research has shown individuals living in poverty, on an average, have lower test scores, experience more health-related issues, and live in substandard housing. North Carolina in one of 2 states who lead the nation in food insecurity for children under the age of 5 and we rank 10<sup>th</sup> as the worst state for children under the age of 18 who are food insecure on a regular basis. According to NC Public Schools, 68.86% of children in the Cumberland County School System and 97.34% of Sampson County School System participated in the free or reduced lunch meal programs in 2016-2017. The number of families receiving SNAP Benefits 21.4% in Cumberland County and 21.6% in Sampson County in 2017. Cultural environment and surroundings impact low-income families from obtaining self-sufficiency, there are limited opportunities for families to climb up the income ladder. Fayetteville poorest communities have limited opportunities for low-income individuals to climb out of poverty. National studies show that escaping the effects of poverty is harder than almost anywhere else in the country, putting many young men on a pipeline to prison.

The per capita income was \$23,133. Cumberland County's economy is primarily in the service sector which is lower paying than skilled manufacturing jobs. Most of these service jobs pay wages insufficient to support a family. Military retirees, who have higher educational levels and more skills, generally are hired for the better paying positions. Most jobs in Cumberland and Sampson Counties require moderate to long-term skills training. The unemployment rate for Cumberland County was 4.6 % in 2017 and 3.3% in Sampson County.

**Section II: Resource Analysis (use additional sheets if necessary)**

(E) Resources Available:

34,188 low-income families Cumberland County and 27,106 families in Sampson County received Medicaid in 2016 as stated by the U.S. Census American Census Survey.

The median family household income Cumberland County was \$45,205, and \$36,742 in Sampson County. The median household income in North Carolina is \$65,964. The per capita income was \$23,133. Cumberland County's economy is primarily in the service sector which is lower paying than skilled manufacturing jobs. Most of these service jobs pay wages insufficient to support a family. Military retirees, who have higher educational levels and more skills, generally are hired for the better paying positions. Most jobs in Cumberland and Sampson Counties require moderate to long-term skills training. The unemployment rate for Cumberland County was 7.4% in 2017 and 9.4% in Sampson County.

**Section II: Resource Analysis (use additional sheets if necessary)**

(E) Resources Available:

- a. Agency Resources:
  - Weatherization Assistance Program-Standard
  - Early Head Start-Cumberland County
  - CHDO-Cumberland County
  - CSBG
  - Second Harvest Food Bank
  - USDA Food Nutritional
  - Local Reentry Program
- b. Community Resources:
  - a.) County Health Department
    - Child Health Services
    - Immunization Services
    - School Health Program Wellness Program
    - Health Promotion/Adult
    - Health Clinic
    - Maternity Health
    - Family Planning
    - WIC
    - Teen Wellness Clinic
  - b.) Cumberland Sampson School System (DPI)
    - Second Harvest Food Bank Back Pack Program
    - Nutrition (School Lunch)
    - Local churches Emergency Assistance
  - c.) Other Community Resources
    - Fayetteville Urban Ministry
    - Employment Services Office
    - Operation Blessing
    - Salvation Army
    - Catholic Charity

(F) Resources Needed:

- c. Agency Resources:
  - Additional rental properties for the low-income families
  - Funding for childcare assistance and summer programs
  - In-house certified technical training programs for participants
  - Funding to support qualified staff to further assist clients for job search, events, training, workshops and any support needed to overcome barriers
  
- d. Community Resources:
  - Affordable rental properties for the low-income families
  - Expanded public transportation system
  - Additional funding for before and after-school childcare
  - Additional funding for income medical and dental clinics for the low-income families
  - Business and organizations that will hire individuals with criminal background
  - One stop facility to improve access to services needed

**Section III: Objective and Strategy**

(G) Objective Statement:

To remove 22 low-income families in Cumberland and Sampson Counties from poverty.

Strategies for Objective:

1. Provide comprehensive case management services for low-income participants to become more self-sufficient.
2. Increase employment readiness skill workshops
3. Have participants obtain the North Carolina Career Readiness Certificate
4. Seek funding for minor home repairs for low-income families
5. Build collaborations with faith-based organizations to offer additional resources for emergency assistance
6. Increase referrals from Head Start participants
7. Provide additional opportunities for Summer Youth Employment and Career Readiness
8. Provide opportunities for families to engage in civic and community activities

**OEO Form 210 (continued)**

**Section IV: Results Oriented Management and Accountability Cycle (use additional sheets if necessary)**

Organizational Standard 4.3 requires that an agency's strategic plan and Community Action Plan document the continuous use of the ROMA cycle and use the services of a ROMA trainer.

- (H) Community Needs Assessment: Please summarize the primary needs of your community as determined through the Community Needs Assessment, and explain which of those are Family, Agency, or Community Needs, and why.

The primary needs of the Cumberland and Sampson communities are multi-dimensional, many of the needs cross Family, Agency, and Community Needs. The needs have been identified in both Cumberland and Sampson counties:

- Jobs that pay a living wage (Community)
- Decent and affordable housing (Agency, Community)

Achievements have not been evaluated from the previous year. The agency experienced a turnover of executive and leadership staff. The CSBG Director will review the current CSBG 3-Year Work Plan, Strategic Plan, and Needs Assessments to assess the progressions towards the planned goals. Any improvements or changes will be formulated into a revised action plan with targeted dates to successfully accomplish goals and objective of the program.

(J) Please name the ROMA trainer who provided services used in developing this community

Action Plan and describe what specific services were provided.

Certified ROMA Implementer Maria Newland was utilized in developing the 3-Year Community Action Plan. Ms. Newland was involved in the planning, development and implementation of the current work plan.

**Community Services Block Grant Program  
Fiscal Year 2020-21 Application for Funding  
One-Year Work Program  
OEO Form 212**

<b>Section I: Project Identification</b>			
1. Project Name:	Self-Sufficiency Program		
2. Mission Statement:	As an anti-poverty organization, we advocate for individuals and communities, through developing pathways to economic stability and by providing alerts and challenges to actions and policies that foster disadvantaged, at risk communities and individuals.		
3. Objective Statement:	To provide direct services to 220 low-income families in need of employment, education, income management, housing, health, and supportive services.		
6. CSBG Funds Requested for this Project:	July 1, 2020	To	June 30, 2021
7. Total Number Expected to Be Served:	220		
a. Expected Number of New Clients	70		
b. Expected Number of Carryover Clients	150		

**One-Year Work Program  
OEO Form 212 (continued)**

**One-Year Work Program  
OEO Form 212 (continued)**

Section II: One-Year CSBG Program Objective and Activities				
Identified Problem	Service or Activity	Outcome Expected	NPIs (List all NPIs applicable to activity)	Position Title(s)
Lack of resources/access to comprehensive services, skills training, and resources for low-income families to become self-sufficient.	<ol style="list-style-type: none"> <li>1. Implement a comprehensive intake and screening to more effectively assess the needs of our participants.</li> <li>2. Obtain clients from walk-ins, resource referrals, referrals from community partners.</li> <li>3. Establish partnerships with local human services agencies to promote the ASPIRE program and develop resource referral network.</li> <li>4. Develop Inter-agency partnerships to expand resources for low-income families.</li> <li>5. Establish a partnership with local university develop office space and resource center.</li> </ol>	<p>The number of individuals receiving case management services.</p> <p>The number of households that complete an intake assessment.</p> <p>The number of households that receive resource referrals.</p> <p>The number of individuals that receive advocacy services</p>	<p>FNPI 7a</p> <p>FPNI 7b</p> <p>FNPI 7c</p> <p>FPNI 7o</p>	<p>CSBG Director, Self-Sufficiency Manager, Case Managers (I &amp; II), Program Support Aid, Communications Coordinator, Agency Advancement, CEO, CFO, IT Manager</p>
Lack of Financial Literacy Education	<ol style="list-style-type: none"> <li>a. Develop family spending plan and budget</li> <li>b. Provide money management workshops</li> <li>c. Provide energy conservation activities</li> <li>d. Provide information and resource referrals to income tax referrals</li> <li>e. Provide resource referrals to Credit Counseling Services</li> </ol>	<p>The number of individuals who achieved and maintained capacity to meet basic needs for 90 days.</p> <p>The number of families that received financial counseling/coaching</p> <p>The number of individuals engaged with the Community Action Agency who report improved financial well-being.</p> <p>The number of individuals referred to tax preparation</p>	<p>FPNI 3a</p> <p>FPNI 3 h</p> <p>FPNI 3z.1</p>	<p>CSBG Director, Self-Sufficiency Manager, Case Managers (I &amp; II)</p>

		services		
Lack of education and education development programs	<p>1. Provide Educational and Cognitive Development support services to low-in Cumberland and Sampson County. Services and activities include providing; Adult and Youth Literacy Programs, College-Readiness Programs, Post-Secondary Preparation and Support services, school Supplies, after school activities, Coordinate Youth Leadership Program, summer camp activities, Mentoring programs, Post-Secondary Education Supports, and Financial Aid Assistance.</p>	<p>1. The number of individuals who obtained a high school diploma and/or obtained an equivalency certificate or diploma.</p> <p>2. The number of individuals who obtained a recognized credential, certificate, or Degree relating to the achievement of educational or vocational skills.</p> <p>The number of individuals who obtained an Associate's degree.</p> <p>The number of individuals who obtained a Bachelor's degree.</p>	<p>FNPI 2f FNPI 2g FNPI 2h FPNI 2i FPNI 2j</p>	<p>CSBG Director, Self-Sufficiency Manager, Case Managers (I &amp; II), Program Support Aid I (PT/FT, Agency Advancement Director, CEO, COO, IT Manager, Help Desk, Agency Advancement Director, Communication Coordinator, Agency Advancement Specialist, Communication Coordinator (P/T)</p>
Lack of job skills and training	<p>1. Action Pathways, Inc. will provide Employment Services Programs to assist low-income individuals find suitable employment. Services include; Vocational Training, Employment Pilot Program (EPP) -@3 participants @ 20 hours for 26 weeks; OTJT/Work-Experience, Youth Summer Work Placements, Entrepreneurships candidates receive business supportive services partnering with local business, Community College, Economic Development,, Paid Internships Program qualified internships works up to 240 hours and must attend accredited university; Job Readiness Training, Career Counseling Workshops, Job Search Services, and post-employment supplies;</p>	<p>The number of unemployed youth who obtained employment to gain skills or income.</p> <p>The number of unemployed adults who obtained employment (<u>up to a living wage</u>).</p> <p>The number of unemployed adults who obtained and maintained employment for at least 90 days (<u>up to a living wage</u>).</p> <p>The number of unemployed adults who obtained and maintained employment for at least 90 days (<u>with a living wage or higher</u>).</p>	<p>FNPI1a FNPI1b FPNI1c FPNI1f FPNI1h</p>	<p>CSBG Director, Self-Sufficiency Manager, Case Managers (I &amp; II), Program Support Aid I ( FT/PT)</p>



		The number of employed participants in a career-advancement related program that entered or transitioned into a position that provided increased income and/or benefits.		
Lack of access to affordable health, dental, and vision care.	1. The ASPIRE program will assistance with physicals, vision screenings, prescription payments; doctor visits payments, and wellness education.	The number of individuals who demonstrated improved physical health and well-being.  The number of individuals or households that receive assistance with Health Services, Screenings and Assessments.	FNPI5b FPNI5z	CSBG Director, Self-Sufficiency Manager, Case Managers (I & II), Program Support Aid I(FT/PT)
Lack of access to housing support services and stabilization services	The ASPIRE Program will provide housing payment assistance, eviction prevention services, utility payment assistance, housing placement, housing maintenance and improvements. The services will include the following activities: <ol style="list-style-type: none"> <li>1. Provide rental payments</li> <li>2. Deposits Payments</li> <li>3. Mortgage payments</li> <li>4. Referrals to eviction mediation services and education</li> <li>5. Provide utility payments, deposits, and arrears payments</li> <li>6. Provide assistance with temporary housing placements</li> <li>7. Referrals to home repair programs</li> <li>8. Referrals to Weatherization Program</li> </ol>	The number of households experiencing homelessness who obtained safe temporary shelter.  The number of households who obtained safe and affordable housing.  The number of households who avoided eviction.  The number of households with improved energy efficiency and/or energy burden reduction in their homes.  The number of individuals or households that receive utility payment	FPNI 4a FPNI 4b FPNI 4e FPNI 4z	CSBG Director, Self-Sufficiency Manager, Case Managers (I & II), Program Support Aid I(FT/PT)

		assistance.		
Lack of access to supportive services	<p>The ASPIRE program will provide direct assistance with supportive services. Participants will receive the following services:</p> <ol style="list-style-type: none"> <li>1. Transportation Services (bus passes, support for auto repair)</li> <li>2. Childcare payments</li> <li>3. Emergency Clothing Assistance</li> </ol>	<p>The number of individuals or households that receive transportation assistance.</p> <p>The number of individuals or households that receive childcare assistance.</p> <p>The number of individuals or households that receive emergency clothing.</p>	<p>FPNI 7z.1                  FPNI 7z.1.a                  FPNI 7Z 1.b</p>	<p>CSBG Director, Self-Sufficiency Manager, Case Managers (I &amp; II), Program Support Aid (FT/PT)</p>

**One-Year Work Program  
OEO Form 212 (continued)**

Section III: Program Administration and Operations					
Administration, Services, Operations Outcome Expected	Position Title(s)	Implementation Schedule			
		First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Maintain accurate records of participant files in AR4CA and client case file.	CSBG Director, Self-Sufficiency Manager, Case Managers I & II, Family Advocates, Quality Monitor, Program Support Aid I (FT & PT), CEO, COO, Jr. System Adm.	9/30/2020	12/31/2020	3/31/2021	6/30/2021
Monitor program activities: Survey clients for satisfaction, Prepare Outcome Measurement Report, Review Case files, and review surveys; prepare summary of client surveys.	CSBG Director, Self-Sufficiency Manager, Case Managers I & II, Family Advocates, Quality Monitor, Resource Coordinator, Program Support Aid I (FT & PT), CEO, COO, Agency Advancement Director	9/30/2020	12/31/2020	3/31/2021	6/30/2021
Implement the technological advances of computer networks, telephones, etc.; and purchase electronic equipment to include repairing, maintenance and monitoring of the equipment.	IT Manager, Junior Systems Administrator, Help Desk Technician,	9/30/2020	12/31/2020	3/31/2021	6/30/2021

	Facilities Manager, General Maintenance Worker				
Review and approve the following reports: monthly, quarterly, end of year, CSBG Annual Report.	CSBG Director, Self-Sufficiency Manager, Case Manager II, Family Advocates, Quality Monitor, CEO, COO, IT Manager, AP, Inc. Board of Directors	9/30/2020	12/31/2020	3/31/2021	6/30/2021
Evaluate projects to ensure programs and services offered meet the needs of the community and outcomes projected in the Work Plan are successfully met.	CEO, COO, Chief Finance Officer, AP, Inc. Board of Directors, CSBG Directors	9/30/2020	12/31/2020	3/31/2021	6/30/2021
Monitoring progress in achieving the outcome goals as planned in the Work Plan	CEO, COO, CSBG Director, Case Managers (I& II), Family Advocates, Quality Monitor, AP, Inc. Board	9/30/2020	12/31/2020	3/31/2021	6/30/2021
Monitor and evaluate staff to ensure they are providing efficient and effective services. Provide ongoing staff development, provide training internally and externally, and conduct performance evaluation on an annual basis.	CSBG Director, Self-Sufficiency Manger, Resource Coordinator, CEO, COO	9/30/2020	12/31/2020	3/31/2021	6/30/2021

**Community Services Block Grant Program  
Fiscal Year 2020-21 Application for Funding  
One-Year Work Program  
OEO Form 212 (continued)**

9. Use the tables below to enter your agency's targeted outcome results. The performance measures will be included in the agency's CSBG contract.

All CSBG grantees operating self-sufficiency projects are required to enter program targets in Table 1. Please refer to *Performance Measures and Outcomes Definitions* on page 7 of the Fiscal Year 2020-21 CSBG Application Instructions. If your agency operates more than one project, you will also need to complete Table 2 on the following page and also enter specific program targets. There should be one table of outcome measures per project.

<b>Table 1 Outcome Measures for Project 1 (enter project name)</b>	
<b>Measure</b>	<b>Expected to Achieve the Outcome in Reporting Period (Target)</b>
The number of participant families served.	220
The number of low-income participant families rising above the poverty level.	15
The number of participant families obtaining employment.	23
The number of participant families who are employed and obtain better employment.	15
The number of jobs with medical benefits obtained.	3
The number of participant families completing education/training programs.	15
The number of participant families securing standard housing.	7
The number of participant families provided emergency assistance.	40
The number of participant families provided employment supports.	80
The number of participant families provided educational supports.	50
The average change in the annual income per participant family experiencing a change.	This measure does not require a target but must be reported.
The average wage rate of employed participant families.	This measure does not require a target but must be reported.

**Community Services Block Grant Program  
 Fiscal Year 2020-21 Application for Funding  
 One-Year Work Program  
 OEO Form 212 (continued)**

<b>Table 2 Outcome Measures for Project 2 (enter project name)</b>	
<b>Measure</b>	<b>Expected to Achieve the Outcome in Reporting Period (Target)</b>
The number of participant families served.	220

**Community Services Block Grant Program  
Fiscal Year 2020-21 Application for Funding  
One-Year Work Program  
OEO Form 212 (continued)**

<b>CSBG Expenditure by Service Category</b>					
<b>A.2. CSBG Expenditures Domains</b>	<b>Target CSBG Funds</b>	<b>Actual Q1</b>	<b>Actual Q2</b>	<b>Actual Q3</b>	<b>Final</b>
A.2a. Employment	557141	139285	139285	139285	139286
A.2b. Education and Cognitive Development	55538	13884	13884	13884	13886
A.2c. Income, Infrastructure, and Asset Building	16250	4062	4062	4062	4064
A.2d. Housing	40000	10000	10000	10000	10000
A.2e. Health and Social/Behavioral Development <i>(includes nutrition)</i>	22250	5562	5562	5562	5564
A.2f. Civic Engagement and Community Involvement	0	0	0	0	0
A.2g. Services Supporting Multiple Domains	209055	52264	52264	52264	52263
A.2h. Linkages <i>(e.g. partnerships that support multiple domains)</i>	0	0	0	0	0
A.2i. Agency Capacity Building	0	0	0	0	0
A.2j. Other <i>(e.g. emergency management/disaster relief)</i>	21000	5250	5250	5250	5250
<b>A.2k. Total CSBG Expenditures (auto calculated)</b>	<b>921234</b>	<b>230307</b>	<b>230307</b>	<b>230307</b>	<b>230313</b>

**Community Services Block Grant Program  
 Fiscal Year 2020-21 Application for Funding  
 One-Year Work Program  
 OEO Form 212 (continued)**

10. For Community Action Agencies that serve multiple counties, provide a breakdown of the expected *number of persons served* in each designated county in the table below. Show the total *number of persons served* in the table.

Number of Families to be Served Per County										
Agency Name: Action Pathways, Inc.										
Project Name: Self-Sufficiency										
County	Cumberland	Sampson								
Total Planned	180	40								Total 220
Project Name:										
County										
Total Planned										Total



**Community Services Block Grant Program  
Fiscal Year 2020-21 Application for Funding  
CSBG Administrative Support Worksheet  
OEO Form 212A**

1. Administrative Support requested for (Name of Grant):		
2. Total amount of Administrative Support requested: \$		
3. Brief description of grant including the name of the funding source:		
4. Total Grant Amount:		\$
5. Give the reason for requesting Administrative Support from CSBG and describe how the funds will be used: (Attach supporting documentation in the Appendices)		
6. How will the agency track the CSBG funds used for Administrative Support?		
7. Basis for determining amount of Administrative Support needed. (Please select either Indirect Costs or Cost Allocation, not both.)		
<b>Indirect Costs</b>		
Indirect Cost Base:		
Indirect Cost Rate %:		%
Indirect cost base amount for this grant:		\$
Percent indirect allowed by funding source for this grant:		%
Dollar amount indirect allowed by funding source for this grant:		\$
<b>Cost Allocation</b>		
Percent of administrative costs allowed by funding source for this grant %:		%
Dollar amount of administrative costs allowed by funding source for this grant:		\$
8. Actual numerical calculation used to determine Administrative Support needed:		
9. Administrative Support to be applied: (choose one)	Monthly	
	Quarterly	
	Annually	

**CONTRACT BUDGET  
STATE OF NORTH CAROLINA  
OFFICE OF ECONOMIC OPPORTUNITY**

<b>Agency</b>	Archer Action Agency	<b>Effective Period</b>	
		From	To
		07/01/20	06/30/21

**Revenues**

Program Costs	(1) Amount	(2) % of Funds	(3) Source of Funds
1. Maximum Federal Funds	\$921,234	100% %	CSBG
	\$0	0% %	
	\$0	0% %	
2. Maximum State Funds	\$0	0% %	
3. Provider Match Funds - Cash	\$0	0% %	
4. Provider Match Funds - In-Kind	\$0	0% %	
5. State Match Funds - Cash	\$0	0% %	
<b>6. TOTAL PROGRAM COST</b>	<b>\$921,234</b>		

*\*Total of #1 and #2 Should equal Column 2 Total.*

*\*Line 6 Should equal Column 3 Total.*

*\*Total of #3, #4 and #5 should equal Column 1 Total.*

**Estimated Expenditures**

Object of Expenditures	Column 1	Column 2	Column 3
	Provider / Other* (Cash and/or In-Kind)	Federal/State Funds	Total Program Costs
<b>A. Salaries and Wages</b>	\$0	\$408,657	\$408,657
<b>B. Fringes Benefits</b>	\$0	\$137,234	\$137,234
<b>C. Equipment Purchases - Tangible Property</b>	\$0	\$0	\$0
<b>D. Communication</b>	\$0	\$26,026	\$26,026
<b>E. Space Costs</b>	\$0	\$59,432	\$59,432
<b>F. Travel/Employee Development</b>	\$0	\$41,038	\$41,038
<b>G. Supplies and Materials</b>	\$0	\$15,800	\$15,800
<b>H. Contractual Services</b>	\$0	\$19,142	\$19,142
<b>I. Client Services</b>	\$0	\$125,250	\$125,250
<b>J.</b>	\$0	\$0	\$0
<b>K. Other</b>	\$0	\$9,500	\$9,500
<b>L. Indirect Costs</b>	\$0	\$79,154	\$79,154
<b>M. Totals</b>	\$0	\$921,234	\$921,234

**Community Services Block Grant [CSBG]  
Documentation of Submission to County Commissioners**

Background: The North Carolina Administrative Code [10A NCAC 97C.0111 (b)(1)(A)] requires that each CSBG grant recipient submit its Community Anti-Poverty Plan [grant application] to each County Commissioner Board that it serves.

Instructions: This form is to be completed and notarized by the Clerk to the Board.

---

Agency Name: Action Pathways, Inc.

County: Sampson

Date of Application Submission: \_\_\_\_\_

[Note: This application should be submitted to the County Commissioners at least thirty [30] days prior to application submission to the Office of Economic Opportunity [OEO]. The grant application is due to OEO **February 14, 2020**.

Clerk to the Board should initial all items below.

- \_\_\_\_\_ The agency submitted a complete grant application for Commissioner review.
- \_\_\_\_\_ The Clerk to the Board will be responsible for assuring that the application is distributed to the Commissioners.
- \_\_\_\_\_ Commissioners' comments provided those to the agency. (If applicable)

\_\_\_\_\_  
Clerk to the Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

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

**MEMORANDUM**

---

**TO:** Susan Holder  
**FROM:** Joel Starling  
**DATE:** January 28, 2020  
**RE:** Notices of Termination of Fire, Rescue, and Fire Medic Service Contracts

---

The Sampson County Fire Commission and staff are in the process of developing new fire and rescue service contracts that will replace the County's existing contracts, most of which date back to the early 1990s. As part of the process, the Fire Commission has voted unanimously to recommend that the County give notice of termination of the existing contracts. The terminations will not take effect until the end of the current fiscal year, June 30, 2020. In the interim, the County will finalize new, updated contracts with the various fire departments. These new contracts will take effect on July 1, 2020.

Materials: Resolution instructing the County Attorney to send notices of termination

**RESOLUTION OF THE SAMPSON COUNTY BOARD OF COMMISSIONERS**

**WHEREAS**, Sampson County is currently a party to fire service contracts with the following non-profit and municipal corporations: Autryville Area Fire Department, Inc., Clement Volunteer Fire Department, Inc., the City of Clinton, Faison Fire and Rescue, Inc., Garland Volunteer Fire & Rescue Department, Inc., Godwin-Falcon Fire Department, Inc., Halls Fire & Rescue Department, Inc., Harrells Volunteer Fire Department, Inc., Herring Volunteer Fire & Rescue, Inc., Jordans Chapel Fire Department, Inc., Newton Grove Fire & Rescue, Plain View Volunteer Fire Department, Inc., Piney Grove Volunteer Fire Department, Inc., of Sampson County, the Town of Roseboro, Salemburg Volunteer Fire Dept., Inc., Smith Chapel Volunteer Fire Department, Inc., Spivey`s Corner Volunteer Fire Department, Inc., Taylors Bridge Fire Department, Turkey Volunteer Fire Department, Inc., Vann Crossroads Fire Department, Inc.; and

**WHEREAS**, Sampson County is currently a party to rescue service contracts with the following non-profit and municipal corporations: Autryville Area Fire Department, Inc., Clement Volunteer Fire Department, Inc., the City of Clinton, Faison Fire and Rescue, Inc., Garland Volunteer Fire & Rescue Department, Inc., Godwin-Falcon Fire Department, Inc., Halls Fire & Rescue Department, Inc., Harrells Volunteer Fire Department, Inc., Herring Volunteer Fire & Rescue, Inc., Newton Grove Fire & Rescue, Plain View Volunteer Fire Department, Inc., Town of Roseboro, Salemburg Volunteer Fire Dept., Inc., Spivey`s Corner Volunteer Fire Department, Inc., Taylors Bridge Fire Department, Vann Crossroads Fire Department, Inc.; and

**WHEREAS**, Sampson County is currently a party to fire medic service contracts with the following non-profit corporations: Clement Volunteer Fire Department, Inc., Godwin-Falcon Fire Department, Inc., Herring Volunteer Fire & Rescue, Inc., Vann Crossroads Fire Department, Inc.; and

**WHEREAS**, the Sampson County Board of Commissioners wishes to give notice of termination of the above-referenced fire service, rescue service, and fire medic service contracts;

**NOW, THEREFORE, BE IT RESOLVED** that the Sampson County Board of Commissioners hereby instructs the County Attorney to give notice of termination of the above-referenced fire service, rescue service, and fire medic service contracts, with said terminations to become effective on June 30, 2020.

**ADOPTED**, this the 3<sup>rd</sup> day of February, 2020.

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

ATTEST:

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



*Sampson County Finance Department*  
*David K. Clack, Finance Officer*

*MEMORANDUM*

**TO:** Board of Commissioners

**FROM:** David K. Clack, Finance Officer

**DATE:** January 24, 2020

**SUBJECT:** Additional School Resource Officers

The County Board of Education has requested three additional school resource officers. One officer will cover Hobbton Middle and Hobbton Elementary. One will cover Plainview Elementary and Clement Elementary and the last one will cover Hargrove Elementary. Attached is a budget amendment to start those officers effective February 1. Also, attached is an estimate of the effect on the County budget for the next fiscal year.

We respectfully request that the Board approve the attached budget amendment and authorize the addition of three deputy positions in the Sheriff's Department.

**COUNTY OF SAMPSON  
BUDGET AMENDMENT**

**MEMO:**

FROM: Jimmy Thornton, Sheriff  
 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 Sheriff's Department be amended as follows:

<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
11243100-554000	Capital outlay vehicle	93,639.00	
11243100-555000	Capital outlay other	80,598.00	
11243100-521300	Uniforms	24,422.00	
11999000-509700	Contingency		48,659.00

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
11034310-403623	County schools SRO's	150,000.00	

2. Reason(s) for the above request is/are as follows:

To budget for the addition of 3 school resource officers for the County school system.



(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval. \_\_\_\_\_, 20\_\_

(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval. \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Date of approval/disapproval by B.O.C.

\_\_\_\_\_  
(County Manager & Budget Officer)

## David Clack

---

**From:** Marcus Smith  
**Sent:** Friday, January 10, 2020 2:57 PM  
**To:** David Clack  
**Cc:** Doyle Grady; Jimmy Thornton  
**Subject:** SRO Grant  
**Attachments:** Marcus Smith.vcf

David,

Per our conversation, Sampson County Schools has discussed the possibilities of funding new SRO positions through a grant and we are ok with accepting such funding if approved.





SRO Deputies

Salary		37,500.00	
FICA	6.20%	2,325.00	
Medicare	1.45%	544.00	
Retirement	9.70%	3,638.00	
401k	5.00%	1,875.00	
Health ins	774.00	9,288.00	
Dental ins	30.00	360.00	
Workers comp	4.47%	1,677.00	
Prof liability		125.00	
		<u>57,332.00</u>	
3 Deputies		171,996.00	annual cost
Annual operating costs			
Uniforms		2,436.00	
Supplies		4,338.00	
Gas oil tires & maintenance		24,000.00	
Annual Operating cost thereafter		202,770.00	*
School funding for SRO's		150,000.00	
County funding required annually		52,770.00	

\* Does not include any COLA's, other annual costs increases or replacement of vehicles.



*Sampson County Finance Department*  
*David K. Clack, Finance Officer*

*MEMORANDUM*

**TO:** Board of Commissioners

**FROM:** David K. Clack, Finance Officer

**DATE:** January 24, 2020

**SUBJECT:** Audit Contract Extension

Attached please find and amendment to our audit contract for the fiscal year ended June 30, 2019. The Local Government Commission has approved our audit and will approve the auditor's invoice for payment once this amendment has been approved by the Board.

The amendment extends the due date for the audit to December 31, 2019. The auditor has indicated that he will begin the audit earlier and we will work with him to have any items that he will need ready for him as early as they are needed.

We respectfully request that the Board approve the amendment to the audit contract.

Whereas	Primary Government Unit SAMPSON COUNTY
and	Discretely Presented Component Unit (DPCU) (if applicable)
and	Auditor W GREENE PLLC

entered into a contract in which the Auditor agreed to audit the accounts of the Primary Government Unit and DPCU (if applicable)

for	Fiscal Year Ending 06/30/19	and originally due on	Audit Report Due Date 10/31/19
-----	--------------------------------	-----------------------	-----------------------------------

hereby agree that it is now necessary that the contract be modified as follows.

<input checked="" type="checkbox"/> Modification to due date:  <input type="checkbox"/> Modification to fee:	Original due date 10/31/19	Modified due date 12/31/19
	Original fee	Modified fee

**EXPLANATION OF MODIFIED CONTRACT TERMS**

Please provide an explanation for the modification to due date and/or fees.

THE DUE DATE HAS BEEN EXTENDED SO THAT WE CAN PLAN AND PERFORM THE AUDIT TO OBTAIN REASONABLE ASSURANCE ABOUT WHETHER THE FINANCIAL STATEMENTS ARE FREE OF MATERIAL MISSTATEMENT.

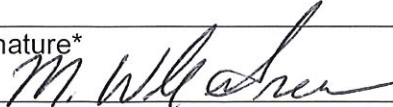
If the amendment is submitted to extend the due date, please indicate the steps the unit and auditor will take to prevent late filing of audits in subsequent years.

THE UNIT WILL COMPLETE PRELIMINARY PROCEDURES SOONER AND THE AUDITOR WILL START PERFORMING THE AUDIT EARLIER.

By their signatures on the following pages, the Auditor, the Primary Government Unit, and the DPCU (if applicable), agree to these modified terms.

**SIGNATURE PAGE**

**AUDIT FIRM**

Audit Firm* W GREENE PLLC	
Authorized Firm Representative* (typed or printed) M WADE GREENE CPA	Signature* 
Date* 01/06/20	Email Address wgreene@greenecocpa.com

**GOVERNMENTAL UNIT**

Governmental Unit* SAMPSON COUNTY	
Date Primary Government Unit Governing Board Approved <u>Amended</u> Audit Contract* (If required by governing board policy)	06/03/19
Mayor/Chairperson* (typed or printed) CLARK WOOTEN, CHAIRMAN	Signature*
Date 01/06/20	Email Address cwooten@sampsonnc.com

Chair of Audit Committee (typed or printed, or "NA") N/A	Signature
Date	Email Address

**GOVERNMENTAL UNIT – PRE-AUDIT CERTIFICATE**

**\*ONLY REQUIRED IF FEES ARE MODIFIED IN THE AMENDED CONTRACT\***

*(Pre-audit certificate not required for charter schools or hospitals)*

Required by G.S. 159-28(a1) or G.S. 115C-441(a1)

*This instrument has been pre-audited in the manner required by The Local Government Budget and Fiscal Control Act or by the School Budget and Fiscal Control Act.*

Primary Governmental Unit Finance Officer*	Signature*
Date of Pre-Audit Certificate*	Email Address*

**SIGNATURE PAGE – DPCU  
(complete only if applicable)**

**DISCRETELY PRESENTED COMPONENT UNIT**

DPCU	
Date DPCU Governing Board Approved <u>Amended</u> Audit Contract (If required by governing board policy)	
DPCU Chairperson (typed or printed)	Signature
Date	Email Address

Chair of Audit Committee (typed or printed, or "NA")	Signature
Date	Email Address

**DPCU – PRE-AUDIT CERTIFICATE**

**\*ONLY REQUIRED IF FEES ARE MODIFIED IN THE AMENDED CONTRACT\***

*(Pre-audit certificate not required for charter schools or hospitals)*

Required by G.S. 159-28(a1) or G.S. 115C-441(a1)

*This instrument has been pre-audited in the manner required by The Local Government Budget and Fiscal Control Act or by the School Budget and Fiscal Control Act.*

DPCU Finance Officer (typed or printed)	Signature
Date of Pre-Audit Certificate	Email Address



*Sampson County Finance Department*  
*David K. Clack, Finance Officer*

*MEMORANDUM*

**TO:** Board of Commissioners

**FROM:** David K. Clack, Finance Officer

**DATE:** January 24, 2020

**SUBJECT:** Surplus of Seized Vehicles

The Sheriff's Department has requested that the Board surplus and authorize the sale as salvage of two vehicles that were turned over to the Department for official use. One is a 2002 Chevrolet Tahoe and the other is a 2007 Chevrolet Tahoe. Both vehicles are in need of extensive repair and one is equipped with an aftermarket compartment which prohibits its resale.

We respectfully recommend that the Board declare the vehicles surplus and authorize their sale as salvage to a salvage yard who would purchase the vehicle for parts and crush the chassis thereby eliminating the possibility of resale.

**OFFICE OF THE SAMPSON COUNTY TAX ADMINISTRATOR**

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

9225

**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 Kane Elliott Alphin in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2019</u>	\$ <u>313.36</u>
<u>  </u>	\$ <u>  </u>
<u>  </u>	\$ <u>  </u>
<u>  </u>	\$ <u>  </u>
<u>  </u>	\$ <u>  </u>
<u>  </u>	\$ <u>  </u>
TOTAL REFUND	\$ <u>313.36</u>

These taxes were assessed through clerical error as follows.

Bill # 004888 3329  
YN 2687  
Tas Turned in (sold)  
2018 Ram TK

County Tax	<u>288.85</u>
School Tax	<u>  </u>
F10 Fire Tax	<u>24.51</u>
City Tax	<u>  </u>
TOTAL \$	<u>313.36</u>

Mailing Address.

1715 Beulah Church Road  
Turkey, NC 28393

Yours very truly

Kane Elliott Alphin  
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

9205

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 Joshua Matthew Carter in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
2018	\$ 252.31
/	\$
/	\$
/	\$
/	\$
/	\$
TOTAL REFUND	\$ 252.31

These taxes were assessed through clerical error as follows.

Bill # 0047824135  
JF 9/18  
Tag Turned in (sold)  
2017 Chev

602	County Tax	231.28
	School Tax	
F17	Fire Tax	21.03
	City Tax	
	TOTAL \$	252.31

Mailing Address.

3406 E darden Rd  
FARMER NC 28341

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

9221

**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 Gary H. Phillips in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	AMOUNT
2019	\$ 107.68
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL REFUND	\$ 107.68

These taxes were assessed through clerical error as follows.

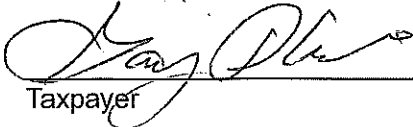
Bill # 0029177017  
Plt # DBW2953  
Plt Turn In (Sold)  
2012 Acad 45

602 County Tax 59.82  
School Tax \_\_\_\_\_  
Fire Tax \_\_\_\_\_  
1  
C07 City Tax 47.86  
TOTAL \$ 107.68

Mailing Address.

P.O. BOX 1565  
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

9218

**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 Lisa M Mailhot  
\_\_\_\_\_ in \_\_\_\_\_ Township, Sampson County, for  
the year(s) and in the amount(s) of:

YEAR	
<u>2018</u>	\$ <u>185.45</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>185.45</u>

These taxes were assessed through clerical error as follows.

Bill # 0047148200  
Plate # TAE 4025  
Plate Turn In - Repo  
2016 Chevy MP

602 County Tax 126.97  
School Tax \_\_\_\_\_  
Fire Tax \_\_\_\_\_  
C06 City Tax 58.48  
TOTAL \$ 185.45

Mailing Address.

X 309 Mt. Olive Dr  
Newton Grove, NC 28346

Yours very truly

X Lisa Marlane Mailhot  
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

9219

**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 Nathalie A. Lhotellier in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2019</u>	\$ <u>22.16</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>22.16</u>

These taxes were assessed through clerical error as follows.

Bill # 0051127898  
Plate # HER 9028  
Plate Turn In - Sold  
2004 Volk 4S

602 County Tax	<u>22.16</u>
School Tax	_____
Fire Tax	_____
City Tax	_____
TOTAL \$	<u>22.16</u>

Mailing Address.

125 Village Circle  
28328 Clinton, NC

Yours very truly

Nathalie A. Lhotellier  
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

9193

**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 Leigh Anna Willard in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR		\$	132.73
<u>2019</u>	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
TOTAL REFUND	\$	132.73	_____

These taxes were assessed through clerical error as follows.

Bill # 0038469384  
EE A 4071  
Plate Turn in (sold)  
2017 Volk

602	County Tax	121.00
	School Tax	_____
F09	Fire Tax	11.73
	City Tax	_____
	TOTAL \$	132.73

Mailing Address.

1190 Eddie L Jones Rd  
X Irankoe, NC 28447

Yours very truly

Leigh Anna Willard  
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

9203

**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 Andrew Charles Burchfield in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR <u>2018</u>	\$ <u>181.38</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>181.38</u>

These taxes were assessed through clerical error as follows.

Bill # 0042312286  
HA 7893  
Tax Turn in (traded)  
2017 Ram

602 County Tax	<u>165.34</u>
School Tax	_____
PO9 Fire Tax	<u>16.04</u>
City Tax	_____
TOTAL \$	<u>181.38</u>

Mailing Address.

X 138 TM Hudson Ln  
Harrells, NC 2844

Yours very truly

X [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

9201

**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 Tabitha Moore Draughon  
\_\_\_\_\_ in \_\_\_\_\_ Township, Sampson County, for  
the year(s) and in the amount(s) of:

YEAR <u>2018</u>	\$ <u>359.01</u>
§	\$
§	\$
§	\$
§	\$
§	\$
TOTAL REFUND	\$ <u>359.01</u>

These taxes were assessed through clerical error as follows.

Bill # 004 2257563  
BDH 1577  
Tag Turn in (sold)  
2018 Chev

602 County Tax	<u>276.81</u>
502 School Tax	<u>48.65</u>
F19 Fire Tax	<u>33.55</u>
City Tax	_____
TOTAL \$	<u>359.01</u>

Mailing Address.

P.O. Box 48164  
Cumberland, N.C. 28331  
~~28331~~

Yours very truly

Tabitha Moore Draughon  
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

9207

**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 Ashley Keith Grant Honeycutt in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2018</u>	\$ <u>166.65</u>
<u>5</u>	\$ <u>5</u>
	\$ <u>5</u>
	\$ <u>5</u>
	\$ <u>5</u>
	\$ <u>5</u>
TOTAL REFUND	\$ <u>166.65</u>

These taxes were assessed through clerical error as follows.

Bill # 0048417234  
FCS8354  
Tag Turn in (sold)  
2016 Chev

G02	County Tax	<u>128.50</u>
S02	School Tax	<u>22.58</u>
F19	Fire Tax	<u>15.57</u>
	City Tax	_____
	TOTAL \$	<u>166.65</u>

Mailing Address.

220 Deer Grass Ln.  
Clinton NC 28328

Yours very truly

Keith Grant Honeycutt  
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

9210

**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 Prestage Farms INC in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
2018	\$ 172.75
{	\$
{	\$
{	\$
{	\$
{	\$
TOTAL REFUND	\$ 172.75

V#600  
D50

These taxes were assessed through clerical error as follows.

Bill # 0031486587  
FF2672  
Tag Turned in (traded)  
2016 Ford

002	County Tax	159.24
	School Tax	
F23	Fire Tax	13.51
	City Tax	
	TOTAL \$	172.75

Mailing Address.

Prestage Farms Inc.  
X PO Box 438  
Clinton NC 28329

Yours very truly

X Prestage Farms Inc  
Taxpayer Camr

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

9220

**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 Sacqueline Padilla Williams in \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR		
2019	\$	116.31
	\$	§
	\$	§
	\$	§
	\$	§
TOTAL REFUND	\$	116.31

These taxes were assessed through clerical error as follows.

Bill # 00395 28341  
FAV 8336  
Taxes Turned in (totalled)  
2017 total

G02 County Tax 103.74  
School Tax \_\_\_\_\_  
F16 Fire Tax 12.57  
City Tax \_\_\_\_\_  
TOTAL \$ 116.31

Mailing Address.

3855 Bearskin Rd  
Salemberg NC 28385

Yours very truly

Sacqueline Williams  
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

9214

**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 Gail Sands  
\_\_\_\_\_ in NC \_\_\_\_\_ Township, Sampson County, for the year(s) and in the amount(s) of:

YEAR	
<u>2019</u>	\$ <u>616.50</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	\$ <u>616.50</u>

These taxes were assessed through clerical error as follows.

BOC - Approved DV

Late DV Application  
Approved ON 1-6-20

C01	County Tax	<u>371.25</u>
501	School Tax	<u>65.25</u>
	Fire Tax	_____
C02	City Tax	<u>180.00</u>
	TOTAL \$	<u>616.50</u>

Mailing Address.

Gail Sands  
\_\_\_\_\_  
Gail E. Sands  
\_\_\_\_\_  
117 Eastover Ave  
Clinton, NC 28328

Yours very truly

Gail E. Sands  
Taxpayer

X Social Security # \_\_\_\_\_

RECOMMEND APPROVAL

[Signature]  
Sampson County Tax Administrator

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 John W. Merritt in Taylor's Bridge Township, Sampson County, for the year(s) and in the amount(s) of: 17070032007

Year	<u>2019</u>	\$	<u>301.49</u>
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
	_____	\$	_____
Total Release/Adjustment		\$	<u>301.49</u>

County Tax	\$	<u>284.27</u>
School Tax	\$	_____
<sup>F25</sup> Fire Tax	\$	<u>17.22</u>
City Tax	\$	_____
Total	\$	<u>301.49</u>

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

*Calculated average adjusted and remapped per DB 535/05 Tracts 1+2.*

Taxpayer:

John W Merritt

Tax Administrator:

Jim Shrum

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 Quintin Neal Shirley in PV Township, Sampson County, for the year(s) and in the amount(s) of:

Year		
<u>2019</u>	\$	<u>200.06</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total Release/Adjustment	\$	<u>200.06</u>

	County Tax	\$ <u>163.98 + 16.40 = 180.38</u>
	School Tax	\$ _____
	Fire Tax	\$ <u>17.89 + 1.79 = 19.68</u>
	City Tax	\$ _____
	Total	\$ <u>200.06</u>

# 176064

Sold boat 4-19-18

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

Taxpayer:

Quintin Neal Shirley

Tax Administrator:

Jim Jones

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 Rupert B. + Linda Matthews in Dismal Township, Sampson County, for the year(s) and in the amount(s) of:

Year		
<u>2019</u>	\$	<u>185.44</u>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total Release/Adjustment	\$	<u>185.44</u>

County Tax	\$	<u>165.40</u>
School Tax	\$	_____
<sup>Fire</sup> Fire Tax	\$	<u>20.04</u>
City Tax	\$	_____
Total	\$	<u>185.44</u>

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

Acreege adjusted + remapped per DB 1065/341  
+ out conveyances.

Taxpayer: Rupert B. Matthews

Tax Administrator: Jin Jhun

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 Daniel James Hall JR in Herring Township, Sampson County, for the year(s) and in the amount(s) of:

Year	
<u>2019</u>	\$ <u>-265.54</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Release/Adjustment	\$ _____

County Tax	\$ <u>-265.54</u>
School Tax	\$ _____
Fire Tax	\$ _____
City Tax	\$ _____
Total	\$ <u>265.54</u>

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

Double Billed: Acct # 103828 in PP - need to release  
Acct # 197622 in BP

Taxpayer: Daniel James Hall JR

Tax Administrator: [Signature]

Board Approved: \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

COUNTY OF SAMPSON  
BUDGET AMENDMENT

10 January 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: 2019-2020

It is requested that the budget for the **Sampson County Convention & Visitors Bureau** be amended as follows:

**EXPENDITURE**

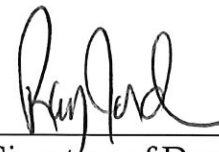
<u>Code Number (ORG-OBJ)</u>	<u>Description</u>	<u>INCREASE</u>	<u>DECREASE</u>
84761800-544000	Contract Services	\$7,500.00	

**REVENUE**

<u>Code Number (ORG-OBJ)</u>	<u>Description</u>	<u>INCREASE</u>	<u>DECREASE</u>
84036180-499900	Fund Balance Appropriated	\$7,500.00	

Reason(s) for the above request is/are as follows:

The money is approved to move from fund balance to contract services for the upcoming event, Ag Day, 2020



Signature of Department Head

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval. Date: 1-24-2020

  
(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval. Date: \_\_\_\_\_

\_\_\_\_\_  
(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 2019-2020

1. It is requested that the budget for the Airport Land Purchase (Westwoods) be amended as follows:


<u>Expenditure Account Code</u>	<u>Description (Object of Expenditure)</u>	<u>Increase</u>	<u>Decrease</u>
40981570-557000	Land	143,750.00	

<u>Revenue Account Code</u>	<u>Source of Revenue</u>	<u>Increase</u>	<u>Decrease</u>
40038157-403623	City of Clinton		19,100.00
40038157-409600	County contribution		19,100.00
40038157-404000	State assistance	181,950.00	

2. Reason(s) for the above request is/are as follows:  
 To budget additional funds for the purchase of land that adjoins airport property and adjust the City and County portion of the project to reflect that this 100% State funds land acquisition.

  
 \_\_\_\_\_  
 (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:**

01/15/20

FROM: Eileen Coite

Date

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 Cooperative Extension Department be amended as follows:

<u>Expenditure Account</u>	<u>Expenditure Account Description</u>	<u>Increase</u>	<u>Decrease</u>
04449500-531100	TRAVEL	4000.00	
04449500-526200	DEPT SUPPLIES	2000.00	
04449500-529900	MISC EXPENSE	855.00	

<u>Revenue Account</u>	<u>Revenue Account Description</u>	<u>Increase</u>	<u>Decrease</u>
04034950-408900	MISC REVENUE	6,855.00	

2. Reason(s) for the above request is/are as follows:  
INCREASE IN REVENUE IS DUE TO UNEXPECTED DONATIONS.

*Eileen A. Coite*

(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

1/24, 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

January 13, 2020

MEMO:

FROM: Sarah W. Bradshaw

Date

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 Social Services Department be amended as follows:

Expenditure Account	Expenditure Account Description	Increase	Decrease
13554810-568414	LIEAP	35,250.00	


Revenue Account	Revenue Account Description	Increase	Decrease
13535480-403314	LIEAP	35,250.00	

2. Reason(s) for the above request is/are as follows: To record additional LIEAP funding received from re-allocation of fiscal year 2019-2020 Federal funding.

  
\_\_\_\_\_  
(Signature of Department Head)

ENDORSEMENT

1. Forwarded, recommending approval/disapproval.

1/24, 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**

11/26/2019

**MEMO:**

**FROM:** MELANIE HARRIS

**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 SAMPSON SOIL & WATER Department be amended as follows:

<u>EXPENDITURE CODE NUMBER</u>	<u>DESCRIPTION (OBJECT OF EXPENDITURE)</u>	<u>INCREASE</u>	<u>DECREASE</u>
------------------------------------	--	-----------------	-----------------

28349610 531109	Travel	3,000.00	
-----------------	--------	----------	--

<u>REVENUE CODE NUMBER</u>	<u>SOURCE OF REVENUE</u>	<u>INCREASE</u>	<u>DECREASE</u>
--------------------------------	--------------------------	-----------------	-----------------

28334961 409909	Fund Bal Appropriated State	3,000.00	
-----------------	-----------------------------	----------	--

**1. Reason (s) for the above request is/are as follows:**

Reallocation of Funds to cover future travel expenses for staff and Envirothon Teams & RCW students

  
(Signature of Department Head)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

1/24, 2020

  
(County Finance Officer)

**ENDORSEMENT**

1. Forwarded, recommending approval/disapproval.

\_\_\_\_\_, 20\_\_\_\_

  
(County Manager & Budget Officer)

To: Ed Causey, County Manager  
Susan Holder, Assistant County Manager

From: Wanda Robinson, Health Director

Date: January 21, 2020

Subject: County Commissioners Consent Agenda Items

The attached information is being submitted for your review and approval. These items were approved by the Health Advisory Committee:

1. Advisory Committee Operating Policy
2. Advisory Committee Conflict of Interest Policy
3. SCHED, Child Advocacy Center, SHRAC MOU
4. HIPAA Policy
5. LHD Services Policy
6. Board of Health Operating Policy
  
7. Dangerous Dog Appeal Board Rules of Procedure (added 1/28)

Signature pages will be submitted as hard copies for each of the items above. Your assistance is much appreciated.

Attachments:

Advisory Committee Operating Policy  
Advisory Committee Conflict of Interest  
Policy SCHED, Child Advocacy Center, SHRAC  
MOU HIPAA Policy  
LHD Services Policy  
Board of Health Operating Policy

**SAMPSON COUNTY HEALTH DEPARTMENT  
Advisory Committee  
Operating Policy and Procedures**

Manual: Board of Health	Applicable Signatures/Title
Title: SCHD Advisory Committee Operating Policy and Procedures	Board of Health Chair: Clark Wooten
( )SCHD Advisory Committee Policy	Advisory Committee Chair: Jacqueline Howard
Distributed to: Advisory Committee Members	Health Director: Wanda Robinson
	Effective date: 02/3/2020
	Supersedes: 11/01/2018

Review/Revision Date: 11/18/13; 11/17/14; 11/16/15; 11/21/16; 11/20/17; 11/01/2018

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Board of Health Chair

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Date

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SCHD Advisory Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Director

\_\_\_\_\_  
Date

## **SAMPSON COUNTY HEALTH DEPARTMENT ADVISORY COMMITTEE OPERATING PROCEDURES**

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### **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 January, 2020.

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JACQUELINE HOWARD, Chair,  
Sampson County Health Department Advisory  
Committee

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WANDA ROBINSON, Secretary,  
Sampson County Health Department Advisory  
Committee

**APPROVED AND ADOPTED**, by the Sampson County Board of Health, this \_\_\_\_\_ day of February, 2020.

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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: \_\_\_\_\_

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Name

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**SAMPSON COUNTY HEALTH DEPARTMENT  
Conflict of Interest Policy**

Manual: SCHED Advisory Committee	Applicable Signatures/Title
Title: Conflict of Interest Policy	Board of Health Chair: Clark Wooten
( )SCHED Advisory Committee Policy	Advisory Committee Chair: Jacqueline Howard
Distributed to: Advisory Committee Members	Health Director: Wanda Robinson
	Effective date: 02/3/2020
	Supersedes: 11/01/2018

Review/Revision Date: 11/18/13; 11/17/14; 11/16/15; 11/21/16; 11/20/17; 11/01/2018

\_\_\_\_\_

Board of Health Chair

\_\_\_\_\_

Date

\_\_\_\_\_

SCHED Advisory Committee Chair

\_\_\_\_\_

Date

\_\_\_\_\_

Health Director

\_\_\_\_\_

Date

**SAMPSON COUNTY HEALTH DEPARTMENT ADVISORY COMMITTEE  
CONFLICT OF INTEREST POLICY**

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**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 January 2020.

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Jacqueline Howard, Chair  
Sampson County Health Department  
Advisory Committee

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Wanda Robinson, Secretary  
Sampson County Health Department  
Advisory Committee

**Approved and Adopted** by the Sampson County Health Board of Health, this the \_\_\_\_ day of February 2020.

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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: \_\_\_\_\_

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**Sampson County Health Department**

**HIPAA PRIVACY**  
(Health Insurance Portability & Accountability Act)

**POLICY & PROCEDURE**  
**MANUAL**

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- Section 4: Uses and Disclosures of Protected Health Information Requiring Patient Authorization**
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**Sampson County Health Department  
HIPAA Policy & Procedures Year: 2019**

Manual: SCHD HIPAA Manual	Applicable Signatures/Title:
Title: SCHD HIPAA Policy & Procedures	Program Specialist: Wanda Robinson
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: N/A
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Tim Smith
<input type="checkbox"/> workforce Policy	Health Director: Wanda Robinson
<input type="checkbox"/> Fiscal Policy	Board of Health Chair: Clark Wooten
Distributed to: All workforce	Effective Date: 01/27/2020
	Supersedes: 04/02/18

**Purpose:**

To provide guidance to all Sampson County Health Department (SCHD) workforce regarding the laws, rules and regulations as they relate to the privacy and confidentiality of the protected health information (PHI) for all health department patients.

**Policy:**

Sampson County Health Department recognizes the importance of all aspects of a patient’s right to confidentiality and privacy as it relates to the medical information.

The HIPAA Privacy Rule provides that patients have a right to notice of how we may use and disclose a patient’s PHI, as well as the patient’s rights and the obligations regarding their PHI. We have developed a Notice of Privacy Practices to meet these requirements and will make the Notice available to the patients as described in this policy. Our Practice will strive to abide by the terms of the Notice as currently in effect.

The Sampson County Health Department (SCHD) will implement policies and procedures as required by and specified in the privacy rule of the Administrative Provision in the Health Insurance Portability and Accountability Act of 1996.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B. Every staff person should review and consult the Glossary when reviewing or consulting this Policy Manual.

**Applicable Laws, Rules and Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.

45 CFR, Part §160, General Administrative Requirements.

45 CFR, Part § 162, Administrative Requirements.

45 CFR, Part § 164, Security & Privacy.

North Carolina General Statute § 8-53.6.

North Carolina General Statute § 8-53.13.

North Carolina General Statute § 130A-12.

North Carolina General Statute § 130A-143-144.

**Responsible Persons:**

Sampson County Health Department workforce

**Procedures:**

1. This policy provides the guidelines for the handling of patient medical protected health information (PHI) as set forth by the federal Public Law 104-191; Health Insurance Portability and Accountability Act (HIPAA) of 1996.
2. The policy follows the rules as explained in the Code of Federal Regulations:
  - A. 45 CFR, Part §160, General Administrative Requirements.
  - B. 45 CFR, Part §162, Administrative Requirements.
  - C. 45 CFR, Part §164, Security & Privacy.
3. Additional clarification regarding PHI per North Carolina legislative guidelines are found in North Carolina General Statutes:
  - A. North Carolina General Statute § 8-53.6.
  - B. North Carolina General Statute § 8-53.13.
  - C. North Carolina General Statute § 130A-12.
  - D. North Carolina General Statute § 130A-143-144.
4. All health department workforce will follow the guidelines as stated in each of the sections of this policy. The Sections include:
  - Section 1: Introduction to HIPAA
  - Section 2: Notice of Privacy Practices
  - Section 3: Uses and Disclosures of Protected Health Information Not Requiring Patient Authorization
  - Section 4: Uses and Disclosures of Protected Health Information Requiring Patient Authorization
  - Section 5: “Minimum Necessary” Use and Disclosure of Protected Health Information (PHI)
  - Section 6: Uses and Disclosures of Protected Health Information Where the Patient Has an Opportunity to Agree or Object
  - Section 7: Access of Individuals to Protected Health Information
  - Section 8: Accounting for Disclosure of Protected Health Information
  - Section 9: Amendment of Protected Health Information
  - Section 10: Business Associates
  - Section 11: Safeguarding Protected Health Information
  - Section 12: Training
  - Section 13: Complaints to the Practice; Mitigation
  - Section 14: No Retaliation for the Exercise of Rights or the Filing of a Complaint; No Waiver of Rights
  - Section 15: Sanctions for Violations; Exceptions to Sanctions
  - Section 16: Communication by Texting, Appointment Card, Phone Call & Letter

**Sampson County Health Department**  
**Section 1: Introduction to HIPAA**

**Purpose:**

To provide guidance to all Sampson County Health Department (SCHD) workforce regarding the Health Insurance Portability & Accountability Act (HIPAA) of 1996 laws, rules and regulations as they relate to the privacy and confidentiality of the protected health information (PHI) for all health department patients.

**Policy:**

The HIPAA Privacy Rule provides that patients have a right to notice of how we may use and disclose a patient's PHI; the patient's rights; and SCHD's obligations regarding their PHI. SCHD will strive to abide by the terms of the Notice as currently in effect.

The Sampson County Health Department (SCHD) provides policies and procedures as required by and specified in the privacy rule of the Administrative Provision in the Health Insurance Portability and Accountability Act of 1996 and North Carolina General Statutes as they related to patient health information.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules and Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.

45 CFR, Part §160, General Administrative Requirements.

45 CFR, Part § 162, Administrative Requirements.

45 CFR, Part § 164, Security & Privacy.

North Carolina General Statute § 8-53.6.

North Carolina General Statute § 8-53.13.

North Carolina General Statute § 130A-12.

North Carolina General Statute § 130A-143-144.

**Responsible Persons:**

Sampson County Health Department workforce

**Procedures:**

The following is an overview and introduction to the HIPAA law of 1996 and subsequent rules and regulations to ensure the privacy of patient health information.

### What is the HIPAA Privacy Rule?

1. To improve the efficiency and effectiveness of the health care system, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) was enacted by Congress. HIPAA included what are called “Administrative Simplification” provisions that required the U.S. Department of Health and Human Services (“HHS”) to adopt national standards for electronic health care transactions, such as health care claims that are filed electronically.
2. Because advances in electronic technology could make it difficult to protect the privacy of health information, Congress mandated the adoption of the HIPAA Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule” or “Rule”).
3. Congress subsequently enacted the HIPAA Security Rule and, more recently, the Health Information Technology for Economic and Clinical Health (HITECH) Act.
4. In addition, North Carolina has enacted laws regarding identity theft prevention, data security breach notification and protected use and disclosure of Social Security numbers (see the SCHD Data Breach Notification Policy). The Rule does not replace other federal, state or other laws that give individuals even greater privacy protections, and are not preempted by the Privacy Rule.
5. The Privacy Rule establishes national protections for the privacy of protected health information (“PHI”), and applies to three types of HIPAA covered entities: health plans, health care clearinghouses, and health care providers, to include the Sampson County Health Department (SCHD), that conduct certain health care transactions electronically. The Rule requires that Covered Entities implement policies and procedures to protect and guard against the misuse of PHI.
6. The HIPAA Manual reflects the commitment to compliance with the Privacy Rule.

### Privacy Officer:

1. The Privacy Rule requires that an agency designate a person who will serve as the “Privacy Officer” and who is responsible for the development and implementation of the privacy policies and procedures.
2. The agency must also designate a person to serve as the contact person responsible for receiving complaints under the Privacy Rule and who can make further information available to patients about matters covered by the Notice of Privacy Practices.
3. The Health Director has been designated as the Privacy Officer for SCHD, to be responsible for the development and implementation of SCHD privacy policies and procedures, and to be the contact person to answer questions and receive complaints related to the privacy practices.

### What does the HIPAA Privacy Law mean to the Sampson County Health Department and SCHD workforce?

1. All SCHD workforce need to understand what the basic Privacy Policies and Procedures are and how to request help if further information is needed.
2. This policy will be posted on SharePoints and will be available to all SCHD workforce.
3. Each workforce member will be required to review the policies and the Notice of Privacy Practices and participate in training that will be offered on the Privacy Rule.
4. If the Privacy Rule changes, or new guidance is issued that requires a change in the

Policy Manual, the agency will have each member of the workforce review the changed policies.

5. SCHD is committed to providing quality health care to the patients, while maintaining the privacy of their protected health information (PHI) and complying with the Privacy Rule.

**Sampson County Health Department**  
**Section 2: Notice of Privacy Practices**

**Purpose:**

To provide guidance for the HIPAA Privacy Rule that provides patients with the right of notice of how SCHD may use and disclose a patient’s protected health information (PHI), as well as the patient’s rights and SCHD’s obligations regarding their PHI. A Notice of Privacy Practices has been developed to meet the requirements and make the Notice available to SCHD patients as described in this policy. SCHD will abide by the terms of the Notice of Privacy Practices that is currently in effect.

**Policy:**

The Sampson County Health Department (SCHD) will implement policies and procedures as required by and specified in the privacy rule of the Administrative Provision in the Health Insurance Portability and Accountability Act.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules and Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.  
45 CFR, Part § 164.514.  
45 CFR, Part § 164.520.

**Responsible Persons:**

All Sampson County Health Department workforce.

**Procedures:**

**Content of Notice:**

1. The Notice of Privacy Practices (“Notice”) is written in plain language to contain all of the elements required by the Privacy Rule, including the following:
  - A. A description of how the health department will use and disclose patients’ PHI, including:
    1. A description, with at least one example, of the types of uses and disclosures that are permitted to make for treatment, payment, and health care operations.

2. A description of each of the other purposes that are permitted or required by HIPAA to use or disclose PHI without the patient's written authorization.
  3. A statement that other uses and disclosures will be made only with the patient's written authorization (see Section 4 of Manual).
- B. A description of the individual rights of SCHD patients regarding access and control of their PHI, and how a patient may exercise those rights, including:
1. The right to request restrictions on certain uses and disclosures and whether the health department is required to agree to a requested restriction, including agreeing to the request of a patient to restrict disclosure of PHI about him/her to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service for which the patient, or person other than the health plan, has paid SCHD in full for the item or service.
  2. The right to receive certain confidential communications.
  3. The right to inspect and obtain a copy of PHI.
  4. The right to request an amendment of PHI.
  5. The right to receive an accounting of certain disclosures of PHI.
  6. The right to revoke an authorization.
  7. A description of SCHD's complaint procedure for addressing problems the patient may have with SCHD's privacy practices.
  8. The right to obtain a paper copy of the Notice, upon request.
2. If SCHD maintains an electronic health record, patients have the right to:
- A. Access to or obtain a copy of PHI in an electronic form and format requested by the patient, if it is readily producible or, if not, in a readable electronic form and format as agreed to between SCHD and the patient.
  - B. Have SCHD transmit such copy directly to a person or entity the patient designates, provided that choice is clear, conspicuous, and specific.
  - C. Request that SCHD provide an accounting of the disclosures made of the patient's PHI, including disclosures related to treatment, payment and health care operations contained in an electronic health record for no more than 3 years prior to the date of the request (and depending on when SCHD acquired an electronic health record).
  - D. Notice of any allowed fees related to the above.
3. Patients have a right to and may request:
- A. A description of SCHD's legal duties regarding PHI, including the legal obligation to maintain the privacy of PHI and the obligation to notify affected individuals following a breach of their unsecured PHI.
  - B. Identification of whom in the health department a patient may contact for more information about SCHD's privacy practices.

- C. The effective date of the Notice and any revisions of the Notice, with the effective date of such revisions.

Providing the Notice:

1. The Privacy Notice will be presented to each patient at their first date of service delivery by SCHD.
2. Front Desk/Intake-Eligibility Staff will make a good faith attempt to obtain each patient's acknowledgment of the receipt of the Privacy Notice.
3. SCHD will have a patient acknowledge receipt by signing an acknowledgment form.
4. If the patient refuses to provide such acknowledgment, SCHD will document in the patient's chart the efforts to obtain the patient's acknowledgment and the reason why the acknowledgment was not obtained.
5. If there is an emergency treatment situation, SCHD will provide the Notice to the patient as soon as reasonably practicable after the emergency situation is resolved. No acknowledgment of receipt of the Notice needs be obtained in an emergency situation.
6. SCHD has posted the entire current Notice at the Front Desk Reception area.
7. SCHD will provide a paper copy of the Notice upon a patient's request.
8. If the patient has a personal representative acting on the patient's behalf at the time Notice is provided, SCHD will provide the Notice to the representative and make a good faith effort to obtain the representative's acknowledgment of receipt of the Notice.

Revisions & Reviews to the Privacy Notice:

1. SCHD will advise patients in the Notice that SCHD reserves the right to change the terms of the Notice and to make the new Notice provisions effective for all PHI that is maintained.
2. SCHD will review the Privacy Notice at least annually. If SCHD determines at any time that there is a material change to the agency's privacy practices, or there is a change in law that requires a change in the Privacy Notice, SCHD will:
  - A. Revise the Privacy Notice.
  - B. Date it with the effective date of the revision.
  - C. Post the revised Notice in at the Front Desk, Intake cubicles and exam rooms, then implement the changes (unless a change in law requires that SCHD implement the change sooner).
  - D. Provide the revised Notice pursuant to this Policy.
  - E. Patients will be notified in the SCHD revision Notice that they can obtain a revised Notice upon request on or after the effective date of any revision.
3. No acknowledgement is necessary for providing a revised/reviewed Privacy Notice to a patient who has received a prior version of the Notice.
4. SCHD may utilize a "layered" Notice that consists of a short notice summarizing the patient's rights, attached to a longer notice that contains all of the elements listed in Parts 1 or 2 of this Policy. The patient will be provided with the two documents stapled together, with the shorter notice on top of the longer notice.



Documentation:

1. The Privacy Officer will maintain a file containing a copy of the SCHD Privacy Notice and each revised Notice that is issued by SCHD.
2. SCHD will place in the patient's medical record a copy of the acknowledgment of receipt (which will also contain a reference to the version of the Notice they received), whether provided by hard copy or electronically, or documentation of workforce's good faith efforts to obtain such written acknowledgment.

**Sampson County Health Department**  
**Section 3: Uses and Disclosures of Protected Health Information (PHI)**

**Purpose:**

To establish guidelines for the use and disclosure of Protected Health Information (PHI).

**Policy:**

The Sampson County Health department (SCHD) may use and disclose PHI in certain situations where it is not necessary to obtain the patient's authorization, as allowed under the HIPAA Law Privacy Rule. SCHD will follow Section 5 of this Manual regarding application of the Minimum Necessary principle when using or disclosing PHI without patient authorization.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules and Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.  
45 CFR, Part § 164.502.  
45 CFR, Part § 164.506.  
45 CFR, Part § 164.514.  
45 CFR, Part § 164.521.  
North Carolina General Statute § 130A-12.

**Responsible Persons:**

All Sampson County Health Department workforce

**Procedures:**

In the following situations, the health department may use or disclose PHI without obtaining the patient's authorization:

**For Treatment, Payment or Health Care Operations:**

1. A patient's authorization is not required when SCHD uses or discloses the patient's PHI for SCHD purposes in order to treat the patient, obtain payment for the services, or conduct SCHD business operations, including disclosure to the agency's business associates (as further described in this Manual).
2. Sampson County Health Department requires a signature on the authorization from a patient on the first visit to the department. The authorization must:
  - A. Inform the individual that PHI may be used and disclosed to carry out treatment,

- payment and health care operations (TPO).
  - B. Refer the individual to the Sampson County Health Department's Notice of Privacy Practices for a more complete description of such uses and disclosures.
  - C. State that the individual has the right to review the notice prior to signing the consent.
  - D. State that the individual has the right to revoke the consent in writing, except to the extent that the Sampson County health department has taken action in reliance on the consent.
  - E. Be signed, and dated by the individual and witness.
- 3. A patient is permitted to request, in writing, that SCHD restrict the uses or disclosures of his or her PHI for treatment, payment or health care operations, or when disclosing information to persons involved in the patient's care, or for notification purposes. Except as set forth below, SCHD is not required to agree to the patient's request, but are bound by any restrictions to which SCHD agrees unless and until SCHD withdraws from such agreement, where permitted. Such requests will be directed to the SCHD Privacy Officer.
- 4. If a patient requests that SCHD restrict the disclosure of the patient's PHI to his/her health plan, the health department must comply if:
  - A. The disclosure is not for purposes of carrying out treatment (only for purposes of carrying out payment or health care operations); and
  - B. The PHI pertains solely to a health care item or service for which the health department has been paid out-of-pocket in full.
- 5. A patient is permitted to request, in writing, that the patient receive communications of PHI from SCHD by alternative means or at alternative locations (other than the usual way SCHD sends communications to patients). SCHD must accommodate a patient's reasonable request for such confidential communications. Such requests will be directed to the SCHD Privacy Officer.
- 6. Special rules apply if the patient's file contains psychotherapy notes, such cases will be referred to the SCHD Privacy Officer.
- 7. SCHD may disclose PHI for the treatment activities of another health care provider. Where PHI is disclosed to, or requested by, other health care providers for treatment purposes, SCHD's Minimum Necessary Policy (Section 5) does not apply.
- 8. SCHD may disclose PHI to another Covered Entity for the peer review activities of that entity, subject to review and approval by the SCHD Privacy Officer.
- 9. Any use or disclosure of PHI for Treatment, Payment or Health Care Operations must be consistent with SCHD's current Notice of Privacy Practices.

Required Uses and Disclosures Not Requiring Patient Authorization:

Other than for disclosures to the patient, no disclosure under this Section will be made without the prior review and approval of the SCHD Privacy Officer who may consult with the County's legal counsel.

Disclosures to the Patient:

Under the law, except as provided in Section 7 of this Manual, SCHD must make disclosures *to the patient* who requests such disclosure and no authorization is required. If the patient requests a copy of his or her record, refer to Section 7 of this Manual.

Disclosures to the Secretary of HHS/OCR:

SCHD must make disclosures of PHI when required by the Secretary of HHS or to the Office of Civil Rights (OCR) to investigate or determine SCHD's compliance with the requirements of the Privacy Rule.

Disclosures as Required by Law:

To the extent that the use or disclosure of PHI is required by an applicable law, SCHD may do so without the patient's authorization, in compliance with, and limited to, the relevant requirements of such law.

Disclosures for Public Health Activities:

SCHD may use or disclose a patient's PHI, without the patient's authorization, for the following public health activities and purposes:

- A. Public Health Authorities: Disclosure to a public health authority that is legally authorized to receive such information for the purpose of:
  - 1. Preventing or controlling disease, injury or disability, such as reporting of injury or communicable disease.
  - 2. Vital events such as birth and death.
  - 3. Public health surveillance, investigation and/or public health intervention.
  - 4. If directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
  
- B. Communicable Diseases: In addition to reporting communicable disease information to a public health authority as provided for in Subsection A above, SCHD may disclose a patient's PHI, as authorized by state law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Disclosures for Abuse or Neglect:

- A. Children: SCHD may disclose a patient's PHI to a public health/legal authority that is authorized by law to receive reports of child abuse or neglect.
- B. Adults: Except for vulnerable adults, if SCHD believe that an adult patient has been a victim of abuse, neglect or domestic violence, SCHD may disclose a patient's PHI to the governmental entity or agency authorized by law to receive such information. No disclosure of information about the victim of domestic violence or abuse may be made to law enforcement without the patient's authorization.
- C. Vulnerable Adults: When a vulnerable adult is the subject of abuse, neglect or exploitation, SCHD may disclose the patient's PHI to the appropriate government adult protective

services provider.

Disclosures for Health Oversight:

SCHD may disclose PHI to a health oversight agency for activities authorized by law, such as audits; civil, criminal or administrative investigations, proceedings or actions; inspections; or licensure or disciplinary actions.

Disclosures for Legal Proceedings:

SCHD may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (but only that PHI for which disclosure is expressly authorized), and, under certain conditions, in response to a subpoena, discovery request or other lawful process. SCHD workforce will direct all subpoenas, and other requests for disclosures for purposes of legal proceedings, to the SCHD Privacy Officer who may consult the County's legal counsel.

Disclosures for Law Enforcement:

SCHD may disclose PHI for law enforcement purposes, without a patient's authorization, so long as specific legal requirements are met. Some of these law enforcement purposes include: warrants and other legal process; limited information requests for identification and location purposes; and information related to a crime (including a medical emergency where it is likely that a crime has occurred). SCHD workforce will direct all law enforcement requests for disclosures to the SCHD Privacy Officer who may consult the County's legal counsel.

Disclosures for Coroners, Medical Examiners, Funeral Directors, and Organ Donations:

1. SCHD may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other official duties.
2. SCHD may disclose PHI to a funeral director, as authorized by state law, in order to permit the funeral director to carry out his or her duties, including disclosure prior to, and in reasonable anticipation of, the death of a patient, if necessary for the funeral director to carry out his or her duties.

Disclosures for Research:

If SCHD is requested to use or disclose PHI for research purposes, such use and disclosure will be under the direction of the SCHD Privacy Officer who will consult with the County's legal counsel.

Disclosures for Serious Threat to Health or Safety:

Under certain circumstances, SCHD may use a patient's PHI, or disclose it to another health care professional or to a law enforcement agency, if SCHD believes, in good faith, that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or to others or is necessary in certain situations for law enforcement authorities to identify or apprehend an individual who is a serious threat to public safety. If the PHI contains

identifying information about a person who has AIDS or an HIV infection, SCHD will not disclose such information without the patient's authorization, unless authorized by state law, or pursuant to a court order.

Disclosures for Specialized Government Functions:

When the appropriate conditions apply, SCHD may use or disclose a patient's PHI for certain military, national security or intelligence activities, or when needed for correctional institutions and other law enforcement custodial situations.

Disclosures for Workers' Compensation:

A patient's PHI may be disclosed by SCHD as authorized under state law to comply with workers' compensation laws and other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault. For routine disclosures for workers' compensation purposes, SCHD follows the standard protocols for such disclosures as part of the Minimum Necessary Policy – see Section 5.

Disclosures for Schools; Immunization Records:

SCHD may disclose a patient's PHI to a school when the patient is a student or a prospective student of the school if:

1. The PHI that is disclosed is limited to proof of immunization;
2. The school is required by state law (or other law) to have proof of immunization prior to admitting the individual; and
3. SCHD obtains and documents the oral agreement for such disclosure from the parent, guardian or other person acting in loco parentis of an emancipated minor or from the individual, if the individual is an adult or emancipated minor.

Verification of the Identity of an Authorized Person:

1. Prior to any disclosure of PHI under this policy, SCHD will verify the identity of the person requesting the PHI and the authority of any such person to have access to the patient's PHI, if the identity or any such authority of the person is not known to us.
2. SCHD will obtain and/or document any pertinent credentials, documentation, statements or representations, whether oral or written, from the person requesting the PHI.

**Sampson County Health Department**  
**Section 4: Uses and Disclosures of Protected Health Information Requiring**  
**Patient Authorization**

**Purpose:**

To establish guidelines for the use and disclosure of protected health information (PHI).

**Policy:**

The Sampson County Health department(SCHD) may use or disclose a patient's PHI for those purposes specified in Section 3 of this Manual without obtaining the patient's authorization. Other uses and disclosures of PHI, as addressed in this policy, will be made only with the patient's written authorization. The health department will not condition treatment on the provision by the patient of a requested authorization except as allowed under this policy.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules and Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.  
45 CFR, Part § 164.508.  
45 CFR, Part § 164.514.

**Responsible Persons:**

All Sampson County Health Department workforce

**Procedures:**

Overview:

Whenever the health department needs to use or disclose a patient's PHI for purposes unrelated to Treatment, Payment or Health Care Operations (or as otherwise described in Section 3), or if a patient requests disclosure of his or her PHI to a specified third party, we will obtain the patient's written authorization prior to such use or disclosure. SCHD will only release PHI that is consistent with the scope of the authorization.

**Authorization Form:**

The health department's authorization form will provide for the following:

1. The name of the person or entity, or category of persons/entities authorized to make the requested use or disclosure.

2. The name of the person or entity, or category of persons/entities, to whom the use or disclosure may be made.
3. Specifically describe the information to be used or disclosed, including, but not limited to, specific detail such as date of service, type of service provided, level of detail to be released, origin of information, etc.
4. List the specific purposes for the use or disclosure. If the individual does not, or elects not to, provide a statement of the purpose, the form will state the purpose as “at the request of the individual.”
5. Specify that the authorization will be in force and effect until a specified date or event (stated in the authorization) that relates to the patient or to the purpose of the use or disclosure, at which time the authorization will expire.
6. Provide for the patient’s right to revoke the authorization as set forth in “Revocation of Authorization” #1 and #2 below.
7. Specify that the health department will not condition treatment upon the patient’s execution of an authorization, as set forth in “Revocation of Authorization” #3 below.
8. Specify that the information disclosed pursuant to the authorization may be re-disclosed by the recipient and is no longer subject to the protections of the Privacy Rule.
9. Provide for the patient’s signature and date of execution or, if the patient’s Personal Representative is signing on behalf of the patient, provide for a description of that person’s authority to act and/or that person’s relationship to the patient.

Revocation of Authorization:

1. A patient has the right to revoke an authorization at any time, in writing, by mailing such written notification to the attention of the health department’s Privacy Officer or by personal delivery to the Privacy Officer.
2. A revocation is not effective to the extent that the health department has taken action in reliance on the patient’s authorization.
3. The health department will not condition a patient’s treatment on whether the patient provides authorization for the requested use or disclosure if to do so would be prohibited by federal or state law. If a reason exists under law for conditioning the patient’s treatment on obtaining an authorization, the patient will be advised of that fact and of the consequences to the patient of refusing to sign the authorization. The Privacy Officer will determine if such reason exists.

Independent Medical Examination:

In accordance with state law, if a third party has requested that the health department examine or evaluate a person (“Examinee”) and the Examinee has signed an authorization for the release of the report of such examination or evaluation to the third party:

1. The report will be consistent with the authorization, to avoid unnecessary disclosure of diagnoses or personal information which is not pertinent to the evaluation.
2. The report will be forwarded only to the third party who requested the evaluation, in accordance with the Examinee’s authorization and, if no specific individual is identified, the report will be marked “Confidential”; and
3. SCHD will not provide the Examinee with a copy of the report unless the third party requesting the examination consents to its release, except that should the



- examination disclose abnormalities or conditions not known to the Examinee, SCHD will advise the Examinee to consult another health care professional for treatment.
4. SCHD will refer the following requests to the Privacy Officer for complying with such requests in accordance with law.
    - A. PHI that contains psychotherapy notes.
    - B. PHI for marketing purposes.
    - C. PHI for research purposes.
    - D. A request for a use or disclosure that may be considered a sale of PHI.
  5. SCHD will not directly or indirectly receive remuneration in exchange for any PHI of a patient unless the agency has obtained a valid authorization that includes a specification of whether the PHI can be further exchanged for remuneration by the entity receiving the patient's PHI. This requirement will not apply if the purpose of the exchange is:
    - A. For public health activities;
    - B. For research and the price charged reflects the costs of preparation and transmittal of the data for such purposes;
    - C. For treatment and payment purposes;
    - D. For the sale, transfer, merger or consolidation of all or part of the health department with another Covered Entity, and due diligence related to such activity;
    - E. For remuneration that is provided by the health department to a Business Associate for activities involving the exchange of PHI that the Business Associate undertakes on SCHD's behalf and at the agency's specific request pursuant to a Business Associate Agreement;
    - F. To provide a patient with a copy of the patient's PHI pursuant to Section 7 of this Manual;
    - G. As required by law; or
    - H. For any other purpose permitted by or in accordance with the Privacy Rule where the only remuneration received by SCHD is a reasonable, cost-based fee to cover the cost to prepare and transmit the PHI for such purpose or a fee otherwise expressly permitted by other law.
  6. Any offer of remuneration in exchange for PHI will be directed to the SCHD Privacy Officer.
  7. Prior to any disclosure of PHI under this policy, SCHD will verify the identity of the person requesting the PHI and the authority of any such person to have access to the patient's PHI, if the identity or any such authority of the person is not known to SCHD; the agency will obtain any documentation, statements or representations, oral or written, from the entity requesting the PHI when such documentation, statement or representation is pertinent to the disclosure.
  8. SCHD can accept a government agency's authorization form as long as it meets the requirements of "Authorization Form" #1-9 above.
  9. The patient may receive a copy of the authorization, upon request.
  10. SCHD workforce will document in the patient's medical record that the patient's authorization was obtained for the specific use or disclosure and will retain the signed authorization in the patient's medical chart, in either written or electronic form, for at least six years from the date when it last was in effect. If the patient revokes the

authorization, SCHD will document such revocation in the patient's medical record and retain the signed revocation in the same manner as an authorization.

**Sampson County Health Department**  
**Section 5: Minimum Necessary Use & Disclosure of PHI**

**Purpose:**

To set forth the requirements for making reasonable efforts to limit the use and disclosure of individually identifiable health information (IIHI) and/or protected health information (PHI) to that which is minimally necessary.

**Policy:**

Except as otherwise stated in this policy, when Sampson County Health Department (SCHD) uses or discloses PHI, or when SCHD requests PHI from another Covered Entity or Business Associate, the SCHD will make reasonable efforts to limit the information to the extent practicable, to the Limited Data Set or, if needed by the health department, to the minimum necessary to accomplish the intended purpose of the use, disclosure or request, respectively.

The minimum necessary requirement applies to: 1) Uses or disclosures for payment or health care operations; 2) Uses or disclosures requiring the patient to have an opportunity to agree or object; 3) Uses or disclosures that are permitted without the patient's permission (except for those required by law or specified otherwise in the Sampson County Health Department HIPAA Privacy Rule Policy Manual; and 4) Uses or disclosures by External Business Associates.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules and Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.  
45 CFR, Part § 164.502(b).  
45 CFR, Part § 164.514(d).

**Responsible Persons:**

All Sampson County Health Department workforce

**Procedures:**

**Exceptions to the Policy:**

SCHD uses and disclosures of PHI, and requests for PHI, that are not subject to this policy requiring that the minimum necessary information be used or disclosed, are as follows:

1. Disclosures to or requests by a health care provider for treatment purposes, including SCHD's requests for disclosure of PHI for Treatment purposes.
2. Disclosures made to the patient, including but not limited to disclosures made to the patient pursuant to the patient's request to access his or her record or for an accounting of

- disclosures made by SCHD of the patient's PHI;
- 3. Uses or disclosures made pursuant to a patient's authorization that meets the requirements of Section 4 of this Manual.
- 4. Disclosures made to the Secretary of HHS related to enforcement of the requirements of the HIPAA privacy standard.
- 5. Uses or disclosures required by other law as described in Section 3 of this Manual.
- 6. Uses or disclosures that are required for compliance with the requirements of the HIPAA privacy standard.
- 7. PHI that has been de-identified, as specified in the Privacy Rule.

Situations Where the Policy Applies:

- 1. Uses of PHI:
  - A. SCHD has established which persons or categories of persons in the agency need access to PHI to carry out their duties.
  - B. For each such person or category, SCHD has determined the types of PHI to which access is needed, including identification of those persons or classes of persons in the health department who need to see the entire medical record, and any conditions that exist for access (job role-based access).
  - C. SCHD will make reasonable efforts to limit the access only to the amount of information needed by the person in order to carry out the duties of that position or to accomplish the required use.
- 2. Disclosures of PHI:
  - A. For disclosures of PHI that SCHD makes on a routine and recurring basis, SCHD has established a standard protocol for limiting the PHI disclosed to the minimum amount reasonably necessary to achieve the purpose of the disclosure.
  - B. For non-routine disclosures, SCHD has developed criteria designed to limit the PHI disclosed to the minimum information reasonably necessary to accomplish the purpose of the disclosure. SCHD will review requests for such non-routine disclosures on an individual, case-by-case basis for conformance with these criteria.
  - C. The criteria for non-routine disclosures do not need to be applied when a request for disclosure is received in the following situations and the request appears to reasonably limit the disclosure to the minimum necessary under the particular circumstances of the request:
    - 1. Requests for disclosures received from a health care provider, health plan or health care clearinghouse.
    - 2. Requests for disclosures received from public officials in those situations identified in Section 3 of this Manual (No Authorization Required) and the public official represents that the information requested is the minimum necessary.
    - 3. Requests for disclosures received from a professional member of the health department, or from one of SCHD's business associates for the purpose of providing professional services to the agency, if the professional represents that the information requested is the minimum necessary for the stated

- 4. purpose.
  - 4. Requests for disclosures received from a researcher with appropriate documentation from an Institutional Review Board or Privacy Board.
- 3. Requests for PHI:
  - A. SCHD will limit any request for PHI made to another health care provider, a health plan, or a health care clearinghouse to that which is reasonably necessary to accomplish the needed purposes.
  - B. For requests made on a routine and recurring basis, SCHD has a protocol that limits the PHI requested to the amount reasonably necessary to accomplish the needed purposes.
  - C. For requests on a non-routine or non-recurring basis, SCHD have developed criteria designed to limit the request for PHI to the information reasonably necessary to accomplish the needed purposes. SCHD will review such non-routine requests on an individual basis for conformance with these criteria.
- 4. For both routine and non-routine disclosures and requests, SCHD has identified the circumstances under which the entire medical record is reasonably necessary for particular purposes.
- 5. SCHD will reasonably rely on requests from the business associate of another health care provider, health plan or health care clearinghouse for the disclosure of PHI as meeting the minimum necessary requirement for the intended purpose.
- 6. SCHD will make reasonable expenditures to implement technologically feasible approaches in complying with this Minimum Necessary Policy – see Section 11 of this Manual: Safeguarding PHI.

**Sampson County Health Department**  
**Section 6: Uses and Disclosures of Protected Health Information-**  
**Opportunity to Agree or Object**

**Purpose:**

To establish guidelines for the use and disclosure of protected health information (PHI).

**Policy:**

The Sampson County Health Department (SCHD) may use and disclose PHI in certain situations where it is necessary or beneficial to involve others in the patient's health care or to notify others of the patient's status or condition. In these situations, the patient has the opportunity to agree or object to the use or disclosure of all or part of the patient's PHI for these purposes.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules & Regulations and Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.  
45 CFR, Part § 164.510.  
45 CFR, Part § 164.514.

**Responsible Persons:**

All Sampson County Health Department workforce

**Procedures:**

Uses and Disclosures:

1. SCHD will make the following disclosures for involvement in the patient's care and notification purposes:
  - A. Disclosing to a family member, other relative, close personal friend of the patient, or any other person identified by the patient, PHI that is directly relevant to that person's involvement in the patient's health care or payment related to the patient's health care.
  - B. Using or disclosing PHI to notify, or assist in the notification of, a family member, a personal representative of the patient or another person who is responsible for the patient's care, of the patient's location, general condition or death.
  - C. Disclosing PHI to any person identified in 1.A and .B above, who was involved in the patient's care or payment for the patient's health care prior to the patient's death, PHI of the patient that is relevant to such person's involvement, unless doing so is

inconsistent with any prior expressed preference of the individual that is known to SCHD.

2. If the patient is present or otherwise available prior to using or disclosing their PHI in this way, and the patient has the capacity to make health care decisions, SCHD will only disclose the information if SCHD:
  - A. Provides the patient with the opportunity to agree or object to the disclosure, and the individual does not express an objection (SCHD can inform the patient orally and accept the patient's oral agreement or objection and will document such agreement or objection in the patient's medical record); or
  - B. Can reasonably infer from the circumstances, based on professional judgment, the patient does not object to the disclosure.
3. If the patient is not present, or it is impractical to offer the patient the opportunity to agree or object to a use or disclosure of their PHI in these situations, because the individual is incapacitated or an emergency exists:
  - A. SCHD will use professional judgment to determine whether the disclosure is in the best interests of the patient; and
  - B. If SCHD determine disclosure is appropriate, SCHD will disclose only that PHI which is directly relevant to the person's involvement in the patient's care or payment related to the patient's health care or needed for notification purposes.
4. If the patient is not present, SCHD will use professional judgment and experience with common practice to allow another person acting on the patient's behalf to pick up medical supplies, or other similar forms of PHI because it is in the patient's best interest.
5. SCHD may use or may disclose a patient's PHI to a public or private entity authorized to assist in disaster relief efforts for coordinating with them in notifying family members or other individuals involved in the patient's health care. In such situations, SCHD will still follow the procedures of Subsections 1 through 4 of this Policy if, in SCHD's professional judgment, to do so will not interfere with the ability to respond to the emergency circumstances.

Patient Request for Special Restrictions on Disclosures to Others:

A patient may request that SCHD restrict disclosures otherwise allowed under this Policy. Any such requests will be directed to the Privacy Officer who may consult with the County's legal counsel.

**Sampson County Health Department**  
**Section 7: Access of Individuals to Protected Health Information (PHI)**

**Purpose:**

To outline the steps when an individual makes a request to inspect and obtain a copy of the Protected Health Information (PHI)

**Policy:**

The Sampson County Health Department (SCHD), in accordance with this policy, will provide a patient the right to inspect and obtain a copy of the patient's PHI for as long as the agency maintains the information.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules & Regulations and Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996. 45 CFR, Part § 164.524.

**Responsible Persons:**

All Sampson County Health Department workforce

**Procedures:**

General Procedures:

1. A patient of SCHD can request to inspect and/or obtain a copy of their PHI that is maintained in a Designated Record Set and SCHD will provide such access, unless access is to be limited as required in this Policy.
2. A Personal Representative of a patient may also be permitted to access the patient's PHI, in accordance with this Policy.
3. If SCHD does not maintain the PHI that is the subject of the request and SCHD is aware of where the requested information is maintained, SCHD will inform the patient where to direct the request for access.

Requests for Access and Responding to Requests:

1. All requests for inspection of a patient's PHI must be in writing.
2. Patients will be advised of the requirement in the Notice of Privacy Practices. The requests will be directed to the Privacy Officer.
3. SCHD may choose to provide a summary of the requested information. Patients will be advised in the Notice of Privacy Practices of this alternative. SCHD may only provide a



- summary if the patient agrees in advance to receive a summary of their PHI.
4. The health department will respond to a request for inspection or copying within thirty (30) days of receipt of the written request.
  5. If the patient requests, SCHD will mail the copy of the PHI or the summary of the PHI, as agreed upon, to another person specified by the patient if the patient's request is in a writing signed by the patient and clearly identifying the designated person and where to send the copy of the PHI.
  6. If SCHD maintains an electronic health record that contains the PHI requested by the patient, the patient has the right to obtain a copy of that information in an electronic form and format they request, if it is readily producible; if not, a readable electronic form and format as agreed between SCHD and the patient will be provided.
  7. The patient may choose to direct SCHD to transmit such copy directly to an entity or person designated by the patient, provided that any such choice is clear, conspicuous, and specific.
  8. SCHD will charge a fee for the copy of the patient's PHI or for a summary of the PHI that is reasonable and cost-based, including in all cases any charge limits imposed by federal and/or state law.
  9. Any fee imposed for providing an electronic copy or summary of PHI will not be greater than the labor costs accrued in responding to the request and the supplies for creating the electronic media if the individual requests that the electronic copy be provided on portable media, again as limited by federal or state law.
  10. Patients will be notified in the SCHD Notice of Privacy Practices that a fee will be charged and patients will be advised of the fee.
  11. SCHD will not refuse to provide a patient with a copy of his or her medical record due solely to the fact that the patient has an outstanding balance with the agency, when it is known to us that the record is needed by another health care professional for the purpose of rendering care to the patient. In all other cases, the copying fee must be paid prior to or at the time the copy is provided to the patient or personal representative. This includes clients calling in/walking in a requesting copies and clients that are in the building receiving services. The only exception will be clients in the building requesting a copy of their records for the services provided that day.
  12. If the patient requests only to inspect his or her PHI, SCHD will arrange with the patient for a convenient time, no later than 30 days from the request, and place, if the inspection will not occur at SCHD.
  13. All inspections of PHI by patients or personal representatives will be under the personal supervision of a designated SCHD staff member.
  14. For any state or federal agency or official request, by subpoena or by demand for statement in writing under oath or otherwise, requests a patient's PHI, the SCHD Privacy Officer will contact the County legal counsel immediately.

Denying or Limiting Access:

1. SCHD may deny or limit access to a patient's PHI, ***without any right to a review of*** SCHD's decision, if the information:
  - A. Is psychotherapy notes.
  - B. Has been compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding.
  - C. Is that of an inmate in a correctional institution and SCHD's Medical Providers

- were acting under the direction of the correctional institution, and certain circumstances exist which prohibit providing a copy of PHI to the inmate (to be determined by the SCHD Privacy Officer).
- D. Was obtained by SCHD in the course of research that includes treatment of the research participant, while the research is in progress, under certain circumstances (to be determined by the SCHD Privacy Officer).
  - E. Is subject to the Privacy Act, as required by that Act.
  - F. Was obtained by SCHD from someone other than a health care provider, under a promise of confidentiality, and the requested access would be reasonably likely to reveal the source of the information.
2. SCHD may deny or limit access to a patient's PHI, **with the right to a review of SCHD's decision, in the following situations:**
- A. A licensed health care professional in the health department has determined that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
  - B. The information references another person (unless such other person is a health care provider) and a licensed health care professional has determined that the access requested is reasonably likely to cause substantial harm to that other person.
  - C. Access is requested by a personal representative of the patient and a licensed health care professional has determined that access by that person is reasonably likely to cause substantial harm to the patient or another person.
  - D. A licensed health care professional has reason to believe that the patient's mental or physical condition will be adversely affected upon being made aware of the subjective information contained in the PHI (or a summary of the PHI); in this case, the PHI can be provided, if requested by the patient (with an accompanying notice setting forth the reasons for the original refusal) directly to the patient's attorney, another licensed health care professional, the patient's health insurance carrier (through an employee of the carrier), or to a governmental reimbursement program or to an agent of such program who has responsibility to review utilization and/or quality of care.
3. The determination of whether to deny or limit access will be made by a licensed medical provider of SCHD in conjunction with the Privacy Officer.
4. SCHD will provide a patient with a written notice of denial or limitation of access which will contain: the reason for such denial or limitation; a statement of the patient's right to a review of the denial, if such right exists; how to exercise the review rights; and a description of SCHD's complaint procedures (see Section 13 of this Policy Manual), including the name or title and telephone number of the SCHD Privacy Officer as the contact person.
5. If SCHD denies the patient access to some of his/her PHI, SCHD will, to the extent possible, give the patient access to any other of the patient's PHI requested by the patient, where no grounds exist to deny such access.

### Appeal of a Decision to Deny Access:

1. A patient may request a review of a denial of access that was made based on one of the reasons under the “Denying or Limiting Access” section above.
2. Requests for review of a denial of access must be in writing and will be directed to the Privacy Officer who will promptly refer the request for review by the person designated pursuant to #3 below.
3. Review of the denial of access will, within a reasonable period of time, be performed by a physician or other licensed health care professional designated by the SCHD Privacy Officer and who did not participate in the original decision to deny access.
4. Where no other physician or licensed health care professional of SCHD Practice exists or is available, the review will be conducted by another health care professional designated by the SCHD Privacy Officer.
5. The health department will conduct the review within a reasonable period of time and will attempt to conduct the review within 30 days of the request for review. Once the review is complete, SCHD will promptly provide a written response to the patient setting forth the decision of the reviewing professional and will provide access or deny access based on that decision.
6. SCHD will maintain a copy of the inspection/copying request form in the patient’s medical record, including documentation on the form of the response, and the results of any appeal and review that may have occurred.

**Sampson County Health Department**  
**Section 8: Accounting for Disclosures of**  
**Protected Health Information (PHI)**

**Purpose:**

To outline the procedure to be followed when an individual requests an accounting of disclosures of his or her Protected Health Information (PHI) made by a covered entity as defined in this section.

**Policy:**

The Sampson County Health Department (SCHD) will provide patients with an accounting of disclosures of their PHI as required under federal and state law and regulations.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules and Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.  
45 CFR, Part § 164.528.

**Responsible Persons:**

Health Department workforce

**Procedures:**

1. A patient of the SCHD may request and has a right to receive an accounting of disclosures the health department has made of the patient's PHI, except as limited by this Policy.
2. A patient may request an accounting for a time period of up to six (6) years prior to the date of his or her request. The accounting will include disclosures made to or by the business associates.
3. All requests must be in writing and will be directed to the SCHD Privacy Officer.
4. Accounting does not need to disclosures made:
  - A. To carry out Treatment, Payment or Health Care Operations ("TPO") of SCHD, except as set forth in #8 below.
  - B. To patients about their own PHI.
  - C. Pursuant to an authorization made by the patient or the patient's personal representative regarding the patient's PHI.
  - D. To individuals involved in the patient's care or for other allowed notification purposes.
  - E. Incident to a use or disclosure otherwise permitted or required by the Privacy Rule and this Policy Manual.

- F. For national security or intelligence purposes.
  - G. To correctional institutions or law enforcement officials.
  - H. As part of a Limited Data Set
5. In order to provide this accounting to the patients, SCHD will maintain a log or record of all disclosures, other than those excluded under #4 above, of a patient's PHI, for a six (6) year period along with a copy of every accounting made to a patient.
  6. A request for an accounting of disclosures will be acted upon within sixty (60) days of receipt of the request.
  7. A one-time thirty (30) day extension may be allowed if the patient has been notified, within the initial 60-day period, of the reasons for the delay and the date by which SCHD will provide the accounting.
  8. SCHD may choose to provide an accounting of all disclosures made by the health department and by any Business Associate acting on SCHD's behalf; or an accounting of all disclosures made by SCHD and provide to the patient a list of all Business Associates acting on the behalf, including contact information for such Business Associates (such as mailing address, phone, and email address), in which case such Business Associates will provide an accounting of their disclosures upon a request made by SCHD's patient directly to the Business Associate. The SCHD Privacy Officer will determine which option is chosen.
  9. For each disclosure for which SCHD is required to provide an accounting under this Policy, SCHD will maintain the following information and will provide the information in the accounting to the patient:
    - A. The date of the disclosure.
    - B. The name of the entity or person who received the PHI and, if known, the address of such entity or person.
    - C. A brief description of the PHI disclosed.
    - D. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of a written request by the DHHS Secretary for a disclosure to investigate or determine SCHD's compliance with the HIPAA privacy standard or a written request received for a disclosure made under "Section 3: Uses and Disclosures of Protected Health Information Not Requiring Patient Authorization."
  10. If, during the period covered by the accounting, SCHD have made multiple disclosures of PHI to the same person or entity for a single purpose, the accounting may provide:
    - A. The information required in this Policy for the first disclosure during the accounting period.
    - B. The frequency, periodicity, or number of the disclosures made during the accounting period.
    - C. The date of the last such disclosure during the accounting period.
  11. If any disclosures of a patient's PHI involved a particular research purpose, the SCHD Privacy Officer will determine the manner of the agency log of disclosures and the manner of disclosing the accounting to the particular patient.
  12. Accounting disclosure summaries will be provided to the client at no cost.

13. SCHD will temporarily suspend a patient's right to receive an accounting of disclosures that the Health Department has made to a health oversight agency or law enforcement official (see Section 3 of this Policy Manual), for the time specified by such agency or official, if such agency or official has provided SCHD with a written statement that such an accounting to the patient would be reasonably likely to impede the agency's activities and specifying the time for which such a suspension is required. If the agency or official statement is made orally, SCHD will:
  - A. Document the statement, including the identity of the agency or official making the statement.
  - B. Temporarily suspend the patient's right to an accounting of disclosures subject to the statement.
  - C. Limit the temporary suspension to no longer than thirty (30) days from the date of the oral statement, unless the appropriate written statement is submitted to us by the agency or official during that time.

**Sampson County Health Department**  
**Section 9: Amendment of Protected Health Information (PHI)**

**Purpose:**

To comply with HIPAA requirements, which provides that individuals may seek to amend their Protected Health Information (PHI) maintained in a designated record set.

**Policy:**

The health department in accordance with this policy, will provide the patients the opportunity to request amendment of their PHI that we maintain and, where appropriate under this policy, the right to have their PHI amended.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules & Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.

45 CFR, Part § 164.526.

**Responsible Persons:**

Health Department workforce

**Procedures:**

**Receiving and Acting Upon a Request for Amendment:**

1. A SCHD patient can request to have his/her PHI amended. The SCHD Notice of Privacy Practices will advise all patients that such a request must be in writing and must state a specific reason supporting the requested amendment.
2. All requests for amendment of PHI will be directed to the SCHD Privacy Officer.
3. Action upon the request for amendment will occur within sixty (60) days of receipt.
4. A one-time extension of not more than thirty (30) days may be allowed if the health department, before the end of the initial sixty-day period, provides a written notice to the requestor of the reason for the delay and the date by which SCHD intends to complete its action on the request.
5. The Privacy Officer will track the progress of each request for amendment to attempt to ensure compliance with these timeframes.
6. The Privacy Officer will review the amendment request for the following elements:
  - A. The reason for the requested amendment, such as how the information is

- incorrect or incomplete.
  - B. Whether the requested amendment is for:
    - 1. Administrative information; and/or
    - 2. Medical information, including the source, if known, the date(s) of service, and the specific provider of service;
  - C. Whether the health department was the originator of the information.
  - D. The specific wording requested to correct the alleged inaccuracy or incompleteness.
7. The Privacy Officer will make a preliminary determination regarding whether an amendment request should be honored, and will then consult with the physician, other health care professional, or administrative staff person of SCHD who provided the care and/or made the entry that is the subject of the amendment.
  8. If that physician, health care professional or administrative staff person agrees with the Privacy Officer's preliminary determination, the Privacy Officer will obtain final approval from a Medical Provider.
  9. If such final approval is obtained, the Privacy Officer will proceed with the amendment or denial of amendment, pursuant to this policy.
  10. If a determination as to whether to accept or deny the amendment cannot be made internally, the Privacy Officer will notify the County legal counsel and request a resolution of the disagreement.

Denying a Request for Amendment:

1. SCHD may deny a request for an amendment in the following situations:
  - A. SCHD did not create the information, unless the patient provides a reasonable basis to believe that the originator of the PHI is no longer available to act on the requested amendment.
  - B. The information is not part of the records for a patient.
  - C. The information would not otherwise be available for inspection (see Section 7 regarding Access to PHI).
  - D. The health department determines that the information in dispute is neither inaccurate nor incomplete.
2. If SCHD determines that it will deny a request for amendment, in whole or in part, the Privacy Officer will provide written notice to the requestor, within the timeframe stated in "Receiving and Acting Upon a Request for Amendment" #4, advising of the decision to deny amendment, stating the reason for the denial, and advising of the complaint procedures – see Section 13 of this Policy Manual.
3. The written notice will also advise the requestor that the individual may submit to the Privacy Officer a written statement of disagreement with the denial, stating the basis for such disagreement.
4. In most cases, the length of the statement of disagreement will be limited to one (1) page, unless it is unreasonable in the particular circumstance to impose such a limit.
5. If the patient does not submit a statement of disagreement, the patient may request that



- SCHD provide the patient's request for amendment, and the denial, with any future disclosures of the PHI that is the subject of the requested amendment.
6. If a statement of disagreement is received from a requestor, the Privacy Officer, in consultation with the pertinent physician, health care professional or administrative staff person, will determine whether to prepare a rebuttal statement. If a rebuttal statement is prepared, SCHD will provide a copy to the requestor.
  7. The denial and the disagreement and rebuttal statement, if any--will be linked to the PHI in dispute by scanning and attaching these documents to the disputed information in the patient's record.
  8. Whenever the disputed information is disclosed to another person or entity, the information will include the denial and, if any exists, the statement of disagreement and the rebuttal.
  9. Alternatively, SCHD can provide a summary of any of the foregoing information.
  10. If the patient has not submitted a statement of disagreement, SCHD will include the patient's request for amendment and the denial, or a summary of the information, with any future disclosure of the patient's PHI only if the patient has requested such action.
  11. If such a subsequent disclosure is made using a standard transaction under the HIPAA Transaction Rule that cannot accommodate the denial, disagreement and rebuttal, SCHD will separately disclose the denial, disagreement, and rebuttal to the recipient of the transaction.

Accepting the Request for Amendment:

1. If a determination is made to make the requested amendment, the Privacy Officer will provide written notification to the requestor that the requested amendment has been approved and the exact wording of the amendment.
2. The SCHD Privacy Officer will seek the requestor's identification of, and agreement to, the relevant persons identified by the Privacy Officer as persons or entities with whom the amendment needs to be shared.
3. The requestor will have ten (10) days to object to the form of amendment or to the persons with whom the amendment will be shared. If no objection is received within that time period, the amendment will be made in the PHI and the identified parties notified.
4. The Privacy Officer will identify the records in the designated record set for the patient that are affected by the amendment and append or otherwise provide a link to the location of the amendment.
5. The Privacy Officer will, within a reasonable period of time (but no longer than thirty [30] days), take reasonable efforts, such as send written notification by certified mail with return receipt requested, to provide the exact wording of the amendment to:
  - A. Such persons or entities that the patient has identified as having received the relevant portion of the patient's PHI from the health department; and
  - B. Such persons, including SCHD business associate that SCHD has identified as having received the relevant portion of the patient's PHI from the health department and who may have relied, or could foreseeably rely, on such information to the detriment of the patient.

### Making the Amendment:

1. The SCHD Privacy Officer, or his/her designee, will identify all media forms in which SCHD maintains the information to be amended, i.e., paper, microfiche, microfilm, automated data processing or other electronic medium, and will cross check across all systems and applications maintained by the agency to ensure that the amendment is made, stored (as necessary), and susceptible to audit trails.
2. In no case will the Privacy Officer, a physician or any other person of the SCHD delete, erase, and/or “white out” or otherwise obliterate medical information in a patient’s record. Any correction or addition to a patient’s PHI will be clearly identified as a correction or addition to the original and will be dated and initialed by the physician or other person who made the entry.

### Requests for Amendment where SCHD was not the Originator of the Information:

1. If a request for amendment applies to information for which the health department was not the originator, the Privacy Officer will contact the requestor and advise the requestor to seek amendment from the originator of the information.
2. If the requestor notifies us of a reasonable basis to believe that the originator is no longer available to act on a requested amendment, the Privacy Officer will make a reasonable attempt to confirm the unavailability. If the originator’s unavailability is confirmed, the health department will act on the request for amendment as though the health department created the information.

### Amendments Received from Other Covered Entities:

1. If SCHD is informed by another health care provider, a health care plan or a health care clearinghouse of an amendment to a patient’s PHI, SCHD will amend the patient’s PHI that the agency maintains accordingly.
2. The Privacy Officer will:
  - A. Document in the patient’s record that the approved amendment has been received from another source and the identity of the source providing the amendment;
  - B. Ensure that the amendment is properly made in the PHI that is held by the health department; and
  - C. If the patient whose PHI is amended is a current patient of the health department, alert the treating provider(s) for that patient of the amendment that has been made.

**Sampson County Health Department**  
**Section 10: Business Associates**

**Purpose:**

To establish guidelines and provide assurances from Sampson County Health Department (SCHD) business associates that the business associates will appropriately safeguard the protected health information (PHI) it receives or creates on behalf of SCHD.

**Policy:**

Before the Sampson County Health Department (SCHD) can disclose PHI to a Business Associate, or allow a Business Associate to create, receive, maintain or transmit PHI on the behalf, the health department will obtain satisfactory assurances that the Business Associate will use or disclose the PHI only as permitted or required by the Business Associate Agreement, will safeguard the PHI from misuse, will help the health department comply with its duties under HIPAA and the Data Breach Notification Rule, and will secure these same assurances from any Subcontractor of the Business Associate. The Business Associate cannot use or disclose PHI provided by us in any manner that would not be a permissible use or disclosure by the health department under the Privacy Rule.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules & Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.

45 CFR, Part § 164.103.

45 CFR, Part § 164.502(e).

45 CFR, Part § 164.504(e).

45 CFR, Part § 164.532 (d) & (e).

**Responsible Persons:**

Health Department workforce

**Procedures:**

**Business Associates; Business Associate Agreements:**

1. For each new arrangement in which SCHD plans to retain a person or entity to perform a function, activity or service on behalf of the agency, the Privacy Officer will first consult the definition of Business Associate in the Glossary of Terms to determine whether the person or entity is to be treated as a Business Associate of the health department.
2. The health department will enter into a written Business Associate Agreement with

every person or entity who meets the definition of a Business Associate as set forth in the Glossary. The Privacy Officer will consult the SCHD Business Associate Agreement and contact the the County legal counsel as necessary to assist in negotiation and/or preparation of the necessary agreement.

3. Any Business Associate Agreement the health department enters into will meet the requirements of 45 C.F.R. §164.504(e) (1).
4. If a Business Associate presents to the health department the Business Associate's own proposed Business Associate Agreement, the Privacy Officer will compare the proposed agreement to the SCHD Business Associate Agreement and contact the County legal counsel as necessary to assist in negotiation of necessary revisions to the proposed agreement(s).
5. If SCHD has a Business Associate Agreement with an existing Business Associate Agreement that does not address requirements under the Data Breach Notification Rule or is not in compliance with the HITECH Act, SCHD will enter into an Amended and Restated Business Associate Agreement and contact the County legal counsel as necessary for assistance.

#### Confidentiality Agreements:

If the Privacy Officer identifies a person or entity that is not a Business Associate and who may have more than incidental or inadvertent access or exposure to PHI held by the SCHD, the Privacy Officer will seek to enter into a confidentiality agreement with that person or entity and will obtain the advice of the County legal counsel as necessary.

#### Responding to Violations by a Business Associate:

1. If any SCHD workforce receives any information leading him/her to believe that a SCHD Business Associate (or an employee or agent of one of the Business Associates) is violating a provision of the Business Associate Agreement or is engaged in some activity that could result in a violation of SCHD privacy policies and procedures, that person will immediately notify and provide that information to the Privacy Officer.
2. The Privacy Officer will keep a record of information provided to him/her pursuant to #1 above. If the information provided appears credible, the Privacy Officer:
  - A. Will contact the Business Associate to discuss the problem; or
  - B. May contact the County legal counsel prior to contacting the Business Associate.
3. If the information received by the Privacy Officer reflects a pattern of activity or practice of the Business Associate that constitutes a material breach or violation of the Business Associate's obligations under the agreement with that entity or person, the Privacy Officer will notify the County legal counsel for further action as required by the HIPAA Privacy Rule.

**Sampson County Health Department**  
**Section 11: Safeguarding Protected Health Information (PHI)**

**Purpose:**

To establish guidelines for safeguarding protected health information (PHI).

**Policy:**

The health department will provide appropriate administrative, technical, and physical safeguards to try to reasonably safeguard the patients' PHI.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules & Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.

45 CFR, Part § 164.530 (c).

**Responsible Persons:**

Health Department workforce

**Procedures:**

**Safeguard Implementation:**

1. The health department will implement safeguards to reasonably:
  - A. Protect SCHD patients' PHI from intentional or unintentional use or disclosure in violation of the Privacy Rule and the policies and procedures; and
  - B. Limit incidental uses or disclosures that may occur as a result of an otherwise permitted or required use or disclosure of PHI.
  
2. In determining what type of safeguards to implement, SCHD will take into consideration agency needs and circumstances, such as:
  - A. The nature of the PHI held.
  - B. The potential risks to patients' privacy
  - C. The potential effects on patient care.
  - D. The financial and administrative burden of implementing particular safeguards.

**Types of Safeguards:**

Types of safeguards include:

1. Development, implementation, and periodic review and revision of the policies and procedures in HIPAA Policy Manual.
2. The designation of the Privacy Officer as the person responsible for implementing policies and procedures, receiving complaints, and, along with his/her designee, providing information regarding SCHD's Notice of Privacy Practices.
3. Examples of types of safeguards may include:
  - A. Proper storage and disposal of documents and records
  - B. Speaking quietly when discussing a client's condition with family members in the lobby or other public area.
  - C. Avoiding use of clients' name in public hallways and other public areas of the agency.
  - D. Refer to the SCHD Information Security Policy for further details.
4. In areas where multiple patient-staff communications routinely occur, use of private offices with doors, cubicles, dividers, shields, curtains, or similar barriers as is reasonable for the agency.
5. Posting signs to remind employees to protect patient confidentiality.
6. Utilizing a patient sign-in sheet that does not include any of a patient's health information and, when calling out patient names or addressing patients in the waiting area, limiting the information disclosed, such as referring the patients to an area in the agency where they can receive further instructions in a more confidential manner.
7. Eliminating the posting of PHI in public areas where unauthorized persons can view the information.
8. Isolating or locking file cabinets or records rooms, or otherwise restricting medical records from access by unauthorized persons, such as maintaining reasonable supervision of these areas.
9. Computer Use:
  - A. When maintaining computers outside of exam rooms, using such measures as reasonably limit access to these areas, such as ensuring that the area is supervised, escorting non-SCHD workforce in the area, and/or placing patient records in their holders with identifying information facing the door or wall or otherwise covered to ensure health information about the patient is not visible to others.
  - B. Imposing security measures on computers and other systems containing PHI, such as restrictions on workstation use, unique user ID's and strong passwords to access such computers, and firewalls.
  - C. Limiting visual access to computer monitors to avoid incidental disclosure of information to unauthorized persons by utilizing screen protectors, automatic screen-savers with password re-entry, inactive screen time limits and automatic log-off.
10. Determining which SCHD workforce has access to keys and/or combinations to gain access to offices and/or to areas housing PHI and limiting such access to those whose duties require this level of access.

11. Establishing a disaster recovery plan, both for paper and electronic records.
12. Establishing a reporting and response system for security violations, in conjunction with SCHD's Data Breach Notification Policy.
13. Providing periodic security awareness training to SCHD workforce – see Section 12: Training.

**References:**

SCHD Information Security Policy

**Sampson County Health Department**  
**Section 12: Training**

**Purpose:**

To establish and provide training for the Sampson County Health Department (SCHD) workforce.

**Policy:**

The Sampson County Health Department will provide training to all SCHD workforce on the policies and procedures of the HIPAA Policy Manual, as necessary and appropriate for them to carry out their function and duties within the department.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules & Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.  
45 CFR, Part § 164.530 (b).

**Responsible Persons:**

Sampson County Health Department workforce

**Procedures:**

1. The Privacy Officer will develop and implement a training program for SCHD workforce to include the following:
  - A. Making a copy of the HIPAA Policy Manual available to all Members of SCHD workforce for:
    1. Reviewing each section of the Manual prior to training.
    2. Individual review of the Manual
    3. Consulting the Manual on an as-needed basis.
  - B. Informal awareness training regarding privacy and security of PHI, including application of the minimum necessary principle for disclosure of PHI see Section 5.
  - C. Periodic reminders about the need to make good faith efforts to maintain the privacy and security of SCHD patients' PHI.
  - D. Education concerning computer virus protection, detection, and response to a virus infection.
  - E. Education about the importance of a computer use requirements, secure login and SCHD's policy regarding creating, changing, and protecting the confidentiality of



computer passwords and other security measures.

2. The health department will provide HIPAA training as follows:
  - A. To each new employee within thirty (30) days of hire.
  - B. Annually to all SCHD workforce.
  - C. To SCHD workforce whose job functions are affected by:
    1. A material change in SCHD's HIPAA policies and/or procedures; or
    2. A material change in the HIPAA Privacy Rule, with such training to occur within a reasonable period of time after the material change becomes effective.
  - D. SCHD workforce will sign a log indicating the date and content of training received.
3. All new workforce will sign a confidentiality agreement stating that:
  1. The person has reviewed and understands SCHD's HIPAA privacy policies and procedures.
  2. The person will comply with the HIPAA policies and procedures.
  3. The person understands it is his/her responsibility to protect and maintain the privacy and security of SCHD patients' PHI.
4. The Privacy Officer will maintain records documenting that the training required by this policy is provided.

**Sampson County Health Department**  
**Section 13: Privacy Rule Complaints to the Agency -Mitigation**

**Purpose:**

To address the patient's right to file a complaint if a person believes Sampson County Health Department (SCHD) is: not complying with the requirements of the HIPAA Privacy Rule or SCHD's privacy policies and procedures; or has complaints concerning the health department's own privacy policies and procedures.

**Policy:**

The Health Department will assure a patient's right to file a complaint with the Sampson County Health Department (SCHD) and the Secretary of the Department of Health and Human Services if the patient believes privacy rights were violated and will assure that complaint investigations meet the requirements of the privacy rule. This policy will establish the procedure for the reception, investigation and resolution of privacy complaints at the SCHD.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules & Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996. 45 CFR, Part § 164.530 (d) & (f).

**Responsible Persons:**

Sampson County Health Department workforce

**Procedures:**

**General Procedures:**

1. A SCHD patient who has a complaint about HIPAA policies and procedures regarding the handling of PHI, about SCHD's compliance with such policies and procedures or with the Privacy Rule, may file a complaint with the Privacy Officer.
2. A complaint must be filed within 180 days in writing of when the person filing knew, or should have known, that the act of omission occurred, and must state the specific nature of the problem with SCHD policies and procedures or the specific area of alleged non-compliance.
3. The Privacy Officer will acknowledge to the patient, in writing, that SCHD received the complaint and that it will be addressed appropriately and a response provided to the patient.
4. As specified in Section 2: Notice of Privacy Practices, a patient may also file a complaint directly with the Office for Civil Rights (OCR) - see the Glossary.

5. The address for filing a complaint with the OCR will be provided to any person, upon request:

Timothy Noonan, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services Sam Nun Atlanta Federal Center,  
Suite 16T70  
61 Forsythe Street, S.W.  
Atlanta, GA 30303-8909  
Customer Response Center: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: ocrmail@dhhs.gov

6. A complaint to SCHD will be acted upon as soon as reasonably possible and at least within thirty (30) days of receipt of the complaint.
7. Upon receipt of a complaint, the Privacy Officer will review the complaint and may notify the County legal counsel for retention in reviewing, investigating, and formulating a response to the complaint.
8. Once the investigation into the complaint has been concluded, the Privacy Officer, in conjunction with legal counsel, will formulate an appropriate response to the complainant.
9. If the investigation of the complaint revealed a problem with SCHD policies and procedures, or a failure to comply with such policies and procedures or with applicable law or regulations, the Privacy Officer, in conjunction with the County legal counsel, will formulate corrective action intended to remedy the problem or non-compliance including, as appropriate, imposing sanctions pursuant to Section 15 of this Manual.
10. If the violation is found to involve a Business Associate of the department, SCHD will take the steps required by Section 10 of this Policy Manual, regarding the health department's Business Associates.
11. The SCHD Privacy Officer will document all complaints received and their disposition.
12. Any correspondence or communication SCHD receives from the OCR--whether regarding the investigation of a complaint, a compliance review, or otherwise--will be immediately provided to the Privacy Officer who will notify the County legal counsel to assist in responding to the OCR. Our Practice will cooperate with the OCR and provide access as required by the HIPAA Privacy Rule.

Mitigation:

1. The Privacy Officer will take reasonable efforts to mitigate, to the extent practicable, any harmful effect that is actually known to the department of a use or disclosure of PHI by SCHD or by one of the agency's Business Associates, in violation of SCHD's HIPAA policies and procedures or the requirements of law.
2. The Privacy Officer will implement SCHD's Data Breach Notification Section of the SCHD Information Security Policy, to determine if any notice is required and what mitigation efforts should be undertaken

**Sampson County Health Department**  
**Section 14: No retaliation for the Exercise of Rights/Filing**  
**Complaints/No Waiver of Rights**

**Purpose:**

To assure that Sampson County Health Department (SCHD) patients have the right to file a complaint regarding privacy rules and not fear retaliation.

**Policy:**

The health department will not intimidate, threaten, coerce, discriminate against or take other retaliatory action against any individual who exercises, or attempts to exercise, his or her rights under the HIPAA Privacy Rule or who files a complaint or otherwise participates in HIPAA compliance efforts as described in this policy. Our Practice will not require an individual to waive his or her rights under the HIPAA Privacy Rule as a condition of receiving treatment from the Practice.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules & Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996. 45 CFR, Part § 164.530 (g) & (h).

**Responsible Persons:**

Sampson County Health Department workforce

**Procedures:**

1. All requests for access, amendment, copying, authorizations, acknowledgments, and accountings related to the PHI of a patient of the health department will be handled in accordance with HIPAA laws and the SCHD HIPAA Policy Manual.
2. All complaints regarding privacy policies and procedures, or about SCHD compliance with the HIPAA Policy Manual, will be handled in accordance with this Policy Manual and no patient, personal representative, or workforce member will be retaliated against in any way for:
  - A. Filing a complaint with the Privacy Officer or with the Secretary of Health and Human Services (Office for Civil Rights) pursuant to Section 13 of this Policy Manual.
  - B. Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing related to the Privacy Rule.
  - C. Opposing any act or practice that is unlawful under the HIPAA Privacy Rule,

provided the person has a good faith belief that the practice opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of PHI made in violation of the HIPAA Privacy Rule.

2. Workforce members are encouraged to contact the Privacy Officer for clarification in the event of confusion or questions concerning any part of this Policy Manual.
3. workforce members are encouraged to and will immediately report, in good faith, to the SCHD Privacy Officer any knowledge of a violation of this Policy Manual by a member of the SCHD workforce or by a Business Associate, or a violation of this policy of non-retaliation and non-waiver of rights.
4. If SCHD receives information that this policy may have been violated, the Privacy Officer will promptly investigate the report of retaliation and will consult with the County legal counsel regarding the matter as necessary.
5. Any workforce member found to have violated this policy will be sanctioned according to the provisions of Section 15 of this Manual and consistent with the workforce policies.

**Sampson County Health Department**  
**Section 15: Sanctions for Violations of Privacy; Exceptions to Sanctions**

**Purpose:**

To ensure all Sampson County Health Department (SCHD) workforce members read and understand HIPAA policies and procedures and the associated consequences of any violations whether intentional or unintentional.

To ensure SCHD patients' protected health information (PHI) is kept confidential.

To provide guidance or immediate mitigation of any breach of privacy.

**Policy:**

Sampson County Health Department (SCHD) will apply appropriate sanctions against any member of the workforce who fails to comply with the policies and procedures in this Policy Manual or the requirements of the Privacy Rule. Sanctions will not be imposed, however, under certain circumstances described in this Policy.

**Definitions:**

This Manual has a Glossary of Terms that explains terms used in the Manual – refer to the Appendix, Attachment B.

**Applicable Laws, Rules & Regulations:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.

45 CFR, Part § 164.502 (j).

45 CFR, Part § 164.530 (e) & (g) (2).

**Responsible Persons:**

Sampson County Health Department workforce

**Procedures:**

**General Sanctions Policy:**

1. SCHD will receive patient complaints regarding the agency's compliance with the Privacy Policies and Procedures or with the Privacy Rule; SCHD may learn of non-compliance issues through allegations of violations received internally from workforce members.
2. Such complaints will be handled in accordance with Section 13 of this Manual.
3. Workforce members are encouraged to make the Privacy Officer aware of any concerns regarding compliance with SCHD's Privacy Policies or with the Privacy Rule. Any allegations of noncompliance are to be made in good faith, and in accordance with this

- Manual.
4. All allegations of a violation by a workforce member of a provision of this Policy Manual will be investigated.
  5. Appropriate disciplinary action will be taken whenever it is determined that a workforce member committed a significant violation of this Policy Manual or the Privacy Rule.
  6. The established disciplinary procedures and processes are applicable to all workforce members as defined in the glossary of terms.
  7. The determination of the disciplinary measures to be imposed will be made on a case-specific basis, appropriate to the nature of the violation, and in accordance with workforce policies. The factors to consider may include:
    - A. The severity of the violation.
    - B. Whether the violation was intentional or unintentional.
    - C. Whether there has been a pattern of noncompliance by the workforce member.
  8. Disciplinary actions may include:
    - A. Counseling
    - B. Written warning
    - C. Suspension without pay
    - D. Dismissal
  9. Per Section 12 of this HIPAA Manual, SCHD has procedures in place requiring the workforce members to:
    - A. Receive HIPAA training upon hire and annually to ensure an understanding of federal and state HIPAA laws, rules and regulations.
    - B. Review and become familiar with this Manual's privacy policies and procedures to ensure an understanding of expectations regarding PHI, privacy and that noncompliance could result in sanctions.
    - C. Such training will include the specific requirements regarding impermissible disclosures.
  10. The Privacy Officer will be responsible for documenting all sanctions and disciplinary action resulting from a violation.

Exceptions to Sanctions:

1. Sanctions will not apply to a member of the workforce with respect to activities, where the specific requirements for each type of activity or disclosure is met.
2. Actions taken in pursuit of compliance with the Privacy Rule
3. SCHD will not intimidate, threaten, coerce, discriminate against or take other retaliatory action against workforce members or others who:
  - A. File a complaint with the Secretary of Health & Human Services, or the Office for Civil Rights.
  - B. Testify, assist or participate in an investigation or a compliance review, proceeding or hearing related to OCR's enforcement of the Privacy Rule.

- C. Oppose any act or practice made unlawful by the Privacy Rule, provided the person has a good faith belief that the act or Practice is unlawful, and the manner of the opposition is reasonable and does not involve disclosures of PHI in violation of the Privacy Rule.

Implementation of Policy:

1. Violations of the HIPAA Privacy and Security Policy include, but are not limited to:
  - A. Accessing PHI data that you do not need in order to perform the work functions.
  - B. Discussing confidential information with an unauthorized individual.
  - C. Failing/refuse to cooperate with an investigation by the division/facility Privacy and Security officer.
  - D. Copying PHI with authorization.
  - E. Unauthorized disclosure or use of PHI.
  - F. Unpermitted use of another person's computer access in order to obtain PHI.
  - G. Obtaining PHI under false pretenses.
  - H. Using and/or disclosing PHI for commercial gain, advantage or malicious harm.
  - I. Retaining PHI for commercial gain, advantage or malicious harm.
2. Violations of the HIPAA privacy and security policy may be considered unacceptable personal conduct as defined in the county resolutions and may result in disciplinary action up to and including immediate dismissal.
3. Violations may also carry federal civil and/or criminal penalties, and state criminal penalties.

Whistleblowers:

SCHD will not impose sanctions or otherwise retaliate against a member of the workforce or a Business Associate of SCHD who discloses PHI in the following circumstances:

1. The individual believes that the conduct at issue (which requires the disclosure of PHI in order for the individual to report the conduct) is unlawful or otherwise violates professional or clinical standards, or that the care, services or conditions provided by SCHD potentially endangers one or more patients, workers or the public
2. AND if the disclosure is made to one of the following:
  - A. A health oversight agency or public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of the Practice.
  - B. An appropriate health care accreditation organization for the purpose of reporting the allegation of misconduct or failure to meet professional standards or misconduct by the Practice.
  - C. An attorney retained by or on behalf of the member of the workforce or Business Associate for the purpose of determining the person's legal options and/or obligations with regard to the agency's conduct.



Victims of Crime:

SCHD will not impose sanctions or otherwise retaliate against a member of the workforce who is the victim of a criminal act and discloses PHI related to the crime, provided that:

1. The disclosure is to a law enforcement official;
2. The PHI disclosed is about the suspected perpetrator of the criminal act; **and**
3. The PHI disclosed is limited to the following information:
  - A. Name and address;
  - B. Date and place of birth;
  - C. Social security number;
  - D. ABO blood type and Rh factor;
  - E. Type of injury;
  - F. Date and time of treatment;
  - G. Date and time of death, if applicable; and
  - H. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos.

**Sampson County Health Department**  
**Section 16: Communication by Texting, Appointment Card,**  
**Phone Call & Letter**

**Purpose:**

To provide guidance regarding the use of text messaging between health department staff and clients

To provide guidance regarding the use of appointment cards during correspondence with health department clients

To provide guidance regarding the use of telephone calls and/or messages during correspondence with health department clients

To provide guidance regarding the use of letters for correspondence with health department clients

**Policy:**

It is the policy of the Sampson County Health Department (SCHD) to ensure compliance with the Health Information Portability and Accountability Act (HIPAA) of 1996 to include appropriate use of correspondence between SCHD staff and clients. This policy is intended to provide guidance to staff to ensure correspondence meets all HIPAA guidance and expectations regarding the use of text messaging, appointment cards and return addresses.

**Definitions:**

HIPAA: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, that includes Administrative Simplification provisions requiring HHS to adopt national standards for electronic health care transactions and code sets, unique health identifiers, and security; provides mandated protections for individually identifiable health information.

HHS published a final Privacy Rule in December 2000, which was later modified in August 2002. This Rule set national standards for the protection of individually identifiable health information by three types of covered entities: health plans, health care clearinghouses, and health care providers who conduct the standard health care transactions electronically. Compliance with the Privacy Rule was required as of April 14, 2003 (April 14, 2004, for small health plans).

HHS published a final Security Rule in February 2003. This Rule sets national standards for protecting the confidentiality, integrity, and availability of electronic protected health information. Compliance with the Security Rule was required as of April 20, 2005 (April 20, 2006 for small health plans). Source: [www.hhs.gov](http://www.hhs.gov).

**Applicable Law, Rules & Regulations:**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Responsible Person(s):**

All staff

**Procedures:**

Texting:

1. Texting between staff and clients is not recommended and should only be used on an as needed basis. This may include communication between outreach staff and clients.
2. Texting communication can NOT contain any personal identifying information regarding the client. This includes, but is not limited to:
  - A. Date of Birth
  - B. Social Security Number
  - C. Medical Record Number
  - D. Any other personal medical information that is unique to the individual
3. Client confidentiality is to be protected at all times.
4. Staff is to confirm with the client that they wish to communicate via texting and document in the client's record.
5. Texting may ONLY be done on work cell phones, never on personal phones.
6. The message will be deleted from the phone after it is sent.
7. Work cell phones used for texting must have a password and/or PIN and be used when the phone is not in use.
8. Any lost/stolen work phone is to be reported to the health director immediately.
9. Communication can NOT include specific information. Specific organization names, program names or the reason for the contact are not to be used during communication.
10. Communication must be general and contain general information, such as the name of the person texting/calling, a number to call back, the date/time of an appointment. See Appendix: Attachment H.
11. All staff is to be aware that cell phone conversations and text messages are kept in servers for unknown lengths of time. Cell phone companies are NOT subject to HIPAA.
12. Information may also be accessed by law enforcement without cooperation from SCHD.

Appointment Cards:

1. Appointment cards must meet HIPAA information requirements and should only include the minimal information necessary to ensure correct communication. This may include:
  - A. Name of the Agency/Phone Number
  - B. Name of the Client

- C. Date of Appointment
  - D. Time of Appointment
2. Appointment cards may NOT contain the reason for the appointment, such as STD Clinic or FP Clinic.
  3. Mailed appointment cards should be fold-over or in envelopes rather than post cards to help ensure confidentiality.

Phone Calls/Phone Messages:

1. Phone calls/messages must meet HIPAA information requirements and should only include the minimal information necessary to ensure correct communication. This may include:
  - A. Name of the Agency/Phone Number
  - B. Date of Appointment
  - C. Time of Appointment
  - OR
  - D. Message to contact provider
2. A message may be left with a family member or other person who answers the phone when the patient is not home. The Privacy Rule allows the disclosure of limited information. This may include:
  - A. Name of Agency/Phone Number
  - B. Message to contact provider

Letters:

1. All letters MUST be sealed to ensure privacy.
2. Return addresses on SCHD business envelopes are permissible under HIPAA.
3. Minimum information is to be used on the return address. This includes:
  - A. Name of the agency
  - B. Street/Mailing Address
  - C. City
  - D. State
  - E. Zip Code
  - F. The Number Code of the program/clinic for mail billing purposes – see Appendix Attachment H.
3. The specific name of the program/clinic can NOT be listed on the envelope.

Confidential Communications:

If a patient has requested communication in a confidential manner, such as by alternative means (i.e., another phone number or address) or at an alternative location, the agency must accommodate the request.

**References:**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA).  
Sampson County Health Department Administrative Manual  
Attachment H: Guidance from Frances Q. Taylor, NC DHHS HIPAA Liaison

**References:**

USC Public Law 104-191: Health Insurance Portability & Accountability Act (HIPAA) of 1996.

45 CFR, Part § 160, 162 & 164

North Carolina General Statute: §8-53.

North Carolina General Statute: §8-53.13.

North Carolina General Statute: §130A-12.

North Carolina General Statute: §130A-143.

Sampson County Health Department Information Security Policy

Sampson County Electronics Policy

Sampson County Health Department Electronic Health Records Policy

# **APPENDIX**

**SAMPSON COUNTY HEALTH DEPARTMENT  
 HIPAA Privacy Policy & Procedure Manual  
 Annual/Review/Policy Update Review Form**

Manual: SCHD HIPAA Manual	Applicable Signatures/Title:
Title: SCHD HIPAA Policy & Procedures	Program Specialist: Wanda Robinson
<input type="checkbox"/> Program Policy: _____ Program	Supervisor: N/A
<input type="checkbox"/> Program Procedure: _____ Program	Director of Nursing: N/A
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Tim Smith
<input type="checkbox"/> workforce Policy	Health Director: Wanda Robinson
<input type="checkbox"/> Fiscal Policy	Board of Health Chair: Clark Wooten
Distributed to: All workforce	Effective Date: 01/27/2020
	Supersedes: 04/02/2018

Review/Revision Date: 04/2003; 04/2004; 04/2005; 04/2006; 04/2007; 04/2008; 04/2009; 04/2010; 04/2011; 04/2012; 04/2013; 04/2014; 04/2015; 04/2016; 04/2017; 04/2018; 01/27/2020;

\_\_\_\_\_  
 Clark Wooten, Board of Health Chair

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Wanda Robinson, Health Director

\_\_\_\_\_  
 Date



**Sampson County Health Department**  
**HIPAA Privacy Policy & Procedure Manual Review & Revision**  
**Form**

<b>Annual Review Date</b>	<b>Revision Date</b>	<b>Revision: Name, Location, Page # of Section w/ Revision(s)</b>	<b>Changes Made By</b>	<b>Date Staff Notified</b>
04/02/18	04/02/18	1. Entire Policy Revised, is now SCHD only HIPAA policy to meet state and federal EHR HIPAA guidelines for medical entities. 2. Policy to be completely reviewed by all staff as a “new” policy.	W. Robinson	04/02/18
01/27/2020		Policy Update	W. Robinson	

# **Sampson County Health Department**

## **Local Health Department**

### **Health Services Analysis**

#### **Policy and Procedure**

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**1. PURPOSE:**

To assure that Sampson County Health Department (SCHD) complies with legal requirements for reporting high level clinical service data to the NC Division of Public Health (DPH). The policy details the security measures involved in the reporting process for clinical data exchanged between the NC Division of Public Health-State Center for Health Statistics and Sampson County Health Department.

**2. POLICY:**

It is the policy of SCHD to require the contracted electronic health record (EHR) vendor (CureMD) to capture required data in its electronic health record. SCHD will require its EHR vendor (CureMD) to create a data extract in the format specified by DPH.

**3. DEFINITIONS:**

- a. Crush FTP: Secure server used by DPH to receive SCHD Batch Information
- b. S-FTP: Access Form sent by DPH

**4. ACRONYMS:**

- a. DHHS: Department of Health and Human Services
- b. DPH: Department of Public Health
- c. EHR: Electronic Health Record
- d. LHD-HSA: Local Health Department-Health Services Analysis
- e. NC: North Carolina
- f. PHI: Protected Health Information
- g. SCHD: Sampson County Health Department

**5. RESPONSIBLE PARTIES:**

Only personnel authorized by DPH can access the CrushFTP secure server for the transfer of data with DPH.

**6. Procedure:**

- A. Health Director designates at least two CrushFTP users:
  - i. Tamra Jones, Accounting Specialist II
  - ii. Sandra Morrisey, Accounting Tech II
- B. Each user will
  - i. complete S-FTP Access Request form obtained from DPH;

- ii. comply with the NC DHHS Privacy and Security Policy: Acceptable Use for DHHS Information Systems;
  - iii. complete training provided by DPH;
  - iv. contact CrushFTP support (919-792-5877) or LHD-HSA Help Desk support (919-707-5192)
- C. Passwords for the CRUSH FTP server may never be shared. Users must transfer data to and from the server from the IP address given with approval. If IP address changes, contact CrushFTP support (919-792-5877).
- D. Upload of files to DPH
- i. SCHD uploads its own files to the CrushFTP server,
  - ii. Upload occurs at least every 30 days and follows the suggested upload schedule published by DPH when possible.
- E. Checking email for processed files
- i. Credentialed users check email daily on workdays for notifications that files have been processed.
  - ii. Credentialed users review the file summary.
  - iii. If the processed file(s) are without error, then no further action is needed.  
Note: Processed files are automatically moved to “processed” folder on CrushFTP.
- F. Checking server for error reports
- i. If the processed file(s) indicated errors, then user signs on to the CrushFTP server and reviews the error report.
  - ii. The user may download a copy of the error report to a secure folder on a local server designated for LHD-HSA reporting. The error report will contain personally identifiable information (PII).  
Note: Error files will be deleted from CrushFTP on a periodic basis by CrushFTP support.
- G. Correcting error reports
- i. Users review the error reports and make corrections.
  - ii. Some errors are technical while others may be clinical in nature.
  - iii. Contact internal users, vendor, or LHD-HSA Help Desk (919-707-5192) as needed to understand and correct errors.
- H. Resubmitting files to DPH
- i. SCHD should re-open files with changes/fixes within 10 business days.  
Note: Re-submission of files to correct errors will not create a duplicate in the master data.

The legal rights and responsibilities of patients and health care providers shall apply to records created or maintained in electronic form to the same extent as those rights and responsibilities apply to medical records embodied in paper or other media. This applies to security, confidentiality, accuracy, integrity, access to, and disclosure of medical records.

All electronic health records are maintained in accordance with the SCHD policy on Electronic Health Records and Imaging Policy and Procedure.

7. **RESPONSIBILITIES:** This policy is applicable to all employees of the SCHD, including students, volunteers, temporary, and contractual staff. Supervisors are responsible for monitoring compliance with the policy.

8. **LEGAL AUTHORITY:**

HIPAA Health Insurance and Portability Act of 1996

NCGS § 130A-34.2. Billing of Medicaid.

NCGS § 90-412§. Electronic medical records.

NCGS § 130A-45.8. Confidentiality of patient information.

NCGS § 130A-15. Access to information.

NCGS § 130A-16. Collection and reporting of race and ethnicity data.

9. **REFERENCES:**

Confidentiality Policy & Procedure Manual

Electronic Health Records and Imaging Policy and Procedure Manual

HIPAA Policy & Procedure Manual

Information Security Policy & Procedure Manual

**SAMPSON COUNTY HEALTH DEPARTMENT**  
**Local Health Department-Health Services Analysis (LHD-HSA) Policy & Procedure**  
**Annual/Review/Policy Update Review Form**

Manual: Information Security Manual	<u>Applicable Signatures/Title</u>
Title: Local Health Department-Health Services Analysis (LHD-HSA) Policy	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy: N/A	Supervisor: N/A
<input type="checkbox"/> Program Procedure: N/A	Director of Nursing: N/A
<input checked="" type="checkbox"/> Management/Department-wide Policy	Medical Director: N/A
<input type="checkbox"/> Personnel/Fiscal Policy	Health Director: Wanda Robinson
Distributed to: All Staff	Board of Health Chair: Clark Wooten
	Effective Date: 01/15/20
	Supersedes: 04/01/18

Review/Revision Date: 04/01/18, 01/15/20\_\_\_\_\_

\_\_\_\_\_  
Board of Health/Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Director

\_\_\_\_\_  
Date

**Sampson County Health Department  
LHD-HSA Policy Review & Revision Form**

<b>Annual Review Date</b>	<b>Revision Date</b>	<b>Revision: Name, Location, Page # of Section w/ Revision(s)</b>	<b>Changes Made By</b>	<b>Date Staff Notified</b>
01/15/20	01/15/20	Page 3(#4 f)-Change PII to PHI. (#6 A i ii) – Change: Tamra Jones from Accounting Specialist I, to Accounting Specialist II, and Sandra Morrisey from Accounting Tech I, to Accounting Tech. II.	Sandra Armwood-Morrisey	1/16/20
01/15/20	01/15/20	Updated Effective Date and Revision Date to 1/15/20 on pages: 6,7,8,9, & 10.	Sandra Armwood-Morrisey	1/16/20
01/15/20	01/15/20	Page 6 – Changed Board of Health Chair from Dr. Jacqueline Howard to Clark Wooten.	Sandra Armwood-Morrisey	1/16/20




**SAMPSON COUNTY HEALTH DEPARTMENT  
Board of Health  
Operating Policy and Procedures**

Manual: Board of Health	Applicable Signatures/Title
Title: Board of Health Operating Policy and Procedures	Board of Health Chair: Clark Wooten
( ) Board of Health	Health Director: Wanda Robinson
Distributed to: Board of Health Members	Effective date: 02/3/2020
	Supersedes: 11/01/2018

Review/Revision Date: 11/18/13; 11/17/14; 11/16/15; 11/21/16; 11/20/17; 11/01/2018

\_\_\_\_\_

Board of Health Chair

\_\_\_\_\_

Date

\_\_\_\_\_

Health Director

\_\_\_\_\_

Date

## SAMPSON COUNTY BOARD OF HEALTH OPERATING PROCEDURES

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### **I. Name and Principal Office.**

The name of this organization is the Sampson County Board of Health (the "Board"). The principal office of the Board is located at 406 County Complex Road, Building C, Clinton, North Carolina 28328.

### **II. Officers and Committees.**

#### **A. Chair and Vice-Chair.**

In even-numbered years, the Board shall hold an organizational meeting at the County Courthouse at 9 o'clock a.m. on the first Monday in December. The agenda for this organizational meeting shall consist of the induction of newly-elected Board members and the organization of the Board for the ensuing year. The organizational meeting shall be convened and concluded before the regular December meeting is convened. Newly-elected Board members shall take and subscribe the oath of office as the first order of business. The Board shall then elect by majority vote a Chair and Vice Chair from among its members. In odd-numbered years, the Board shall at its regular meeting in December, elect by majority vote a Chair and Vice from among its members. The Chair of the Board shall be elected annually for a term of one (1) year and shall not be removed from office of Chair unless he or she becomes disqualified to serve as a member of the Board.

#### **B. Secretary.**

The local health director shall serve as Secretary to the Board but is not a member of the Board. 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. Temporary Committees.**

The Board may establish and appoint members for temporary committees as needed to carry out the Board's work. All temporary committees are subject to North Carolina open meetings laws and shall comply with the provisions thereof.

#### **D. Membership.**

Members of the Board shall serve four (4) year terms and shall serve only so long they are also members of the Sampson County Board of Commissioners.

### **III. Meetings.**

#### **A. Regular Meetings.**

The Board shall hold a regular meeting on the first Monday of each month, unless the Board adopts a schedule which calls for changes in this date. If a regular meeting is a holiday on which Sampson County offices are closed, the meeting shall be held on the next Monday or such other day as may be specified in the motion adjourning the immediately preceding regular meeting. Regular meetings shall be held at 6:00 p.m. in the County Auditorium located at 437 Rowan Road, Clinton, North Carolina 28328. The Board may change the place or time of a particular regular meeting or all regular meetings within a specified time period by resolution adopted, posted and noticed no less than seven (7) days before the change takes effect. Such resolution shall be filed with the Secretary to the Board and posted at or near the regular meeting place, and copies shall be sent to those who have requested notice of special meetings of the Board.

#### **B. Special Meetings.**

The Chair or a majority of the members of the Board may at any time call a special meeting of the Board 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 Board 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.

#### **C. Emergency Meetings.**

If a special meeting is called to deal with an unexpected circumstance that requires immediate consideration by the Board, 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 Board members. Only business connected with the emergency may be discussed at the meeting.

#### **D. Agenda.**

For every regular and special meeting of the Board, the Clerk or other authorized person shall post a notice of the meeting, specifying the time and place at which the

meeting will be held, and an agenda containing a brief description of all items of business to be discussed at the meeting. The notice and agenda can be combined into one document. All items of business to be discussed at a meeting of the Board shall be briefly described on the agenda. The description should set forth as clearly as practical a description of the item to be discussed so that members of the public will know the nature of the action under review and discussion.

**E. Presiding Officer.**

The Chair (or presiding officer) shall preside at all meetings of the Board. A member must be recognized by the Chair (or presiding officer) in order to address the Board. The Chair (or presiding officer) shall have the following powers:

1. To rule on points of parliamentary procedure, including the right to rule out of order motion patently offered for obstructive or dilatory purposes;
2. To determine whether a speaker has gone beyond reasonable standards of courtesy in his or her remarks and to entertain an rule on objections from other members on this ground;
3. To call a brief recess at any time;
4. To adjourn in an emergency.

If the Chair (or presiding officer) wishes to become actively engaged in debate on a particular proposal, he or she shall designate another board member or a staff member to preside. The Chair (or presiding officer) shall resume the duty to preside as soon as action on the matter is concluded. If the Chair is absent, the Vice-Chair shall preside. If the Chair and the Vice-Chair are absent, another Board member designated by a majority vote of those members present at the meeting shall preside.

**F. Quorum.**

A majority of the Board membership shall constitute a quorum. The number required for a quorum is not affected by vacancies. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members present, he or she shall be counted as present for the purposes of determining if a quorum is present. The Board may compel the attendance of an absent member by ordering the sheriff to take the member into custody.

**G. Voting.**

The Board shall proceed by motion in the manner prescribed by the *Rules of Procedure and Conduct of the Sampson County Board of Commissioners*. A member

must abstain from voting in cases involving conflicts of interest as defined by North Carolina and federal law.

#### **H. Minutes.**

Minutes shall be prepared of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular Board meeting, the Board 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 Board meeting minutes.

#### **IV. Rule-Making Procedures and Other Procedural Matters.**

The Board shall adopt rules in the manner prescribed by the *Rules of Procedure and Conduct of the Sampson County Board of Commissioners*. The Board shall consider any rules recommended by the Sampson County Health Department Advisory Board; however, the Board may promulgate and adopt rules without the recommendation of the Sampson County Health Department Advisory Board, which is a purely advisory body, and retains ultimate authority for adopting all rules in accordance with North Carolina law.

All other matters shall be conducted in the manner prescribed by the *Rules of Procedure and Conduct of the Sampson County Board of Commissioners*.

#### **V. 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.

#### **VI. Code of Ethics and Conflicts of Interest.**

The Board's members shall comply with the ethical and conflict of interest provisions set forth in the *Sampson County Board of Commissioners Code of Ethics Adopted Pursuant to N.C. Gen. Stat. § 160A-86*.

#### **VII. Compliance with North Carolina Law.**

In conducting its business, the Board shall comply with all applicable North Carolina law, including, but not limited to, open meetings laws, public records laws, and the laws setting forth the powers and duties of local boards of health. To assist the Board

in compliance, the Secretary shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members upon request.

**APPROVED AND ADOPTED**, by the Sampson County Board of Health, this the \_\_\_\_\_ day of February 2020.

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CLARK H. WOOTEN, Chairman,  
Sampson County Board of Health

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WANDA ROBINSON, Secretary  
Sampson County Board of Health

**SAMPSON COUNTY HEALTH DEPARTMENT**  
**Annual Review/Policy Update Staff Review Form**

2020

Program Policy: Board of Health Operating Procedures

Review Date: 02/03/2020

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STATE OF NORTH CAROLINA

MEMORANDUM OF UNDERSTANDING

COUNTY OF SAMPSON

THIS MEMORANDUM OF UNDERSTANDING (“MOU”) is entered into this the 3<sup>rd</sup> day of December, 2019 by and between SAMPSON COUNTY CHILD ADVOCACY CENTER, INC. (“CAC”), a domestic non-profit corporation with an address of 204 Sampson Street, Clinton, North Carolina 28328; SAMPSON COUNTY (the “County”), acting by and through the SAMPSON COUNTY HEALTH DEPARTMENT (the “Health Department”), a body corporate and politic and a political subdivision of the State of North Carolina with an address of 360 County Complex Road, Building E, Clinton, North Carolina 28328; and SOUTHERN REGIONAL AREA HEALTH EDUCATION CENTER (“AHEC”), a North Carolina Area Health Education Center created by the North Carolina General Assembly with an address of 1601 Owen Drive, Fayetteville, North Carolina 28304. CAC, the County, and AHEC may be referred to at times herein individually as a “Party” or collectively as the “Parties”.

WITNESSETH:

WHEREAS, CAC is a child advocacy center that conducts forensic interviews of children suspected of suffering from physical or sexual abuse, provides those children with comprehensive medical evaluations, and advocates for those children and non-offending family members; and

WHEREAS, the County, among other things, operates the Health Department as a local health department pursuant to the provisions of Article 2 of Chapter 130A of the General Statutes of North Carolina and as a department of County government; and

WHEREAS, AHEC, among other things, contracts with CAC to provide medical assessments of children who have been referred to CAC by the department of social services and/or law enforcement to determine the presence or extent of abuse and neglect; and

WHEREAS, the County is willing to allow AHEC’s medical providers to perform medical assessments of children pursuant to its contract with CAC at the Health Department’s facilities, located at 360 County Complex Road, Building E, Clinton, North Carolina 28328; and

WHEREAS, the Parties wish to enter into this MOU in order to define the relationship that exists between CAC, the County, and AHEC for the purpose of working together as part of a community effort to address child abuse and maltreatment by providing competent care and assistance to physically and/or sexually abused children and their non-offending family members;

NOW, THEREFORE, in consideration of the promises and covenants of the Parties, as more particularly set forth herein below, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties do hereby incorporate the above recitals and agree as follows:

1. Effective Date, Term and Termination. This MOU shall become effective as of the date first written above and shall continue in effect until September 30, 2020. The MOU may be renewed for successive terms of one year each, which terms shall commence on October 1<sup>st</sup> of each successive year, upon the written agreement of the Parties. Any Party may terminate this MOU at any time and for any reason by providing the other Parties with at least 30 days prior written notice.

2. Supplies. The County shall furnish all supplies and equipment required to perform the medical services set forth in this Agreement.

3. Payment. CAC agrees to compensate AHEC for provision of the medical services hereunder at the rate of \$900.00 per day, provided, however, that compensation shall not exceed the sum of \$2,700.00 during any month. The County shall not be liable to AHEC or any other person or entity for payment for medical services provided under this Agreement.

4. Billing. AHEC shall submit a time/billing report for health care services rendered following each clinic. Provided that time/billing reports are accurate and timely submitted, CAC will remit payment to AHEC on or before the 10th day of the following month based upon the total number of days listed on the AHEC provider's time/billing reports for the applicable month. CAC may refuse payment of time/billing reports that are not properly submitted and/or that seek compensation for services beyond the scope of this Agreement. In no event shall the County be responsible for payment of any medical services rendered pursuant to this Agreement.

5. Insurance. AHEC shall maintain policies of general liability insurance, professional liability insurance, and any other insurance necessary to insure AHEC and its providers; their respective employees; and any other person providing services hereunder against any claim(s) arising out of their performance under this Agreement, including, but not limited to, claims for personal injury or death. Such insurance shall include, but not be limited to, a "tail" coverage endorsement that is effective notwithstanding the termination or expiration of this Agreement. Insurance shall be through a licensed carrier acceptable to CAC and the County, and in a minimum amount of one million dollars (\$1,000,000) per claim, and three million dollars (\$3,000,000) annual aggregate unless a lesser amount is accepted by CAC and the County. AHEC and its providers will provide CAC and the County with at least thirty (30) days prior written notice of cancellation, non-renewal, lapse, or adverse material modification of such coverage. Upon CAC's or the County's request, AHEC and its providers will furnish CAC and the County with evidence of insurance which lists CAC and the County as additional insureds as it relates to general liability.

6. Indemnification by AHEC. AHEC shall indemnify and hold harmless (and at the request of CAC and/or the County defend) CAC, the County and each of their respective elected officials, officers, directors, agents, and employees from and against any and all claims for any loss, damages, liability, costs, or expenses (including reasonable attorney's fees) judgments or

obligations arising from or relating to any negligence, wrongful act or omission, or breach of this MOU by AHEC, its providers, or any of their respective officers, directors, agents, or employees.

7. Indemnification by CAC. CAC shall indemnify and hold harmless (and at the request of the County and/or AHEC defend) the County and AHEC and each of their respective elected officials, officers, directors, agents, and employees from and against any and all claims for any loss, damages, liability, costs, or expenses (including reasonable attorney's fees) judgments or obligations arising from or relating to any negligence, wrongful act or omission, or breach of this MOU by CAC, or any of its officers, directors, agents, or employees.

8. Indemnification by the County. The County shall indemnify and hold harmless (and at the request of CAC and/or AHEC defend) CAC and AHEC and each of their respective officers, directors, agents, and employees from and against any and all claims for any loss, damages, liability, costs, or expenses (including reasonable attorney's fees) judgments or obligations arising from or relating to any negligence, wrongful act or omission, or breach of this MOU by the County, or any of its officers, agents, or employees. However, the Parties acknowledge and understand that an unlimited indemnification of any party by the County constitutes a violation of the North Carolina Constitution and is void and unenforceable by operation of law. Any indemnifications given by the County to any Party pursuant to this Agreement shall be deemed to be given only to the fullest extent allowed by law, notwithstanding any provision of this Agreement to the contrary.

9. Credentiaing. AHEC and its providers represent, warrant, and agree that they are currently, and for the duration of this MOU shall remain, in compliance with all applicable licensing laws and that AHEC, its providers, and all employees and contractors thereof will perform their duties in accordance with all licensing and regulatory requirements, as well as applicable national, state, and local standards of professional ethics and practice. AHEC further represents, warrants, and agrees that any provider providing services pursuant to this Agreement on behalf of AHEC shall be rostered with the Child Medical Evaluation Program at the University of North Carolina School of Medicine.

10. Treatment Decisions. CAC and the County shall not be liable for, or exercise control over, the manner or method by which AHEC and its providers provide services under this MOU, including, but not limited to, any treatment decisions made by AHEC or its providers.

11. Nondiscrimination. AHEC and its providers will provide services to clients referred by CAC without discrimination on account of race, sex, sexual orientation, age, color, religion, national origin, place of residence, health status, type of Payor, source of payment, physical or mental disability, or veteran status. CAC will refer clients to AHEC without discrimination on account of race, sex, sexual orientation, age, color, religion, national origin, place of residence, health status, type of Payor, source of payment, physical or mental disability, or veteran status. The County will ensure that its facilities are accessible as required by Title III of the Americans With Disabilities Act of 1991.

12. Notice of Certain Events. AHEC and its providers shall give written notice to CAC and the County within 10 days of: (i) any event of which notice must be given to a licensing or accreditation agency or board; (ii) any change in the status of a license of AHEC or one of its providers; (iii) termination, suspension, exclusion or voluntary withdrawal of AHEC or one of its providers from any state or federal health care program, including but not limited to Medicaid; or (iv) any final adverse determinations in connection with a lawsuit or claim filed or asserted against AHEC or any of its providers alleging professional malpractice.

13. Medical Records. The Parties and their respective providers, officers, agents, and employees shall maintain confidentiality of client medical records and personal information and other health records as required by law. The Parties shall maintain adequate medical and other health records according to industry standards.

14. Further Obligations of AHEC. In addition to those obligations set forth herein above, AHEC and its providers shall:

- a. Work with CAC staff to get initial appointments scheduled via fax, phone calls, and email on the day the family is at the CAC. The client's family will be aware of the appointment date/time prior to leaving the CAC;
- b. Complete a Comprehensive Clinical Assessment on referrals made from the CAC in order determine the services needed for the client/client's family;
- c. Communicate with CAC staff on a child's progress in therapy and will make any recommendations for additional services the child/family may benefit from;
- d. Provide services to all referrals from the CAC regardless of a client family's insurance or ability to pay for services;

15. Further Obligations of CAC. In addition to those obligations set forth herein above, CAC shall:

- a. Determine a child/family's needs on their initial visit to the CAC;
- b. Provide parents/guardians with client choice on service providers in Sampson County and/or the area of their preference;
- c. Work cooperatively with the AHEC staff and a client's parents/ guardians in order to get the initial appointment scheduled;
- d. Have ongoing communication with AHEC on client progress in order to identify needs and services the client/client's family may need;

e. Serve as the liaison between AHEC and the court system to ensure a victim is at the point of being prepared to face testimony in a courtroom setting.

16. Assignment and Subcontracting. AHEC shall not assign its interest in this Agreement or subcontract with a third party for the performance of its obligations under this Agreement without the prior written consent of CAC and the County.

17. Relationship of the Parties. Nothing herein shall be construed as creating a partnership or joint venture, nor shall any employee of any Party be construed as an employee, agent, or principal of any other Party to this MOU. Each Party shall maintain control over its personnel, and any employment rights of personnel assigned under this MOU shall not be abridged. Each Party agrees to assume liability for its own acts or omissions, including the acts or omissions of its employees or agents, during the term of this MOU.

18. No Third-Party Beneficiaries. There are no third-party beneficiaries to this MOU. Nothing in this MOU shall create or give to third parties any claim or right of action against any Party to this MOU or any employee or agent of any Party to this MOU.

19. Entire Agreement. This MOU constitutes the entire agreement between the Parties and supersedes all prior agreements and understandings, whether written or oral, relating to the subject matter hereof.

20. Amendments and Modifications. This MOU may be modified or amended by mutual consent of the Parties so long as the modification or amendment is executed in the same fashion as this MOU.

21. Additional Policies and Procedures. Notwithstanding Paragraph 15 of this MOU, the Parties may develop additional policies and procedures by consent to implement this MOU. Furthermore, each Party may develop internal policies and procedures to implement their respective obligations under this MOU.

22. Severability. In the event that any provision of this MOU shall be found to be invalid, illegal, or otherwise unenforceable, the validity, legality, and enforceability of the remaining provisions shall in no way be affected or impaired thereby.

23. Survival of Obligations. All provisions of this MOU that by their nature are to be performed or complied with following the expiration or termination of this Agreement, including without limitation Paragraphs 3, 4, 5, and 10, survive the expiration or termination of this MOU.

24. Governing Law. This MOU shall be governed by the laws of the State of North Carolina.

25. Counterparts. This MOU may be executed in one or more counterparts, each of which shall be deemed an original, but all of which taken together constitute one and the same instrument.

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


SAMPSON COUNTY CHILD ADVOCACY  
CENTER, INC.

By: \_\_\_\_\_  
Melissa Reese, Vice-President,  
Board of Directors

SAMPSON COUNTY

By: \_\_\_\_\_  
Edwin Causey, County Manager

SOUTHERN REGIONAL AREA HEALTH  
EDUCATION CENTER

By:  \_\_\_\_\_  
Dr. Sushma Kapoor, President & CEO

**DANGEROUS DOG APPEAL BOARD  
RULES OF PROCEDURE**

The following Rules of Procedure shall apply to appeals before the Sampson County Dangerous Dog Appeal Board of determinations that a dog is a potentially dangerous dog made pursuant to Section 1-33 of the Animal Control Ordinance of Sampson County.

**Rule 1. Notice of Appeal.**

The owner of a dog determined by a law enforcement officer to be a potentially dangerous dog may appeal the decision of the law enforcement officer provided that notice of appeal is submitted in writing to the Sampson County Health Director within three (3) business days of the owner's receipt of written notice of the law enforcement officer's determination that the dog is a potentially dangerous dog. The notice of appeal shall contain the name and address of the owner, a description of the challenged determination, and a statement as to why the determination is incorrect.

**Rule 2. Notice of Hearing.**

The Appeal Board shall schedule and hold a hearing within ten (10) days following receipt of the notice of appeal from the Health Director. The hearing shall be subject to the North Carolina Open Meetings Law, codified at Article 33C, Chapter 143 of the North Carolina General Statutes, and the notice shall be provided as by law required. The Health Director shall further issue a notice of hearing to the owner and the law enforcement officer of the date, time, and location of the hearing.

**Rule 3. Continuances.**

The owner may, for good cause, request a continuance of the hearing. The Appeal Board shall determine if a continuance should be granted and shall inform the owner of its decision at least one (1) day prior to the scheduled hearing.

**Rule 4. Waiver of Hearing.**

An owner waives his or her right to a hearing if he or she fails to file a notice of appeal with the Health Director within the time period prescribed by Rule 1 or he or she fails to attend a scheduled hearing after notice.

**Rule 5. Discovery.**

Pre-hearing discovery shall not be available to any party.

**Rule 6. Disqualification of Appeal Board Members.**

If any Appeal Board member cannot attend the hearing or cannot conduct a fair and impartial hearing in a particular case, he or she shall not participate in the hearing, deliberation, or decision of the matter.

**Rule 7. Oath.**

No person may testify or present any evidence to be admitted into the record without first being put under oath or affirmation. The Chair or Acting Chair of the Appeals Board shall have the power to administer oaths or affirmations.

**Rule 8. Order of Hearing.**

- (a) The owner may first make any statements, present any evidence, or offer any witnesses on his or her behalf on any issue relevant to the determination to be made by the Appeal Board. The owner and any witness testifying on the owner's behalf shall each be limited to five (5) minutes within which to give testimony and present evidence.
- (b) The complainant may then make any statements, present any evidence, or offer any witnesses on his or her behalf on any issue relevant to the determination to be made by the Appeal Board. The complainant and any witness testifying on the complainant's behalf shall each be limited to five (5) minutes within which to give testimony and present evidence.
- (c) The law enforcement officer may then make any statements, present any evidence, or offer any witnesses on his or her behalf on any issue relevant to the determination to be made by the Appeal Board. The law enforcement officer and any witness testifying on the law enforcement officer's behalf shall each be limited to five (5) minutes within which to give testimony and present evidence.

**Rule 9. Conduct of Hearing.**

The Appeal Board, though is Chair (or Acting Chair) and its Secretary (the Health Director), shall have complete control in conducting the hearing, including:

- (a) Through its Secretary (the Health Director), the responsibility of preparing a complete record of all testimony and exhibits presented at the hearing in the form of minutes. The minutes of the Appeal Board shall be public record.
- (b) Through its Chair (or Acting Chair), the order of the calling of witnesses or the prosecution of evidence.
- (c) Through its Chair (or Acting Chair), the exclusion of irrelevant, immaterial, repetitious, or redundant testimony or evidence.
- (d) Through its Chair (or Acting Chair), the granting of additional time within which a party or witness may offer testimony and present evidence.
- (e) Through its Chair (or Acting Chair), the responsibility of determining the adequacy of the room in which the hearing is held for the safety of the Appeal Board and of those persons involved in the hearing or observing the hearing.
- (f) Through its Chair (or Acting Chair), the responsibility of maintaining decorum during all proceedings before the Appeal Board.



**Rule 10. Evidence at Hearing.**

The rules of evidence as applied in general courts of justice shall not apply at the hearing. Any competent evidence, relevant to the decision or ruling in the case shall be admissible in the record. The Chair (or Acting Chair) may restrict or exclude unduly repetitious or redundant testimony or exhibits.

**Rule 11. Deliberation by the Appeal Board.**

After all competent testimony and all evidence has been presented to the Appeal Board, the Appeal Board shall deliberate in open session and:

- (a) Review all evidence presented, and, based on clear and convincing evidence, render a decision by majority vote, determining the issue of whether the determination of the law enforcement officer is in the best interests of the public's health, safety, and welfare;
- (b) Based upon its determination, affirm, reverse, or modify the determination of the law enforcement officer which has been appealed. Any conditions imposed by the Appeal Board shall be reasonable, relevant to the issues in the appeal, and have the effect of promoting the public's health, safety, and welfare.

**Rule 12. Decision.**

Based upon the outcome of its deliberations, the Appeal Board shall issue a binding written decision of its decision, which it shall deliver to the owner, the law enforcement officer, and the person who filed the initial complaint. A copy of the written decision shall be sent by certified mail, return receipt requested, and filed concurrently with the Sampson County Manager and the Sampson County Attorney.

**Rule 13. Appeal to the Superior Court Division.**

Any appeal from the final decision of the Appeal Board shall be taken to the superior court by filing notice of appeal and a petition for review within ten (10) days of the final decision of the Appeal Board. Appeals from decisions of the Appeal Board shall be heard in the superior court division. The appeal shall be heard *de novo* before a superior court judge sitting in Sampson County.

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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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ITEM ABSTRACT

ITEM NO.     4    

Meeting Date: February 3, 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

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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. Communicable Disease Report for 2019 (Board of Health Item)
- b. State of the County Health Report for 2019 (Board of Health Item)
- c. NCDOT Correspondence Regarding Rest Area

To: Ed Causey, County Manager  
Susan Holder, Assistant County Manager

From: Wanda Robinson, Health Director

Date: January 21, 2020

Subject: Informational Items for Commissioners Agenda

The attached information items are being submitted for your review. No action is needed. These items were approved by Health Advisory Committee.

1. Communicable Disease Report: This report is submitted annually for the purpose of informing County Commissioners on the status of Communicable Diseases in the county. According to this report, overall communicable disease numbers were down but STD's had increased. The health department will continue to monitor on a monthly basis.
2. State of the County Report: Report is submitted for review. This report includes a review of major morbidity and mortality data for the county; health concerns, progress made in the past Year on selected priorities and new and emerging issues that affect the county's health status and ways the community can get involved.

Your assistance is much appreciated.

Attachments:

Communicable Disease Report  
State of the County Report

**Sampson County Board of Health**  
**Communicable Disease Report 2019**

The Health Department Communicable Disease (CD) Program involves several communicable disease sections that include: Communicable Diseases, such as Rabies or Salmonella; Tuberculosis; Vaccine-Preventable Diseases, such as Pertussis/Whooping Cough; and Sexually Transmitted Diseases, such as HIV or Gonorrhea.

The Communicable Disease (CD) Program staff consists of four nurses that are responsible for the surveillance, reporting, investigation and follow-up of communicable diseases in our county. The CD staff works with medical providers and the public to prevent, manage, and provide treatment for disease cases and their contacts. The staff follows the North Carolina Communicable Disease Branch guidelines and notifies the appropriate authorities as needed regarding specific communicable diseases.

The CD Program staff is required to use NCEDSS, the North Carolina Electronic Disease Surveillance System, which is an electronic data entry system for monitoring, managing and reporting of diseases in Sampson County and throughout the North Carolina. The staff is responsible for monitoring NCEDSS daily to identify and follow-up on any diseases reported through the system.

**Sampson County CD Report 2019**

**Sampson County CD Report 2018**

<b>All Communicable Diseases</b>	<b>Totals</b>		<b>All Communicable Diseases</b>	<b>Totals</b>
<b>Communicable Disease</b>			<b>Communicable Disease</b>	
Campylobacter Infection	11		Campylobacter Infection	16
Legionellosis	2		Legionellosis	1
Carbapenem-Resistant Enterobacteriaceae (CRE)	6		Shigellosis	2
Hepatitis C	41		Hepatitis C	83
Lyme disease	1		Lyme disease	2
Rocky Mountain Spotted Fever	7		Rocky Mountain Spotted Fever	6
Salmonellosis	25		Salmonellosis	18
Cryptosporidium	4		Haemophilus Influenzae	1
Ehrlichiosis	1		Strep Group A, Invasive	4
E. Coli	3		E. Coli	2
<b>Total</b>	<b>90</b>		<b>Total</b>	<b>135</b>
<b>Tuberculosis</b>			<b>Tuberculosis</b>	
TB Disease Cases	0		TB Disease Cases	1
<b>Vaccine-Preventable Disease</b>			<b>Vaccine-Preventable Disease</b>	
Influenza, death	1		Influenza, death	5
Pertussis	1		Pertussis	3
Hepatitis B - Chronic	2		Hepatitis B - Chronic	4
Hepatitis A	0		Hepatitis A	2
<b>Total</b>	<b>4</b>		<b>Total</b>	<b>15</b>
<b>Sexually Transmitted Disease</b>			<b>Sexually Transmitted Disease</b>	
AIDS	0		AIDS	0
HIV	9		HIV	11
Chlamydia	368		Chlamydia	310
Gonorrhea	121		Gonorrhea	109
Syphilis	12		Syphilis	14
NGU	11		NGU	9
<b>Total</b>	<b>521</b>		<b>Total</b>	<b>453</b>
<b>TOTAL</b>	<b>615</b>		<b>TOTAL</b>	<b>603</b>

### **Hepatitis C: Test, Link, Cure (TLC) Program**

North Carolina is experiencing a dramatic increase in reported acute hepatitis C (HCV) infections as a result of the current epidemic of opioid abuse. Between 2010 and 2015, the number of acute cases reported has more than doubled. According to the CDC, the true incidence is likely 10–15 times higher than the incidence of reported cases.

Sampson County Health Department has been selected to be a participant in a program, “North Carolina Hepatitis C: Test, Link, Cure (TLC)” that was launched by NCDHHS to combat the increasing Hepatitis C epidemic. The program’s specific focus is Hepatitis C screening, testing, prevention education, linkage to care and treatment. Through this program, our county is able to provide free anti-HCV and HCV RNA testing through the state lab. Screening is focused on high-risk populations such as: IV drug users (past and current), people that are HIV positive, and people born during 1945-1965.

In 2019, we have tested approximately 22 patients and of those, 1 has tested positive for Hepatitis C. We will continue to screen as many people as we can in our community to assist in combating this epidemic.

# Sampson County Health Department

## State of the County Health Report 2019



360 County Complex Rd., Suite 200  
Clinton, NC 28328  
(910) 592-1131  
[www.sampsonnc.com](http://www.sampsonnc.com)

## Introduction

Sampson County Health Department and the Sampson County Partners for Healthy Carolinians Task Force are pleased to provide the 2019 State of the County Health Report (SOTCH) annual review for the top health concerns determined during the 2019 Community Health Needs Assessment and how Sampson County has taken action to address them. The 2019 SOTCH includes: a review of major morbidity and mortality data for the county; health concerns; progress made in the past year on the selected priorities; and other changes in Sampson County that affect health concerns. The report-addresses new and emerging issues that affect the county’s health status and ways community members can get involved with ongoing efforts.

For more information about the State of the County Health Report, contact Sampson County Health Department at (910) 592-1131 or log on to the health department’s website at [www.sampsonnc.com](http://www.sampsonnc.com).

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Sampson County Health Department (SCHD) was first established in 1911. Since 1911, the health department has continued to provide services that are essential to the public’s health. Public health is a “quiet miracle” with a contribution to the quality of life that cannot be estimated. Public health is uniquely responsible for bringing the benefits of prevention to Sampson County citizens.

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The Sampson County Partners for Healthy Carolinians Task Force (SCPFHC) is a non-profit organization that was established in 2000. The task force is a public-private partnership that represents public health, hospitals, health and human service agencies, civic groups, churches, schools, businesses, community members and leaders. For more information on the task force, visit [www.scpfhc.org](http://www.scpfhc.org).



# County Profile At-A-Glance

## Demographics

### Sampson County Demographic Estimates

<b>Sex</b>	<b>Estimate</b>	<b>Percent</b>
Male	31,251	49.1%
Female	32,413	50.9%
<b>Race</b>	<b>Estimate</b>	<b>Percent</b>
White	40,472	63.6%
Black or African American	16,118	25.3%
American Indian or Alaska Native	1,184	1.9%
Asian	343	0.5%
Native Hawaiian or Other Pacific Islander	16	0%
<b>Ethnicity</b>	<b>Estimate</b>	<b>Percent</b>
Hispanic or Latino (any race)	12,013	18.9%
Non-Hispanic or Latino	51,651	81.1%
<b>Total Population</b>	<b>63,664</b>	

Source: US Census Bureau, 2017

## Economics

### Sampson County Economic Characteristics

<b>Employment Status</b>	<b>Estimate</b>	<b>Percent</b>
Unemployment Rate	(X)	9.5%
<b>Income and Benefits</b>	<b>Estimate</b>	<b>Percent</b>
Median Household Income	37,765	(X)
Median Family Income	46,384	(X)
<b>Health Insurance Coverage</b>	<b>Estimate</b>	<b>Percent</b>
With Health Insurance Coverage	52,004	82.5%
No Health Insurance Coverage	11,036	17.5%
<b>Below Poverty Level</b>	<b>Estimate</b>	<b>Percent</b>
All Families	(X)	17.8%
All People	(X)	24.3%
Under 18 years	(X)	35.9%

Technical Note: X = not applicable or not available.

Source: US Census Bureau, 2017



# Leading Causes of Death

Source: NC State Center for Health Statistics

## Sampson County, All Ages 2014-2018

Rank	Cause of Death	Number
1	Cancer	770
2	Heart Disease	736
3	Diabetes Mellitus	212
4	Cerebrovascular Diseases	204
5	Chronic Lower Respiratory	198
6	Other Unintentional Injuries	153
7	Alzheimer's Disease	105
8	Motor Vehicle Injuries	93
9	Nephritis, Nephrotic Syndrome, & Nephrosis	72
10	Pneumonia & Influenza	68

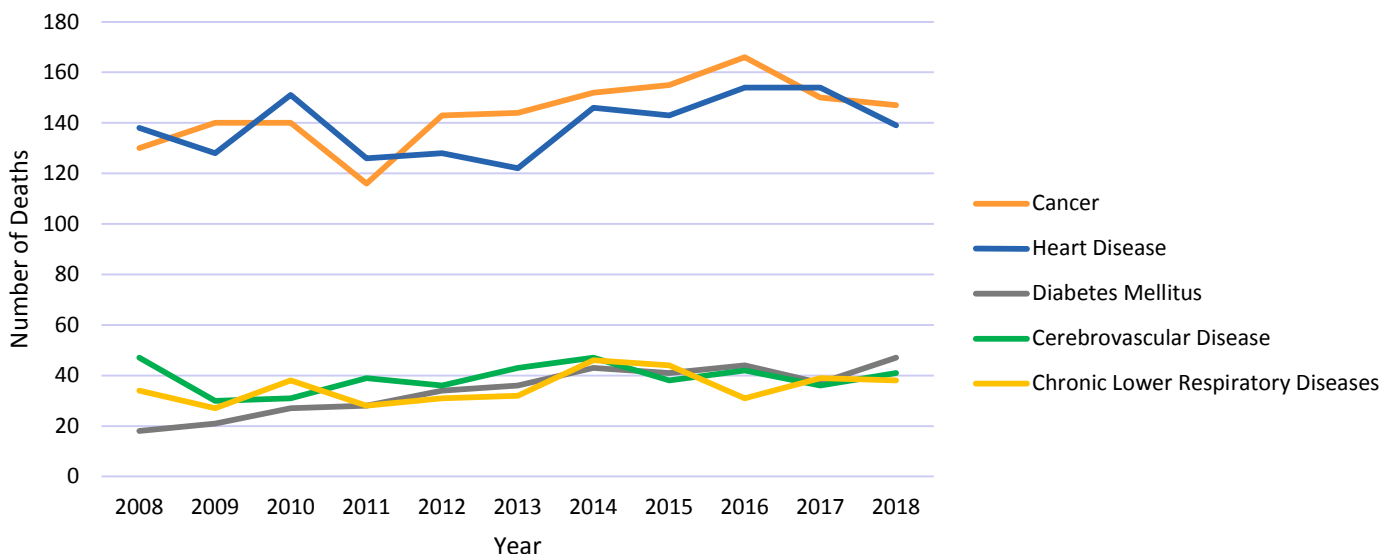
## North Carolina, All Ages 2014-2018

Rank	Cause of Death	Number
1	Cancer	97,303
2	Heart Disease	92,384
3	Chronic Lower Respiratory	26,470
4	Cerebrovascular Diseases	24,832
5	Alzheimer's Disease	19,988
6	Other Unintentional Injuries	19,576
7	Diabetes Mellitus	14,170
8	Pneumonia & Influenza	10,024
9	Nephritis, Nephrotic Syndrome, & Nephrosis	9,591
10	Motor Vehicle Injuries	7,553

Of the 3,511 deaths that occurred in Sampson County during the five-year period 2014-2018, 48.9% were caused by cancer, heart disease and diabetes mellitus.

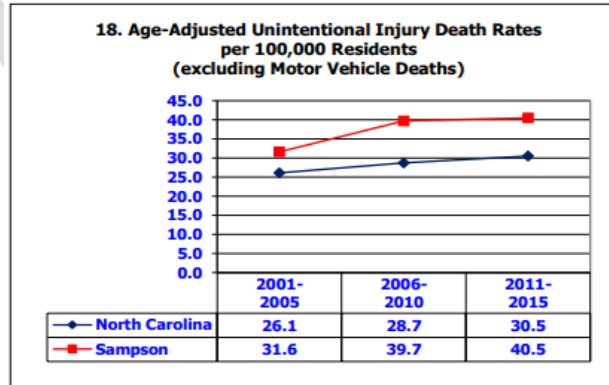
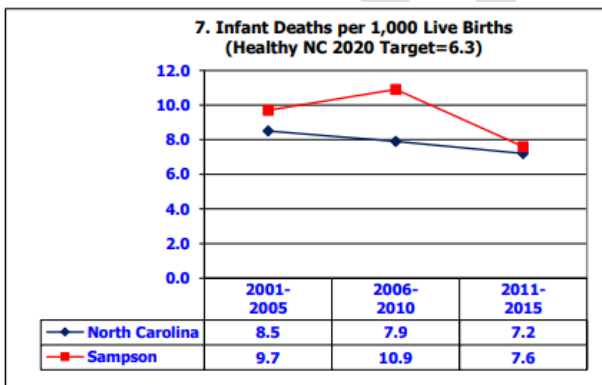
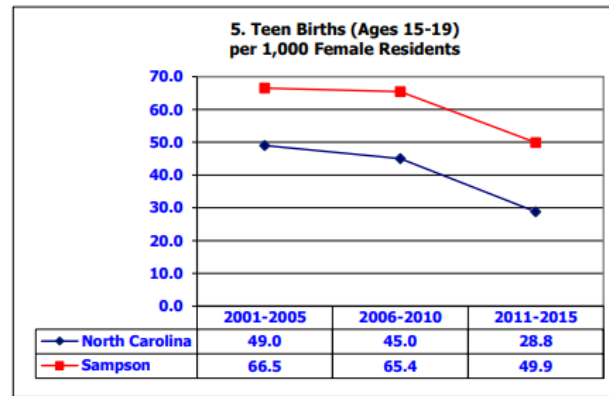
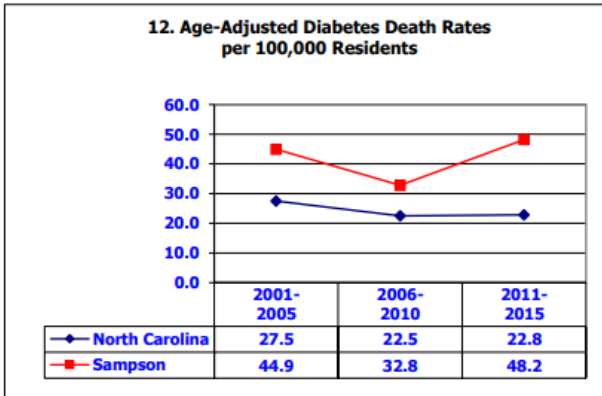
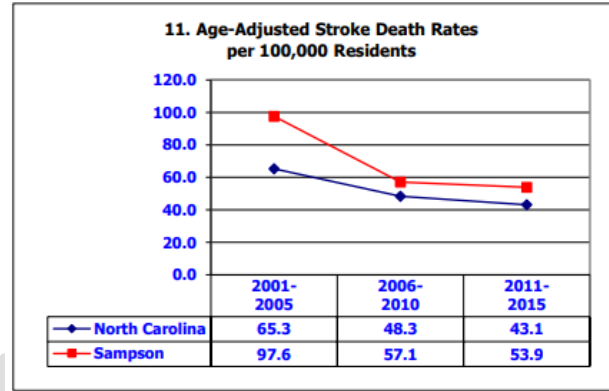
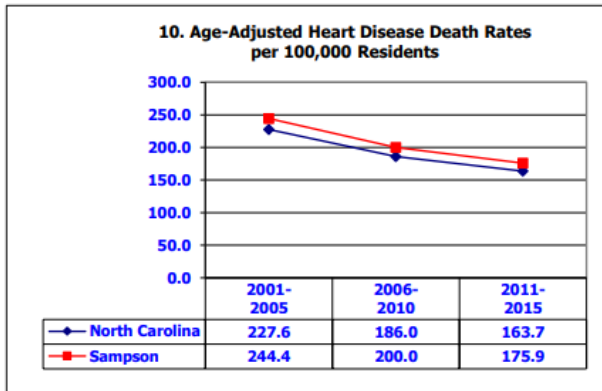
The chart below provides trend data for the years 2008-2018 on the leading causes of death in Sampson County.

**Leading Causes of Death in Sampson County, 2008-2018**



# Health Indicators

## Trends in Key Health Indicators



As the graphs above indicate, for three of the major chronic diseases (heart disease, stroke, and diabetes) in Sampson County, death rates are higher when compared to the state.

Additionally, the death rates of teen birth, infant deaths, and unintentional injury (including poisoning) are higher when compared to the state.

## Health Priorities

As a result of the 2019 Community Health Needs Assessment (CHNA) data, members of the SCPFHC served as the CHA Team and selected Substance Abuse and Diabetes as the top two health priorities. The Community Health Needs Assessment is a process of collecting and disseminating data to allow community members to gain an understanding of health, health concerns, and health care systems of the community. CHA Team members identify, collect, analyze and disseminate information on community assets, resources, strengths and needs.

### Substance Abuse

#### 2018 Health Behaviors

	Sampson County	North Carolina
Adult Smoking	21%	18%
Excessive Drinking	14%	17%

Source: County Health Rankings & Roadmaps

#### NC Youth Risk Behavior Survey: High School Students

	2017	2015
Currently drank alcohol	2,860	5,552
Currently smoked cigarettes daily	3,130	6,021
Currently used electronic vapor products daily	3,093	5,937

Source: Centers for Disease Control & Prevention, High School Youth Risk Behavior Surveillance System (YRBSS)

#### Emergency Department Overdose Surveillance: Sampson County

	2017	2016	2015
Medication/Drug	198	138	176
Opioid	22	11	30
Heroin	13	2	2

Source: NC DETECT

## Health Priorities

### Health Priority Progress in 2019: Substance Abuse

**Healthy NC 2020 Objective:** Reduce the unintentional poisoning mortality rate (per 100,000).

**Progress:** Sampson County joined the Regional CHNA process in mid-2019 thereby submitting the CHNA in September 2019 and Community Health Improvement Plans (CHIPs) in December 2019; therefore, a report on the progress of this health priority is gradually developing.

DRAFT

## Health Priorities

### Diabetes (Chronic Disease)

Percentage of adults age 20 and above with diagnosed diabetes

Year	Sampson County	North Carolina
2019	13%	9%
2018	15%	8%
2017	14%	8%
2016	14%	9%
2015	12%	8%

Source: County Rankings & Roadmaps

#### Diabetes Death Rates (Sex-Specific, 2014-2018)

	Sampson County	North Carolina
Male	59.9	29.6
Female	46.5	19.0

Source: NC State Center for Health Statistics

#### Diabetes Death Rates (Race/Ethnicity, 2014-2018)

	Sampson County	North Carolina
White	42.7	19.6
African American	80.2	44.0
American Indian	N/A	40.4
Other Races	N/A	14.3
Hispanic	N/A	12.1

Technical Note: Rates based on fewer than 20 cases (identified by "N/A") are unstable and have been suppressed.

Source: NC State Center for Health Statistics

## Health Priorities

### Health Priority Progress in 2019: **Diabetes (Chronic Disease)**

**Healthy NC 2020 Objective:** Decrease the percentage of adults with diabetes.

**Progress:** Sampson County joined the Regional CHNA process in mid-2019 thereby submitting the CHNA in September 2019 and Community Health Improvement Plans (CHIPs) in December 2019; therefore, a report on the progress of this health priority is gradually developing.

DRAFT

## Initiatives / Issues

### New Initiatives

- The Sampson County Breast and Cervical Cancer Control Program (BCCCP) Advisory Board will apply for the 2020 United Way of Sampson County funding application for cancer prevention and awareness.
- Increase health education programs to include diabetes education, BMI counseling for overweight and underweight, etc.
- Maternal Child Health Initiative to reduce infant mortality.
- Sampson County's 6<sup>th</sup> Annual Teen Health Fair.

### Emerging Issues

- Medicaid transformation.
- Increase in Opiate/Opioid usage.
- Education and awareness on the Opioid epidemic.
- Teen Pregnancy rate and Adult Obesity percentage continue to be higher than the state's.

### Volunteers Are Welcome

Help Sampson County Partners for Healthy Carolinians and Sampson County Health Department address these health concerns and issues in your community! Call 910-592-1131 or attend the next Healthy Carolinians meeting at The Center for Health + Wellness, 417 E. Johnson St., Clinton, NC at 1:30 pm every 3<sup>rd</sup> Tuesday of the month.

### Dissemination of SOTCH Report

- Sampson County Health Advisory Committee
- Sampson County Board of Commissioners
- Sampson County Partners for Healthy Carolinians
- Sampson County Health Department

This report will also be available to the public at [www.scpfhc.org](http://www.scpfhc.org), [www.sampsonnc.com](http://www.sampsonnc.com), and upon request at the Sampson County Health Department (910) 592-1131.

Jan. 16, 2020

Mr. Edwin W. Causey  
Sampson County Manager  
406 County Complex Road  
Clinton, NC 28328

**County:** Sampson  
**Description:** Sampson County Rest Area located on U.S. 421 (Taylors Bridge Hwy.) near Six Runs Creek.  
**Subject:** Closure of Sampson County Rest Area

Dear Mr. Causey,

The N.C. Department of Transportation currently administers a custodial operations and maintenance contract for the Sampson County Rest Area (including lawn and grounds maintenance) located on U.S. 421 and maintains this facility on a year-round basis. Due to budgetary constraints, NCDOT is in the process of reducing expenditures statewide. The department has reduced maintenance contracts for rest areas across the state by 24 percent. The current maintenance contract for this rest area in Sampson County is set to expire Jan. 31. In the effort to reduce expenditures, our plan is to temporarily close this site upon contract expiration and then pursue a permanent closure.

This rest area is among one of the three least visited rest areas of the 58 sites in the state serving 37,230 visitors annually in comparison with the busiest serving 982,918 visitors. The cost to maintain this rest area is the second highest of all 58 sites in the state. In fiscal year 2019, the average cost per user statewide of all 58 sites was \$0.61, when in comparison the cost per user of this facility was \$2.40.

We will be happy to discuss in more detail if you have any questions or concerns.

Please contact Daniel Jones at 910-259-4919, email [dfjones@ncdot.gov](mailto:dfjones@ncdot.gov), or myself.

Sincerely,

DocuSigned by:  
*Chad Kimes*  
356DD1D31BF34EC...  
D. Chad Kimes, PE  
Division Engineer

Ec: Anthony W. Law  
Robert Vause, PE  
David B. Harris, PE  
Jimmy B. Parrish



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**SAMPSON COUNTY  
BOARD OF COMMISSIONERS**

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**ITEM ABSTRACT**

**ITEM NO.** 5

Meeting Date: February 3, 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:** Consideration of Tax Appeals

**DEPARTMENT:** Board of Commissioners

**PUBLIC HEARING:** No

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

**PURPOSE:** To consider taxpayer appeals of penalties assessed for failure to timely list business personal property

**ATTACHMENTS:** Appeal requests and tax billings

**BACKGROUND:**

Assessments and billings have been issued as a result of business personal property compliance reviews. The following individuals have requested an adjustment of the penalties applied to their accounts, pursuant to North Carolina General Statutes, for failure to timely list their business personal property. The Board has previously voted to require the appeal to be made in person (or by a designated representative).

FW Farms: (Tax \$2,571.40 + Penalty \$1,223.27= \$3,794.67)

**RECOMMENDED ACTION OR MOTION:**

Allow each citizen opportunity to request adjustment and consider each appeal individually

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

Phone 910-592-8146

Fax 910-592-1227

Date: 12/31/19

F W Farms  
1557 Andrews Chapel Rd.  
Roseboro, NC 28382

Account # 88476

Sampson County Board of Commissioners,

A compliance review was recently completed on my business personal property account with the Sampson County Tax Office. I respectfully request an adjustment of the penalties applied to my account for failure to timely list my assets. I fully understand that I must appear before the Sampson County Board of Commissioners at a date to be determined to be considered for a relief or adjustment of any penalties.

F W Farms  
James H. Jarrick  
Signature

2/3/20 meeting

Installments

Property ID 49742 Version 1 - Tax  
 Tax year 2019 AR category 25 Bill number 1901290  
 Owner 88476 F W FARMS

Item	Charge	Description	Acti	ode	e Value	Percent	unt	Rate	Tax Amount
1	F14	COHARIEFD	P..	3	16,911	100.000000	0	0.085000	14.37
2	F14	COHARIEFD	P..	3	21,794	100.000000	0	0.085000	18.52
3	F14	COHARIEFD	P..	3	27,120	100.000000	0	0.085000	23.05
4	F14	COHARIEFD	P..	3	30,943	100.000000	0	0.085000	26.30
5	F14	COHARIEFD	P..	3	35,671	100.000000	0	0.085000	30.32
6	F14	COHARIEFD	P..	3	148,...	100.000000	0	0.085000	126.61
7	G01	CNTY TAX	P..	3	16,911	100.000000	0	0.825000	139.52
8	G01	CNTY TAX	P..	3	21,794	100.000000	0	0.825000	179.80
9	G01	CNTY TAX	P..	3	27,120	100.000000	0	0.825000	223.74
10	G01	CNTY TAX	P..	3	30,943	100.000000	0	0.830000	256.83
11	G01	CNTY TAX	P..	3	35,671	100.000000	0	0.830000	296.07
12	G01	CNTY TAX	P..	3	148,...	100.000000	0	0.830000	1,236.27
13	F14L	COHARIE FI	LL	1	0	100.000000	0	10.000000	1.44
14	F14L	COHARIE FI	LL	1	0	100.000000	0	20.000000	3.70
15	F14L	COHARIE FI	LL	1	0	100.000000	0	30.000000	6.92
16	F14L	COHARIE FI	LL	1	0	100.000000	0	40.000000	10.52
17	F14L	COHARIE FI	LL	1	0	100.000000	0	50.000000	15.16
18	F14L	COHARIE FI	LL	1	0	100.000000	0	60.000000	75.97
19	G01L	COUNTY LAT	LL	1	0	100.000000	0	10.000000	13.95
20	G01L	COUNTY LAT	LL	1	0	100.000000	0	20.000000	35.96
21	G01L	COUNTY LAT	LL	1	0	100.000000	0	30.000000	67.12
22	G01L	COUNTY LAT	LL	1	0	100.000000	0	40.000000	102.73
23	G01L	COUNTY LAT	LL	1	0	100.000000	0	50.000000	148.04
24	G01L	COUNTY LAT	LL	1	0	100.000000	0	60.000000	741.76

1/2  
 Penalty  
 \$611.65

7.72  
 1.85  
 3.46  
 5.26  
 7.58  
 37.99  
 6.98  
 17.98  
 33.56  
 51.37  
 74.82  
 370.88

56.86  
 554.79

Total rate 5.475000 Total tax 3,794.67

F14 LL 56.86  
 G01LL 554.79

**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.