

The Northampton County Board of Commissioners will meet in Regular Session on Wednesday, January 3, 2018 at 10:00 a.m. in the Commissioners' Meeting Room located at 100 West Jefferson Street, Jackson, North Carolina. The purpose of the meeting is to conduct public business as indicated on the following agenda.

<u>TAB</u>	<u>TIME</u>	<u>DESCRIPTION</u>
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6	10:20	Mrs. Robin Williams, Register of Deeds Position Reclassification 83
7	10:30	Mr. Craig Ellison, County Extension Director EFNEP Agreement for Expanded Services 86
8	10:35	Mrs. Joslyn Reagor, Aging Director HCCBG Member Appointment 89
9	10:40	Ms. Leslie Edwards, Finance Officer Budget Amendments 92
10	10:45	Ms. Kimberly Turner, County Manager 1) Introduction of New Employee 2) Resolution for Jasper Jones Roads 105 3) Management Matters,
11	11:00	Citizens/Board Comments
12	11:30	Closed Session G.S. 143-318.11 (a) (4)- EDC Report
	11:45	Adjourn

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 1

Agenda Time: 10:00

Presenter and/or Subject Matter:

Approval of Regular Meeting Minutes for December 4, 2017

Komita Hendricks
Clerk to the Board

1 Approval of Regular Meeting Minutes for December 4, 2017
NORTHAMPTON COUNTY
REGULAR SESSION
December 4, 2017

Be It Remembered that the Board of Commissioners of Northampton County met on December 4, 2017, with the following present: Robert Carter, Fannie Greene, Charles Tyner, Chester Deloatch, and Geneva Faulkner.

Others Present: Kimberly Turner, Scott McKellar, Nathan Pearce, and Komita Hendricks

Chairman Carter called the meeting to order.

Agenda Work Session:

A work session was held to discuss today's agenda items. Chairman Carter called upon County Manager Kimberly Turner for input. Ms. Turner requested to add a Closed Session for the purpose of G.S. 143-318.11 (a) (6) after tab #11. Chairman Carter called upon Commissioners for input. Commissioners had no changes.

Regular Session:

Chairman Carter called the meeting to order, welcomed everyone, and announced when citizens could make comments. Chairman Carter called for a moment of silence and invited everyone to participate in the Pledge of Allegiance.

Approval of Regular Session Minutes for November 20, 2017:

A motion was made by Chester Deloatch and seconded by Fannie Greene to approve the Regular Session Minutes for November 20, 2017. **Question Called:** *All present voting yes.* **Motion carried.**

Approval of Closed Session Minutes for November 20, 2017:

A motion was made by Fannie Greene and seconded by Chester Deloatch to approve the Closed Session Minutes for November 20, 2017. **Question Called:** *All present voting yes.* **Motion carried.**

Approval of Agenda for December 4, 2017:

A motion was made by Geneva Faulkner and seconded by Fannie Greene to approve the agenda for December 4, 2017 with the addition as stated. **Question Called:** *All present voting yes.* **Motion carried.**

Appointment to the ABC Board:

Chairman Carter recessed the regular session to conduct the composite board.

County Manager Kimberly Turner stated that we have received a request from the ABC Board for the reappointment of Mr. Aussie M. Broadnax for another three year term. She also stated that we have received interest from Mr. Antione Smith to also serve on this board.

A motion was made by Geneva Faulkner that Mr. Antoine Smith be appointed to the ABC Board. **Question Called:** *yes: (Robert Carter, Geneva Faulkner, Charles Tyner, and Kenneth Manuel) no: (Fannie Greene, Chester Deloatch, Dick Collier, and Tommy Barrett).* **Motion denied.**

County Manager Turner recommended that we bring this matter back to the Composite Board at the next Mayors/Commissioners in January and invite the interested parties to the meeting to express why they are interested in serving on this Board.

Mayor Manuel suggested that if one could not attend, that they submit something in writing.

A motion was made by Chester Deloatch and seconded by Fannie Greene to adjourn the Composite Board and resume Regular Session. **Question Called:** *All present voting yes.* **Motion carried.**

**PLEASE SEE SCANNED DOCUMENTS WHICH ARE
HEREBY MADE A PART OF THESE MINUTES:**

August 15, 2017


Kimberly Turner, County Manager
PO BOX 808
Jackson, NC 27845

Dear Mrs. Turner,

I would like for Aussie M. Broadnax to be put on the agenda for your next meeting. Mr. Broadnax's term expires December 31, 2017. We would like for him to be reappointed for another three year term. Please call me at (252) 534-2011 if you have any questions.

Sincerely,

NORTHAMPTON COUNTY ABC BOARD


Kathy H. Gephart
General Manager

To: Northampton County
Kimberly Turner, County Manager

From: Northampton County ABC Board

November 29, 2017 (correction) of August 16, 2016

Board Members and term expires listed below:

Aussie M. Broadnax, Member 12/31/2017

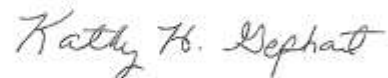
Lewis Vincent, Secretary 12/31/2018

Ted Sumner, Chairman 12/31/2019

If you have any questions please call the ABC OFFICE at (252) 534-2011

Sincerely,

NORTHAMPTON COUNTY ABC BOARD



Kathy H. Gephart,
General Manager

ABC BOARD

	<u>Term Expires</u>
Mr. Teddy Sumner, Chair Rich Square, NC	Dec. 2013
Mr. Aussie Broadnax Seaboard, NC 27876	Dec. 2014
Mr. Thomas L. Vinson Gaston, NC 27832	Dec. 2015

Three (3) year terms

NORTHAMPTON COUNTY COMPOSITE BOARD

Members consist of all Town Mayors and the Northampton County Board of Commissioners. Meetings are held once a year in September* and a Chairman is appointed each year.

New board members are also appointed in September, with all terms beginning and ending in December

Elsie Hilliard
Northampton ABC Finance Officer
Jackson, NC 27845

CenturyLink Webmail

nhamptoncoabc@embarqmail.com

Board Ques.**From :** Laurie Lee <Laurie.Lee@abc.nc.gov>

Thu, Aug 17, 2017 09:38 AM

Subject : Board Ques.**To :** Northampton County ABC Board
<nhamptoncoabc@embarqmail.com>

Kathy,

It is up to the appointing authority to set term limits (or not) for board members.
State law does not interfere. (G.S. 18B-700(a))

Duties/responsibilities are addressed in 18B-700 and 701. Both statutes are below.

§ 18B-700. Appointment and organization of local ABC boards.

(a) Membership. - A local ABC board shall consist of three or five members appointed for three-year terms unless the board is a board for a merged ABC system under G.S. 18B-703 and a different size membership has been provided for as part of the negotiated merger. If the board is a three-member board, one member of the initial board of a newly created ABC system shall be appointed for a three-year term, one member for a two-year term, and one member for a one-year term. If the board is a five-member board, one member of the initial board of a newly created ABC system shall be appointed for a three-year term, two members for two-year terms, and two members for one-year terms. As the terms of initial board members expire, their successors shall each be appointed for three-year terms. If a board is initially a three-member board and the appointing authority determines a five-member board is preferable, the terms of the two new members shall be for three years. If a local board has five members and the appointing authority determines a three-member board is preferable, the appointing authority shall not reduce the size of the board except upon the expiration of a member's term and only with the approval of the Commission. The appointing authority shall designate one member of the local board as chairman.

(a1) Mission. - The mission of local ABC boards and their employees shall be to serve their localities responsibly by controlling the sale of spirituous liquor and promoting customer-friendly, modern, and efficient stores.

(b) City Boards. - City ABC board members shall be appointed by the city governing body, unless a different method of appointment is provided in a local act enacted before the effective date of this Chapter.

(c) County Boards. - County ABC board members shall be appointed by the board of county commissioners, unless a different method of appointment is provided in a local act enacted before the effective date of this Chapter.

(d) Qualifications. - The appointing authority shall appoint members of a local board on the basis of the appointees' interest in public affairs, good judgment, knowledge, ability, and good moral character.

(e) Vacancy. - A vacancy on a local board shall be filled by the appointing authority for the remainder of the unexpired term. If the chairman's seat becomes vacant, the appointing authority may designate either the new member or an existing member of the local board to complete the chairman's term.

(f) Removal. - A member of a local board may be removed for cause at any time by the appointing authority. Local board members are subject to the removal provisions of G.S. 18B-202.

(g) Compensation of Board Members. - A local board member shall receive compensation in an amount not to exceed one hundred fifty dollars (\$150.00) per board meeting unless a different level of monetary compensation is approved by the appointing authority. If a different level is approved by the appointing authority, the appointing authority shall notify the Commission of the approved level of compensation in writing. Any change in compensation approved by the appointing authority shall be reported to the Commission in writing within 30 days of the effective date of the change. No local board member shall receive any nonmonetary compensation or benefits unless specifically authorized by this section.

(g1) Compensation of General Managers of Local Boards. - The salary authorized for the general manager, as defined in G.S. 18B-101, of a local board shall not exceed the salary authorized by the General Assembly for the clerk of superior court of the county in which the appointing authority was originally incorporated unless such compensation is otherwise approved by the appointing authority. The local board shall provide the appointing authority's written confirmation of such approval to the Commission. Any change in compensation approved by the appointing authority shall be reported to the Commission in writing within 30 days of the effective date of the change. The general manager of a local board may receive any other benefits to which all employees of the local board are entitled. The salary authorized for other employees of a local board may not exceed that of the general manager.

(g2) Travel Allowance and Per Diem Rates. - Approved travel on official business by the members and employees of local boards shall be reimbursed pursuant to G.S. 138-6 unless the local board adopts a travel policy that conforms to the travel policy of the appointing authority and such policy is approved by the appointing authority. The local board shall annually provide the appointing authority's written confirmation of such approval to the Commission and a copy of the travel policy authorized by the appointing authority. Any excess expenses not covered by the local board's travel policy shall only be paid with the written authorization of the appointing authority's finance officer. A copy of the written authorization for excess expenses shall be submitted to the Commission by the local board within 30 days of approval.

(h) Conflict of Interest. - The provisions of G.S. 18B-201 shall apply to local board members and employees.

(i) Bond. - Each local board member and the employees designated as the general manager and finance officer of the local board shall be bonded in an amount not less than fifty thousand dollars (\$50,000) secured by a corporate surety, for the faithful performance of his duties. A public employees' blanket position bond in the required amount satisfies the requirements of this subsection. The bond shall be payable to the local board and shall be approved by the appointing authority for the local board. The appointing authority may increase the amount of the bond required for any member or employee who handles board funds.

(j) Limited Liability. - A person serving as a member of a local ABC board shall be immune individually from civil liability for monetary damages, except to the extent covered by insurance, for any act or failure to act arising out of this service, except where the person:

- (1) Was not acting within the scope of his official duties;
- (2) Was not acting in good faith;
- (3) Committed gross negligence or willful or wanton misconduct that resulted in the damage or injury;
- (4) Derived an improper personal financial benefit from the transaction; or
- (5) Incurred the liability from the operation of a motor vehicle.

The immunity in this subsection is personal to the members of local ABC boards, and does not immunize the local ABC board for liability for the acts or omissions of the members of the local ABC board.

(k) Nepotism. - Members of an immediate family shall not be employed within the local board if such employment will result in one member of the immediate family supervising another member of the immediate family, or if one member of the immediate family will occupy a position which has influence over another member's employment, promotion, salary administration, or other related management or personnel considerations. This subsection applies to local board members and employees.

For the purpose of this subsection, the term "immediate family" includes wife, husband, mother, father, brother, sister, son, daughter, grandmother, grandfather, grandson, and granddaughter. Also included are the step-, half-, and in-law relationships. It also includes other people living in the same household, who share a relationship comparable to immediate family members, if either occupies a position which requires influence over the other's employment, promotion, salary administration, or other related management or personnel considerations.

(l) Local Acts. - Notwithstanding the provisions of any local act, this section applies to all local boards. (1981, c. 412, s. 2; c. 747, s. 50; 1981 (Reg. Sess., 1982), c. 1262, s. 10; 1989, c. 800, s. 19; 2010-122, ss. 9-16.)

§ 18B-701. Powers and duties of local ABC boards.

(a) Powers. - A local board shall have authority to:

- (1) Buy, sell, transport, and possess alcoholic beverages as necessary for the operation of its ABC stores;
- (2) Adopt rules for its ABC system, subject to the approval of the Commission;
- (3) Hire and fire employees for the ABC system;
- (4) Designate one employee as manager of the ABC system and determine his responsibilities;
- (5) Require bonds of employees as provided in the rules of the Commission;
- (6) Operate ABC stores as provided in Article 8;
- (7) Issue purchase-transportation permits as provided in Article 4;
- (8) Employ local ABC officers or make other provision for enforcement of ABC laws as provided in Article 5;
- (9) Borrow money as provided in G.S. 18B-702;
- (10) Buy and lease real and personal property, and receive property devised or given, as necessary for the operation of the ABC system;
- (11) Invest surplus funds as provided in G.S. 18B-702;
- (12) Dispose of property in the same manner as a city council may under Article 12 of Chapter 160A of the General Statutes; and
- (13) Perform any other activity authorized or required by the ABC law.

(b) Duties. - A local board shall have the duty to comply with all rules adopted by the Commission pursuant to this Chapter and meet all standards for performance and training established by the Commission pursuant to G.S. 18B-203(a)(20) and (21). Failure to comply with Commission rules shall be cause for removal. (1937, c. 49, ss. 10, 12; cc. 411, 431; 1939, c. 98; 1957, cc. 1006, 1334; 1963, c. 1119, s. 2; 1967, c. 1178; 1969, cc. 118, 902; 1971, c. 872, s. 1; 1973, cc. 85, 185; c. 1000, ss. 1, 2; 1977, c. 618; 1979, c. 467, s. 20; c. 617; 1981, c. 412, s. 2; 2010-122, s. 17; 2011-284, s. 13.)

Laurie Lee

Director of Pricing Division & ABC Board Audits

NC ABC Commission
400 E. Tryon Road, Raleigh, NC 27610
P: 919-779-8354 F: 919-661-5927
laurie.lee@abc.nc.gov

E-mail correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties.

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Appointment to the CADA Board of Directors:

Mr. Nathan Pearce, Assistant County Manager, appeared before the Board to obtain approval of the reappointment of Mr. Chester Deloatch and Mrs. Sheila Evans to the CADA Board of Directors for another two year term.

A motion was made by Charles Tyner and seconded by Geneva Faulkner to reappointment Mr. Deloatch and Mrs. Evans to the CADA Board of Directors for another two year term. **Question Called:** *All present voting yes.* **Motion carried.**

**PLEASE SEE SCANNED DOCUMENTS WHICH ARE
HEREBY MADE A PART OF THESE MINUTES:**

DECISION PAPER

TO: The Northampton County Board of Commissioners

FM: Nathan Pearce, Assistant County Manager

DT: December 4, 2017

RF: Appointment to the CADA Board of Directors

PURPOSE:

To obtain the Board's approval to reappoint two members to the CADA Board of Directors

FACTS:

1. The By-Laws of CADA designate two Board positions to be appointed by Northampton County.
2. Those appointed may be County Commissioners or may be selected by the County Commissioners from other residents in the County for representation.
3. The term of office is two years.
4. The current Board members appointed by Northampton County are Chester Deloatch and Shelia Evans.

RECOMMENDATION:

That the Board reappoint Chester Deloatch and Shelia Evans for a two-year term.

Action by the Commissioners:

Approved: _____
 Disapproved: _____
 Other: _____


 County Manager



Serving Northeastern North Carolina Since 1962
 Choanoke Area Development Association of NC, Inc.
 Post Office Box 530, Rich Square, North Carolina 27869
 Telephone: 252.539.4155* Fax: 252.539.2048
 www.nc-cada.org

November 21, 2017

Robert V. Carter, Chair
 Northampton Board of Commissioners
 100 West Jefferson Street
 P.O. Box 808
 Jackson, NC 27845

Dear Commissioner Carter:

RE: Appointment of Two Representatives to the CADA Board of Directors 2018-2019


The By-Laws of Choanoke Area Development Association of North Carolina, Inc. (CADA), designate two Board positions to be appointed by Northampton County. Those appointed by the County may be County Commissioners themselves or may be selected by the Commissioners from other County residents that can represent the County. The term of office is two years. There is no limit to the number of terms a County appointee may serve.

It is important to the mission of this agency that County appointees to the Board have knowledge, experience, and leadership skills that enable CADA to coordinate and maximize resources to serve those in need. Board meetings are on the second Tuesday of each month at 6:00 pm and usually are held at the CADA Administrative Office in Rich Square.

The current Board members appointed by Northampton County are Chester Deloatch and Shelia Manley Evans. Mr. Deloatch and Ms. Evans are eligible to be reappointed. CADA is requesting that your appointments be made by December 12, 2017. The new Board will be installed at the annual meeting on January 9, 2018.

Please let us know if you need additional information. The CADA Board and staff appreciate the continuing support and guidance of the County.

Sincerely,


 Sallie P. Surface
 Executive Director

cc: Kimberly Turner
 County Manager

Print

2016-2017 CADA Board of Directors

CADA Board of Directors Meetings is the Second Tuesday of the Month.

Resolution In Memory And Appreciation For

The Life and Service Of:

Howard Bishop Ervin

Joyce Dixon Bohannon

Bertie County 6

Hall, Dr., Kashi

Kedley, Curt

Peele, James

Rascoe, Morris

Saunders, Vivian

Watford, Bruce

Halifax County 8

Brown, Jr., Jackson

Caudle, Robert

Davis, M'Bechi Tyree

Edmonds, Jerrica

Elam, Dr. Michael

Riddick, Alfred

Simmons, Jeremiah

Smith, James

Smith, Marcelle

Hertford County 6

Hall, J., Wendell

Johnson, Lynn

Lee, Daphne

Parker, Arica

Pierce, Hazel

Martin Co. 6

Council, Barbara

Boham, Dr. Kenneth

Rodgers, Sheriqueenma

Rodgers, Tina

Thompson, Carolyn

Whitley, David

Northampton County 6

DeLoatch, Chester

Evans, Sheila Manley

Jerman, Rev. George

Moody, Catherine

Spruill, Venus

Williams, Robin

HS/EHS Policy Council 2

Cordon, Dr. Chris

Elliott, Isaiah

Page 2 of 2

Trent, Daynelle

Print

Composition of Board Members 1/3 Public Officials/Representatives

1/3 Community-At-Large/Representatives

1/3 Low-Income Representatives

Press Release

Choanoke Area Development Association of NC, Inc. (CADA) has designated November 20th – 30th, 2017 for district election meetings. The purpose of these meetings is to elect two (2) electors from each community within an established district. These selected electors will meet within their respective district to elect one (1) district representative to CADA's Board of Directors. A board member does not have to be a low-income person but must be selected by the low-income residents of a CADA district as their representative.

Residents must be 18 years of age or older to be eligible to nominate an elector and to vote. CADA employees are not eligible to nominate candidates or to vote in the election. All low-income persons are encouraged to participate in the election process. Polling locations, dates and times for voting are as follows: [Click on this Link for voting District and Dates](#)

Motor Vehicle Refunds:

Mrs. Cathy Allen, Tax Administrator, appeared before the Board to obtain approval to release or refund Ad Valorem taxes assessed in the amount of \$703.66 on 22 appeals.

A motion was made by Fannie Greene and seconded by Chester Deloatch that the motor vehicle refunds be approved as submitted. **Question Called: All present voting yes. Motion carried**

Appeal of Value (Mrs. Jamie East):

Mrs. Cathy Allen, Tax Administrator and Mr. Avery Davis, Chief Appraiser, appeared before the Board to request a decision on an appeal value from Mrs. Jamie East for parcel 06-00045.

Mr. East addressed the Board and stated that he felt his tax value shouldn't have been raised due to his property still being renovated. He also compared his property to his neighbor's property that is currently being renovated as well and they received a reduction in value.

A motion was made by Charles Tyner and seconded by Geneva Faulkner to deny the request from Mrs. East. **Question Called: All present voting yes. Motion carried.**

**PLEASE SEE SCANNED DOCUMENTS WHICH ARE
HEREBY MADE A PART OF THESE MINUTES:**

DECISION PAPER

TO: NORTHAMPTON COUNTY BOARD OF COMMISSIONERS

FROM: CATHY B. ALLEN, TAX ADMINISTRATOR

RE: AD VALOREM TAX APPEALS

DATE: NOVEMBER 28, 2017

THIS IS A DECISION PAPER

PURPOSE: To obtain the Board's approval to release or refund Ad Valorem taxes assessed in the amount of \$703.66 on twenty-two (22) appeals.

FACTS: Attached hereto is a listing of property owners who have requested that I appeal to the board of Commissioners on their behalf for a release of refund of tax to which they seek relief as provided in G.S. 105-381.

DISCUSSION: G.S. 105-381 Provides that a taxpayer asserting a valid defense to the enforcement of the collection of a tax assessed upon his property may appeal to the Board of Commissioners for relief of such a tax. Such appeal must be presented within five years after the tax first became due or within six months after the payment of such tax, whichever is later.

The Board of Commissioners may, upon receiving a taxpayer's written statement of a valid defense, release or refund such tax if the valid defense is one of the following:

- (1) A tax imposed through clerical error
- (2) An illegal tax
- (3) A tax levied for an illegal purpose

CONCLUSION: The Board of Commissioners have the authority to grant, release, or refund due to the above three reasons.

Respectfully submitted,

CATHY B. ALLEN

TAX ADMINISTRATOR

ACTION BY THE BOARD OF COMMISSIONERS:

APPROVED _____

DISAPPROVED _____

OTHER _____

DATE _____

SIGNATURE _____

OCTOBER 2017 REFUND

AD VALOREM TAX APPEALS

MOTOR VEHICLE REFUND ADJUSTMENTS

NAME	ACTION	AMOUNT	REASON
BEASLEY, JOHN & NANCY	REFUND	\$ 9.48	VEHICLE SOLD
BOWMAN, DORIS HARGROVE	REFUND	\$ 94.06	SITUS ERROR
CARTER, LEE PRENTIS	REFUND	\$ 5.96	VEHICLE SOLD
COOMBS, BETTY FIELDS	REFUND	\$ 42.53	VEHICLE SOLD
DALZELL, BRENDAN LEO	REFUND	\$ 11.66	SITUS ERROR
EDWARDS, JOSEPH ALSTON	REFUND	\$ 85.02	VEHICLE SOLD
EDWARDS, MARJORIE BISHOP	REFUND	\$ 117.36	TAG SURRENDER
EDWARDS, PURNELL	REFUND	\$ 3.79	VEHICLE SOLD
HARRIS, MICHAEL EUGENE	REFUND	\$ 32.41	VEHICLE SOLD
LAZARUS, IMMANUEL MANOHAR	REFUND	\$ 8.53	VEHICLE SOLD
LINMAN, GARY DALE	REFUND	\$ 44.69	VEHICLE SOLD
MITCHELL, ELSIE MARIE	REFUND	\$ 12.13	VEHICLE TOTALLED
MOORE, PEGGY MITCHELL & AUSTIN	REFUND	\$ 38.06	VEHICLE SOLD
OUTLAND, ROBERT BOONE III	REFUND	\$ 85.69	VEHICLE SOLD
PEARCE, NICOLE ALLEN	REFUND	\$ 14.06	REGISTERED OUT OF STATE
PULLEY, LOFTON MADDREY	REFUND	\$ 14.41	VEHICLE SOLD
STEPHENSON, HENRY BARHAM	REFUND	\$ 10.98	VEHICLE SOLD
TAYLOR, ANTHONY EUGENE	REFUND	\$ 10.98	VEHICLE SOLD
VAUGHAN, FRED HOLDEN JR & ANGELA	REFUND	\$ 24.13	SITUS ERROR
VINCENT, DOUGLAS EARL	REFUND	\$ 4.02	VEHICLE SOLD
VINCENT, IMANI ARIANNE	REFUND	\$ 26.54	VEHICLE SOLD
ZACHAROPOULOS, THEMISTOKLIS	REFUND	\$ 7.17	SITUS ERROR
TOTAL REFUND AMOUNT		\$ 703.66	

Respectfully submitted,

CATHY B. ALLEN

TAX ADMINISTRATOR

CBA/epj

CC: Board of Commissioners (7)

County Manager (1)

Clerk to Board (6)

PROPOSAL PAPER

TO: NORTHAMPTON COUNTY BOARD OF COMMISSIONERS
FM: Cathy Allen, Tax Administrator
RE: Jamie L. East Appeal on Parcel 06-00045
DT: October 27, 2017

PURPOSE: For the Board of Commissioners to hear Mrs. East's appeal on parcel 06-00045.

FACTS: Mrs. East has appealed the assessed value of \$36,350 on parcel 06-00045, known as THOMPSON LOT, with a physical address of 485 E Jackson St, per a letter dated October 23, 2017.

Pursuant to North Carolina General Statute Section 105-322 (g) (2) (a) states that an appeal must be made in writing to or by personal appearance before the board prior to its adjournment. The Board adjourned on May 15, 2017 for the receiving of value appeals. Therefore, the Easts failed to make a timely appeal.

Mrs. East is basing her appeal on changes made in 2016 and the value of the parcel adjacent to theirs. The Easts paid cash for this parcel; therefore, an appraisal was not required.

All of the percentage changes were based on page 119 of the Northampton County 2015 Schedules of Values adopted by the board in November, 2014.

Mr. Avery Davis, Northampton County Chief Appraiser made a personal visit to this property on January 26, 2016. At that date, he observed the house was being worked on and assumed that the house was in worse shape on January 1, 2016; therefore he adjusted the value of the parcel from \$43,877 to \$25,970. The Easts were informed of the change per a letter dated April 4, 2016. This letter had a typing error which stated that the percentage completion of the remodel was 100% when, in fact, it was 58% complete as of January 1, 2016 and was assessed at 58% complete. Mr. Davis revisited the parcel on December 9, 2016 and changed the percentage of completion of the remodel from 58% to 78% and assessed a storage building on the parcel. This changed the assessed value from \$25,970 to \$36,350. The change in value for 2017 was indicated on their 2017 listing abstract. The Easts informed the tax office that they did receive their abstract. Mr. Davis visited the parcel on October 3, 2017 to review the

percentage of completion and found no reason to change the percentage of completion from 78% for 2018.

The Easts purchased this parcel in November of 2015 for the price of \$25,000.

Per the Building Inspectors Office no building permit has been issued for the changes the Easts have made.

Listed below is a breakdown of the changes to the houses on parcels 06-00045 (485 E Jackson ST) and parcel 06-00166 (481 E Jackson St.)

YEAR	HOUSE VALUE LOCATED AT	HOUSE VALUE LOCATED AT
	481 E JACKSON ST	485 E JACKSON ST
2015	\$18,226	\$31,024
2016	\$18,226	\$12,817
2017	\$15,008	\$21,548
EST. VALUE FINISHED		\$27,626
EST. VALUE ADJUSTED	\$3,218	\$3,398

Listed below is a breakdown of the amount of taxes saved on the changes to the houses on parcels 06-00045 (485 E Jackson ST) and parcel 06-00166 (481 E Jackson St.)

YEAR	TAXES SAVED	TAXES SAVED
	481 E JACKSON ST	485 E JACKSON ST
2015		
2016	\$0.00	\$294.95
2017	\$52.14	\$153.51
EST TAX SAVING		\$55.05

DISCUSSION:

Pursuant to North Carolina General Statute Section 105-287, in a year in which a general reappraisal of real property in the county is not made (the effective date for the last general reappraisal for Northampton county is January 1, 2015), the Tax Assessor cannot decrease or increase the appraised value of real property based on the sale price. The Tax Assessor can change the value based on the Schedule of Values being misapplied or when there are physical changes which would not be considered maintenance to the property.

When the Easts complete the work to their house, the adjusted value on the house will be \$3,398 less than the value of the house in 2015. The house at 481 E JACKSON ST will be assessed \$3,218 less than its value in 2015.

The main difference in the value of the two houses is the year built. The house at 481 E JACKSON ST was built in 1920 and the East's house was built in 1954

CONCLUSION: The Easts have been treated fairly in the assessment of parcel 06-00045.

RECOMMENDATION: I, therefore recommend that the Board make no changes to the East's parcel 06-00045.

Cc: dp06-00045

ACTION BY THE BOARD:

APPROVED _____

DISAPPROVED _____

OTHER _____

SIGNATURE & DATE _____

To Whom it may concern,

My name is Jamie East. I live at 485 E Jackson St. After speaking with my local tax officials, it has come to my attention that there was a mistake in the most recent appraisal of my home. Since it has passed the date to file an appeal, I would like to request a meeting before the county commissioners to resolve this issue. Thank you very much and I appreciate your time.

Sincerely
Jamie East
485 E Jackson St
Rich Square, NC 27869
(757) 576-3305





NORTHAMPTON COUNTY

Tax Department

Post Office Box 637, 104 Thomas Bragg Drive

Jackson, North Carolina 27845

(252) 534-1309 Ext 161

Fax (252) 534-1406

Avery L. Davis Chief Appraiser

April 4, 2016

EAST, JAMIE L
PO BOX 81
BARCO, NC 27917

Dear Taxpayer,

I am writing in reference to your parcel number 06-00045 of which EAST, JAMIE L owns 100%. This parcel is known as the THOMPSON LOT tract and has a physical address of 485 E JACKSON ST. The assessed value has changed from \$43,877 to \$25,970. This value represents 100% of the assessed value on this parcel. Your account number is 128226.

The value change on this parcel was due to the assessment of a(n) **REMODEL HOUSE** which was **100%** complete as of January 1, 2016.

If the percentage of completion is incorrect please fill in the blanks below and return this letter to this office within 15 days (April 19, 2016). I will make the necessary changes.

If you have any questions on the change in assessed value please call me at 252-534-1309 Ext. 161. I will be glad to review it with you.

Sincerely,

AVERY L. DAVIS
Chief Tax Appraiser

Response of Property Owner

My **REMODEL HOUSE** was ____ % complete on January 1, 2016.

Signed: _____

_____/_____/_____
Date

INSPECTION REPORTS

On the following pages you will find inspection reports for new construction, additions and out buildings.

1. New construction for a house or commercial building and additions to houses or commercial buildings will use the same report.
2. Steps of construction that do not pertain to the subject improvement will be included up to the most recent step of construction as of that inspection.
3. The inspection reports will be used to determine the percentage of completion as of the date of inspection.
4. Each point represents 1% of completion.

HOUSE/COMMERCIAL/ADDITIONS

STEPS OF CONST	INSPECTION REPORT ITEMS COMPLETE TO DATE	SEE NOTES	POINTS
1	FOOTINGS		2
2	FOUNDATION WALLS & PIERS		2
3	FLOOR FRAME (JOISTS) OR SLAB		3
4	SUBFLOOR		2
5	OUTSIDE STUDS & CEILING JOISTS		4
6	INSIDE STUDS & CEILING JOISTS		4
7	ROOF FRAMING		2
8	ROOF SHEATHING & FELT		3
9	PERMANENT ROOF (SHINGLES)		3
10	FIREPLACES & CHIMNEY	*	2
11	ROUGH-IN PLUMBING		5
12	ROUGH-IN WIRING		3
13	ROUGH-IN HEAT/COOLING (DUCTWORK)		2
14	OUTSIDE WINDOWS & DOORS		5
15	SIDING AND/OR BRICK VENEER		9
16	EXTERIOR TRIM (INCLUDING GUTTERS)		3
17	EXTERIOR PAINT (PRIME)		1
18	INSULATION (WALLS & CEILING)		2
19	INTERIOR WALLS & CEILINGS (SHEETROCK/PANEL)	**	8
20	INTERIOR TRIM (WINDOWS & DOOR MOLDING)	**	5
21	KITCHEN CABINETS		3
22	INTERIOR DOORS	**	2
23	INTERIOR PAINT (PRIME)		1
24	BATHROOM TILE (FLOORS & WALLS)	**	3
25	PLUMBING COMPLETE (BATHS & KITCHEN)	**	3
26	INTERIOR PAINT COMPLETE (INC. WALLPAPER)	**	2
27	HARDWARE (DOORS, WINDOWS, CABINETS)	**	2
28	WIRING COMPLETE (INC. FIXTURES & TRIM)	**	2
29	EXTERIOR PAINT COMPLETE		2
30	HEATING/AIR CONDITION UNITS INSTALLED		5
31	FLOOR COVERING (CARPET, VINYL, WOOD)	**	3
32	SCREENS / STORM WINDOWS		2

% COMPLETED THIS ADVANCE
TOTAL % COMPLETED TO DATE

NOTES

- * Check and confirm to see if the building is being assessed with these items
** How many rooms are finished, finish/not finish X points

Tax Collections

2015

STCSBINQRI

Tax Bill Inquiry

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=====
Bill Nbr: 15A0600045      Bill Date: 08/31/15  Bill Status: C
Account: 24793      ELLIOTT, MYRNA PERRY      Bill Class: RR
Desc/Loc: 485 E JACKSON ST      Bill Type: R
Parcel ID: 06-00045
Map/Blk/Lt: 5912.00-01-383      District: 06 RICH SQUARE      Tax Year(s): 15
Real Value: 43,877
Pers Value:      Principal:      0.00
Exemptions: 25,000      Interest:      0.00      as of 11/08/17
Deferments: 0      Balance Due:      0.00

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Ln   Date:   Trans:      Amount:   Paid By:      Reference:
1 11/12/15 COUNTER      510.31- JONES & CARTER PA      LLS*15*314*54
2
3
4
5

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Enter detail(/), date(D), receipt(Ln#), report(P), or return<CR>

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Tax Collections

2016

STCSBINQRI

Tax Bill Inquiry

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=====
Bill Nbr: 16A0600045      Bill Date: 08/17/16  Bill Status: C
Account: 128226      EAST, JAMIE L      Bill Class: RR
Desc/Loc: 485 E JACKSON ST      Bill Type: R
Parcel ID: 06-00045
Map/Blk/Lt: 5912.00-01-383      District: 06 RICH SQUARE      Tax Year(s): 16
Real Value: 25,970
Pers Value:      Principal: 0.00
Exemptions: 0      Interest: 0.00      as of 11/08/17
Deferments: 0      Balance Due: 0.00

Ln  Date:  Trans:      Amount:  Paid By:      Reference:
1  02/23/17  COUNTER      648.95-  EAST, JAMIE L      LLS*17*S4*32
2
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Enter detail(/), date(D), receipt(Ln#), report(P), or return<CR>

2017

Tax Collections STCSBINQRI

=====

Tax Bill Inquiry

=====

Bill Nbr: 17A0600045	Bill Date: 07/21/17	Bill Status: C
Account: 128226 EAST, JAMIE L		Bill Class: RR
Desc/Loc: 485 E JACKSON ST		Bill Type: R
Parcel ID: 06-00045		
Map/Blk/Lt: 5912.00-01-383	District: 06 RICH SQUARE	Tax Year(s): 17
Real Value: 36,350		
Pers Value:	Principal: 799.74	
Exemptions: 0	Interest: 0.00	as of 11/08/17
Deferments: 0	Balance Due: 799.74	

Ln	Date:	Trans:	Amount:	Paid By:	Reference:
1					
2					
3					
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Enter detail(/), date(D), receipt(Ln#), report(P), or return<CR>

Tax Collections

2016

STCSBINQRI

Tax Bill Inquiry

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=====
Bill Nbr: 16A0600166      Bill Date: 08/17/16  Bill Status: C
Account: 91811    MARTIN, DONALD PATRICK      Bill Class: RR
Desc/Loc: 481 E JACKSON ST                    Bill Type: R
Parcel ID: 06-00166
Map/Blk/Lt: 5912.00-01-281  District: 06 RICH SQUARE  Tax Year(s): 16
Real Value:      28,726
Pers Value:      0      Principal:      0.00
Exemptions:      0      Interest:      0.00  as of 11/08/17
Deferments:      0      Balance Due:      0.00
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Ln   Date:   Trans:   Amount:   Paid By:   Reference:
1 09/08/16 COUNTER  676.22- JONES & CARTER PA  SAX*16*253*2
2
3
4
5
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Enter detail(/), date(D), receipt(Ln#), report(P), or return<CR>

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Tax Collections
=====
Tax Bill Inquiry
=====
Bill Nbr: 17A0600166      Bill Date: 07/21/17      Bill Status: C
Account: 128834      HUMMELL, KENNETH SCOTT ET UX HUMMELL, BR Bill Class: RR
Desc/Loc: 481 E JACKSON ST      Bill Type: R
Parcel ID: 06-00166
Map/Blk/Lt: 5912.00-01-281      District: 06 RICH SQUARE      Tax Year(s): 17
Real Value:      25,508
Pers Value:      Principal:      624.08
Exemptions:      0      Interest:      0.00      as of 11/08/17
Deferments:      0      Balance Due:      624.08

Ln  Date:  Trans:      Amount:  Paid By:      Reference:
1
2
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Enter detail(/), date(D), receipt(Ln#), report(P), or return<CR>

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ORTHAMPTON COUNTY, N.C. - PROPERTY TAX LISTING FORM
 TO AVOID A LATE LISTING PENALTY,
 PLEASE LIST PERSONAL PROPERTY IN SECTION D & E
 AND RETURN NO LATER THAN FEB. 17th

See Section I for Tax Exclusions/Exemptions

NORTHAMPTON CO. ABSTRACT FOR PROPERTY LISTING AS OF: January 1, 2017										PAGE: 1		FILING NBR:0604834																																																																																																															
A		PARCEL	LOCATION ADDRESS	DESCRIPTION	ACRES/ LOT	PCT OWNED	DRAIN DIST	FIRE DIST	SW CT	TOWN CODE	LAND & BLDG VALUE	DEFERRED VALUE	PARCEL TAX VALUE																																																																																																														
		06-00045	485 E. JACKSON ST	THOMPSON LOT	0.85	100		F56	1	C56	\$36,350	\$0	\$36,350																																																																																																														
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E LIST ALL BOATS, MOTORS, JET SKIS, OTHER PERSONAL WATERCRAFTS/VEHICLES, IN THIS SECTION REGISTERED OR UNREGISTERED WITH NC WILDLIFE COMMISSION. ALSO LIST UNREGISTERED (UNLICENSED) MOTOR VEHICLES INCLUDING CARS, TRUCKS, TRAILERS, ETC. OWNED BY YOU AND NOT CURRENTLY LICENSED BY THE NC DIVISION OF MOTOR VEHICLES AND AIRCRAFT IN THIS SECTION. NOTE: ALL MOTOR VEHICLES WITH MULTI-YEAR TAGS ALSO SHOULD BE LISTED IN THIS SECTION. <table border="1"> <thead> <tr> <th>CODE</th> <th>YEAR</th> <th>MAKE</th> <th>MODEL</th> <th>VEHICLE ID NUMBER</th> <th>LENGTH/HORSEPOWER</th> <th>YEAR PURCHASED</th> <th>PURCHASED PRICE</th> <th>TAX VALUE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>														CODE	YEAR	MAKE	MODEL	VEHICLE ID NUMBER	LENGTH/HORSEPOWER	YEAR PURCHASED	PURCHASED PRICE	TAX VALUE																																																																																																					
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K AFFIRMATION OF PROPERTY OWNER REF. GS 105-310311. Under the penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief this listing, including any accompanying statements, inventories, schedules and other information is true and complete. If this affirmation is signed by one other than the taxpayer, he/she affirms that he/she is familiar with the extent and true value of all the taxpayer's property subject to taxation in this county and that his/her affirmation is based on information of which he/she has knowledge.																																																																																																																											
RICH SQUARE TOWNSHIP		128226 ACCOUNT		EAST, JAMIE L /		DATE		TOTAL TAX VAL		31,135		(ALL PAGES)																																																																																																															
				SIGNATURE OF OWNER OR AGENT																																																																																																																							



NORTHAMPTON COUNTY

Tax Department

Post Office Box 637, 104 Thomas Bragg Drive

Jackson, North Carolina 27845

(252) 534-4461 or (252) 534-3431

Fax (252) 534-1406 Email: cathy.allen1@nhcnc.net

Cathy B. Allen, Tax Administrator/Collector

November 13, 2017

EAST, JAMIE L
485 E JACKSON STREET
RICH SQUARE, NC 27869

Dear Taxpayer:

The Northampton County Board of Commissioners will meet in Regular Session on Monday, December 4, 2017, at 10:00 a.m. in the Commissioner's Meeting Room located at 100 West Jefferson in Jackson, North Carolina. The time of your hearing will be based on their agenda.

The reason for your appeal is **appeal of the value** on parcel number(s): **06-00045**

Please provide (7) seven copies of all supporting documents you would like the Commissioners to consider in your appeal.

If you cannot attend this hearing, your appeal will be presented to the board on this day with the information previously submitted and a decision will be made based on this information.

Sincerely,

A handwritten signature in cursive script that reads "Cathy B. Allen".

Cathy B. Allen
Tax Administrator

Building Inspection Service Contract:

Ms. Kimberly Turner, County Manager, appeared before the Board to obtain the approval of a service agreement with the City of Weldon to provide inspection services.

A motion was made by Charles Tyner and seconded by Fannie Greene to approve the contract with the City of Weldon to provide inspection services. **Question Called:** *All present voting yes.* **Motion carried.**

**PLEASE SEE SCANNED DOCUMENTS WHICH ARE
HEREBY MADE A PART OF THESE MINUTES:**

**STATE OF NORTH CAROLINA
COUNTY OF NORTHAMPTON**

SERVICE AGREEMENT

THIS AGREEMENT, executed and entered into as of 1 December 2017, by and between the County of Northampton, State of North Carolina, a body politic and corporate, hereinafter called "the County", as party of the first part; and the City of Weldon, State of North Carolina, a body politic and corporate, of Post Office Box 551, Weldon, Halifax County, North Carolina, hereinafter called "the City", as party of the second part;

WITNESSETH:

WHEREAS, Northampton County has no full or part-time employee with the necessary certification from the State of North Carolina required to perform inspection services of all trades for Northampton County, and;

WHEREAS, Richard Cecil Brown, employee of the City is licensed by the State of North Carolina as a Level III inspector certified for inspection of all trades, including building, electrical, plumbing, mechanical and fire inspections, and;

WHEREAS, the County and the City reached a verbal agreement for Richard Cecil Brown to perform the above described services as an independent contractor for the County on a temporary, part-time basis and both parties desire that the terms of said verbal agreement be set forth in the form of a written service agreement.

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

SECTION 1. EMPLOYMENT AND DUTIES:

The County agrees to confer upon said independent contractor the duties for inspections of all trades, including building, electrical, plumbing, mechanical and fire inspections for Northampton County.

SECTION 2. TERM:

This agreement shall continue in full force until terminated by either party as set forth in Section 5 of this Agreement.

SECTION 3. SALARY:

County agrees to pay to the City for the services of said independent contractor the sum of \$50 per hour, plus \$.55 per mile in travel or in mileage allowance to and from his Weldon, North Carolina home to the various inspection sites within Northampton County or to the building inspections office located in Jackson, North Carolina. Said salary and reimbursable travel to be payable upon receipt of invoice submitted to the County from the City. Independent Contractor is to receive no fringe benefits whatsoever and is not to be covered by any County insurance policy or workman's compensation and is not to operate any County motor vehicle.

SECTION 4. OTHER TERMS AND CONDITIONS OF EMPLOYMENT:

During the continuation of this agreement, City and Independent Contractor agrees to be responsible for and keep current all State of North Carolina inspection certification requirements necessary to fulfill the duties herein set forth. Independent Contractor also agrees that he will at all times perform his duties under the supervision and direction of William Flynn, Northampton County Code Enforcement Department Head.

SECTION 5. TERMINATION:

Each party hereto shall have the right to terminate this agreement at any time upon thirty (30) days of written notice of intention to do so.

SECTION 6. INDEMNIFICATION:

City agrees to indemnify, protect and save Northampton County harmless from all liability, obligations, losses, claims, damages, actions, suits, proceedings, costs and expenses, including reasonable attorney fees, arising out of, connected with or resulting directly or indirectly out of the services rendered by said Richard Cecil Brown pursuant to the terms of this Agreement or in any way connected with the rendering of said services. This indemnification arising under this paragraph shall survive the Agreement's termination.

IN WITNESS WHEREOF, the County of Northampton has caused this Agreement to be signed and executed in its behalf by its County Manager, and duly attested by its County Clerk and the City of Weldon has caused this Agreement to be signed and executed in its behalf by its City Manager, and duly attested by its Mayor, both in duplicate, the day and year first above written.

Kimberly L. Turner
Northampton County Manager

ATTEST:

Komita Hendricks, Clerk to the Board
Northampton County

APPROVED AS TO FORM:

A. Scott McKellar, Northampton County Attorney

Mitchell Robertson, City Administrator
City of Weldon

ATTEST:

Julia M. Meacham, Mayor
City of Weldon

This instrument has been pre-audited in the manner required by the Local Government and Fiscal Control Act.

Leslie H. Edwards, Northampton County Finance Officer

Management Matters:

County Manager Kimberly Turner reminded the Board of the Board Retreat scheduled for December 12, 2017.

Approval of 2018 Commissioners' Meetings Calendar:

A motion was made by Fannie Greene and seconded by Chester Deloatch that the calendar for 2018 be adopted with the changing of January 2, 2018 to January 3, 2018 and September 4, 2018 to September 5, 2018. **Question Called:** *All present voting yes.* **Motion carried.**

Appointment of Chair and Vice-Chair and Appointment of County Attorney and Clerk to the Board:

Chairman Carter turned the meeting over to Mr. Scott McKellar, County Attorney, to conduct the appointment for Chair and Vice-Chair of the Board of Commissioners for the 2018 calendar year.

A motion was made by Chester Deloatch and seconded by Fannie Greene to appoint Robert Carter as Chair for the Northampton County Board of Commissioner's for the 2018 calendar year. **Question Called:** *All present voting yes.* **Motion carried.**

A motion was made by Chester Deloatch and seconded by Robert Carter to appoint Fannie Greene as Vice-Chair for Northampton County Board of Commissioner's for the 2018 calendar year. **Question Called:** *yes (Robert Carter, Fannie Greene, and Chester Deloatch) no (Geneva Faulkner, and Charles Tyner).* **Motion carried.**

Mr. McKellar turned the meeting back over to Chairman Carter.

A motion was made by Fannie Greene and seconded by Chester Deloatch to reappoint Mr. Scott McKellar as County Attorney for the 2018 calendar year. **Question Called:** *All present voting yes.* **Motion carried.**

A motion was made by Geneva Faulkner and seconded by Charles Tyner to reappoint Ms. Komita Hendricks as Clerk to the Board for the 2018 calendar year. **Question Called:** *All present voting yes.* **Motion carried.**

Citizens/Board Comments:

Chairman Carter called for Citizens Comments.

Mr. Ken Manuel, Mayor of Woodland, thanked the Commissioners for the playground equipment. He also referenced a letter that was provided to the Board about six issues he has.

Chairman Carter called for Board Comments.

Commissioner Faulkner thanked everyone for attending. She stated that today makes a year on the Board and thanked everyone for their vote of confidence from the citizens. She made comments in reference to economic development, physical condition of facilities, and homes on main highways.

Vice-Chairwoman Greene had no comment.

Commissioner Deloatch had no comment.

Commissioner Tyner thanked everyone for attending and echoed Commissioner Faulkner's comments regarding being on the board for a year. He also stated what he has asked himself what he has done to make the quality of life better in Northampton County. He thanked the Mayor of Woodland for the letter. He also made comments referencing newspaper articles and water surveys.

Chairman Carter thanked the Board for all of their comments. He stated that he is saddened to hear about the disappointment in the progress over the last 6 months and feels we have made an impact. He also stated some of the improvements that have been done in the last year and reminded the two newly appointed Commissioners that the wheels are turning, but they just take time.

A motion was made by Chester Deloatch and seconded by Geneva Faulkner to recess regular session and enter into Closed Session for the purpose of G.S. 143-318.11 (a)(6) . **Question Called:** *All present voting yes.* **Motion carried.**

A motion was made by Chester Deloatch and seconded by Fannie Greene to adjourn the closed session. **Question Called:** *All present voting yes.* **Motion carried.**

A motion was made by Geneva Faulkner and seconded by Fannie Greene to reconvene regular session. **Question Called:** *All present voting yes.* **Motion carried.**

A motion was made by Charles Tyner and seconded by Fannie Greene to adjourn. **Question Called:** *All present voting yes.* **Motion carried.**

2 Approval of Closed Session Minutes for December 4, 2017

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 2

Agenda Time: 10:00

Presenter and/or Subject Matter:

Approval of Closed Session Minutes for December 4, 2017

(omitted)

Komita Hendricks
Clerk to the Board

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 3

Agenda Time: 10:00

Presenter and/or Subject Matter:

Approval of Agenda for January 3, 2018

Komita Hendricks
Clerk to the Board

3 Approval of Agenda for January 3, 2018

The Northampton County Board of Commissioners will meet in Regular Session on Wednesday, January 3, 2018 at 10:00 a.m. in the Commissioners' Meeting Room located at 100 West Jefferson Street, Jackson, North Carolina. The purpose of the meeting is to conduct public business as indicated on the following agenda.

<u>TAB</u>	<u>TIME</u>	<u>DESCRIPTION</u>
	9:50	Agenda Work Session
1	10:00	Approval of Regular Meeting Minutes for December 4, 2017
2		Approval of Closed Session Minutes for December 4, 2017
3		Approval of Agenda for January 3, 2018
4	10:05	Dr. Michael Elam, President of HCC Budget Presentation
5	10:15	Mr. Andy Smith, Health Department Director N. C. State Laboratory of Public Health
6	10:20	Mrs. Robin Williams, Register of Deeds Position Reclassification
7	10:30	Mr. Craig Ellison, County Extension Director EFNEP Agreement for Expanded Services
8	10:35	Mrs. Joslyn Reagor, Aging Director HCCBG Member Appointment
9	10:40	Ms. Leslie Edwards, Finance Officer Budget Amendments
10	10:45	Ms. Kimberly Turner, County Manager 1) Introduction of New Employee 2) Resolution for Jasper Jones Road 2) Managements Matters
11	11:00	Citizens/Board Comments
12	11:30	Closed Session G.S. 143-318.11 (a) (4) - EDC Report
	11:45	Adjourn

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 4

Agenda Time: 10:05

Presenter and/or Subject Matter:

Dr. Michael Elam, President of HCC
Budget Presentation

Komita Hendricks
Clerk to the Board

Budget Presentation

DCC 2-1 (Rev. 8-2017)

NORTH CAROLINA COMMUNITY COLLEGE SYSTEM COLLEGE FY 2017-18 BUDGET (EXCLUDING CAPITAL IMPROVEMENT PROJECTS)

Summary Page

College Name: Halifax CC
Institution Number: 840

	1	2	3	4
	State Budget	County Budget	Institutional Budget	Total Budget
Summary of Revenues (excluding capital improvement projects)				
State*	\$ 9,430,510		\$	\$ 9,430,510
County Funds		\$ 1,323,378	\$	\$ 1,323,378
Institutional Funds			\$ 4,929,756	\$ 4,929,756
Operating Revenue Subtotal	\$ 9,430,510	\$ 1,323,378	\$ 4,929,756	\$ 15,683,644
Fund Balance Appropriated	\$	\$	\$	\$
Total Funds Available	\$ 9,430,510	\$ 1,323,378	\$ 4,929,756	\$ 15,683,644
Summary of Expenditures (excluding capital improvement projects)				
1XX Institutional Support	\$ 2,192,250	\$ 109,025	\$ 12,000	\$ 2,313,275
2XX Curriculum Instruction	\$ 3,777,885	\$	\$ 987,788	\$ 4,765,673
3XX Continuing Education	\$ 1,337,926	\$	\$ 100	\$ 1,338,026
4XX Academic Support	\$ 949,974	\$	\$	\$ 949,974
5XX Student Support	\$ 773,512	\$	\$ 1,211,946	\$ 1,985,458
6XX Plant Operations & Maint.	\$	\$ 1,214,353	\$	\$ 1,214,353
7XX Proprietary/Other	\$	\$	\$ 228,000	\$ 228,000
8XX Student Aid	\$	\$	\$ 2,489,922	\$ 2,489,922
9XX Capital Outlay (excluding capital improvements)	\$ 398,963	\$	\$	\$ 398,963
Total Budgeted Expenditures	\$ 9,430,510	\$ 1,323,378	\$ 4,929,756	\$ 15,683,644
Net (Est. Revenues - Expenditures)	\$	\$	\$	\$

*Includes federal funds that are allocated to colleges by the State Board and are processed through the 112.

**NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
COLLEGE BUDGET: FY 2017-18**

REQUIRED BUDGET REQUEST SIGN-OFF

The attached College Budget has been reviewed and approved on

September 19, 2017 by the Board of Trustees of Halifax Community College

 _____, Chairman.

The attached College Budget has been reviewed and approved in

the amount of \$15,683,644 (\$1,293,378 Halifax County Funds) on

_____, by the County Commissioners of Halifax County.

_____, Chairman.

The attached College Budget has been reviewed and approved in

the amount of \$15,683,644 (\$30,000 Northampton County Funds) on

_____, by the County Commissioners of Northampton County.

_____, Chairman.

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 5

Agenda Time: 10:15

Presenter and/or Subject Matter:

Mr. Andy Smith, Health Department Director

N.C. State Laboratory of Public Health

Komita Hendricks
Clerk to the Board

N. C. State Laboratory of Public Health



NORTHAMPTON COUNTY HEALTH DEPARTMENT

9495 NC 305 HIGHWAY
POST OFFICE BOX 635
JACKSON, NORTH CAROLINA 27845



DECISION PAPER

TO: Northampton County Board of County Commissioners
FROM: Northampton County Health Department
MEETING DATE: January 2, 2018
RE: DHHS: N.C. State Laboratory of Public Health

PURPOSE:

The purpose of this decision paper is to request the Board of Commissioners' approval of the CLIA – Lab Services between the Health Department and DHHS: N.C. State Laboratory of Public Health.

FACTS:

1. The Clinical Laboratory Improvement Amendments (CLIA) of 1988 and the CLIA Final Rule set forth federal standards designed to improve quality in all phases of clinical laboratory testing.
2. The CLIA Contract program falls under the federally defined category of "limited public health testing" allowing a 15 test maximum of waived and moderately complex tests per certificate.
3. The 15 test menu for each contract area is determined by the Laboratory Director based on state program requirements and local needs assessment. Test menus vary slightly from area to area.
4. The proposed contract was sent to Scott McKellar, County Attorney, for review.
5. We are currently paying \$1800.00 per year for this service.
6. The new charge for this service will be \$230.00 per year, which is a savings of \$1570.00 per year.
7. The agreement will be presented to the Board of Health at the January 2nd meeting.

DISCUSSION:

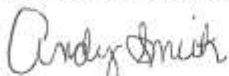
The Centers for Medicare and Medicaid Services (CMS) is the federal oversight agency, with the NC Division of Health Service Regulation administering the regulations in North Carolina. Current subscribers will have their test menus reviewed annually to confirm eligibility for these laboratories classified as "moderately complex". Once a Local Health Department joins a

of quality. If approved, the fee will be \$230.00 per year. The proposed contract was sent to Scott McKellar, County Attorney, on November 3, 2017. The agreement will be presented to the Board of Health at the January 2nd meeting.

RECOMMENDATIONS:

The Northampton County Health Department recommends that the Commissioners approve the proposed contract between Northampton County and DHHS: N.C. State Laboratory of Public Health.

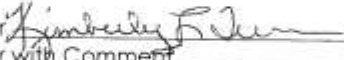
Respectfully submitted,



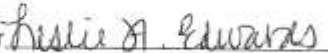
Andy Smith
Health Director

COORDINATION:

County Manager:

Concur 
Concur with Comment _____
Non-concur _____

Finance Director:

Concur 
Concur with Comment _____
Non-concur _____

NORTHAMPTON COUNTY CONTRACT CONTROL SHEET		CONTRACT/VENDOR DHHS: N.C. State Laboratory of Public Health	
VENDOR # 384		Address	1918 Mail Service Center
		Contact	Raleigh, NC 27699-1918
		2 Originals	0 Copies
CONTRACT #	2018-10	Amount \$	230.00/year
New Contract	Yes	Date originally approved by the Board of Commissioners	
Renewal			
Cost or Material Changes			
Original Contract sent to Contract Administrator:		Date:	11/3/2017
Originating Department/Individual: Andy Smith, Health Director		Item or Service: CLIA - Lab Services	
Department Involved: Health Department		Type of Contract: contract	
Line Item Budgeted: 115110 - 519800		Period of Coverage: 01/01/2018 - 12/31/2018	
GRANTS			
Board approval for Application		Approved	Set
Board approval for Acceptance		Approved	Set
COUNTY ATTORNEY		Date Received: 11/3/2017	Date Approved: 11/14/2017
Approved as to Form: YES		Approved as to Legal Sufficiency: YES	
Revisions Necessary? NO		Board Action Necessary? YES	
Date Revisions were made? N/A		Signature: Scott M. Keene	
FINANCE RHE		Date Received: 12/19/17	Date Added: 12/19/17
Non encumbered contract		Yes	No
ASSISTANT COUNTY MANAGER		Date Received	Date Approved:
COUNTY MANAGER PJD		Date Received: 12/19/17	Date Approved: 12/19/17
BOARD OF COMMISSIONERS		CLERK TO THE BOARD	
Date approved by Board		Date Received	Date Attested:
CONTRACT ADMINISTRATOR			
Attorney	Finance	Asst. Cty Mgr	Cty Mgr
Outside Agency Signatures:	Date Sent:	Date received:	
Copies Delivered to Appropriate Departments:		ORIGINATING	FINANCE
Original to Outside Agency: (Departments to deliver)		Date:	
File County Original / Add to Database:		Date:	
NOTES:			
_____ copies sent to originating department with instruction to obtain signatures and return 1 executed original to Legal _____ copies sent to originating departments with note to forward to vendor			
PROBLEMS:			
Corrective Action:		Date:	
		Initial:	



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, STATE LABORATORY OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

SCOTT J. ZIMMERMAN, DrPH, MPH, HCLD (ABB)
LABORATORY DIRECTOR

DANIEL STALEY
DIRECTOR

Memo

To: Health Directors
NCSLPH CLIA Contract Counties

From: Patricia Atwood *PA*
Laboratory Director, CLIA Contract Counties

Date: October 14, 2017

Re: Contract Renewal for 2018

As a current participant in the North Carolina State Laboratory of Public Health (NCSLPH) CLIA Contract Program, you are invited to renew your contract for 2018. Enclosed you will find the:

- 2018 CLIA Contract,
- 2018 CLIA Contract Program Description, and
- Invoice for renewal.

The NCSLPH CLIA Contract Program Description is color-coded by year, with changes italicized for easy identification. As part of the annual contract renewal process, you and your laboratory manager should carefully review the contents of this document, which defines the roles and responsibilities of both parties. We also require that your Clinical Consultant review and sign

[HTTP://SLPH.NCPUBLICHEALTH.COM](http://SLPH.NCPUBLICHEALTH.COM)
TEL 919-733-7834 • FAX 919-733-8695
LOCATION: 4312 DISTRICT DRIVE • RALEIGH, NC 27607
MAILING ADDRESS: 1918 MAIL SERVICE CENTER • RALEIGH, NC 27699-1918
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, STATE LABORATORY OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

SCOTT J. ZIMMERMAN, DrPH, MPH, HCLD (ABB)
LABORATORY DIRECTOR

DANIEL STALEY
DIRECTOR

Appendix 5 of your original copy, which lists his/her duties under the CLIA federal regulations. As part of the Contract Program requirements, the Clinical Consultant also must review normal and alert values annually.

Feel free to make additional copies of the Program Description for you and your staff. However, the signed, color-coded original must be kept on file in your laboratory. The cost of renewal for 2018 will remain unchanged at \$230.

The 2018 NC CLIA Contract Program represents our continued commitment to provide a qualified Laboratory Director and Technical Consultant, contingent upon each participating county fulfilling the specified terms of this agreement. With many aspects of our program serving as a best practice model for the nation, the State Laboratory of Public Health is proud to offer this service for another year. Should you choose to renew your contract, please remit the fee and signed contract by the deadline date.

The Contract and annual fee should be submitted to the NC State Laboratory of Public Health, but separately from other payments.

The Contract should be:

- Signed by you and your laboratory manager,
- Mailed to Patricia Atwood in the enclosed envelope. The invoice and payment may be sent at the same time or separately from the signed contract.
- Received by Patricia Atwood no later than December 5, 2017.

Please do not hesitate to contact me or your technical consultant with any questions or concerns. Your cooperation is appreciated as we work together to ensure laboratory efficiency, testing accuracy, and regulatory compliance through this most relevant and beneficial program.

[HTTP://SLPH.NCPUBLICHEALTH.COM](http://SLPH.NCPUBLICHEALTH.COM)
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, STATE LABORATORY OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

SCOTT J. ZIMMERMAN, DrPH, MPH, HCLD (ABB)
LABORATORY DIRECTOR

DANIEL STALEY
DIRECTOR

INVOICE

To: Northampton County Health Department
From: David Yoder, Business Services Coordinator
Invoice #: CL5-0268
Date: 10/13/17
Re: North Carolina State Laboratory of Public Health CLIA Contract Program Annual Fee

This is an invoice for the annual fee for participating in the North Carolina State Laboratory of Public Health (NCSLPH) CLIA Contract Program. Payment of this fee secures the administrative personnel and technical services, as described in the Contract Description (Appendix 2 of the 2018 Contract Description) and required by CLIA, to perform laboratory testing at your facility.

Amount Due: \$230.00

Date Due: December 4, 2017

Remit to: NC State Laboratory of Public Health
Accounts Receivable
Post Office Box 28047
Raleigh, N.C. 27611-8047

This payment must be separate from other payments made to the SLPH and must be returned with a copy of this invoice.

DHHS CONTROLLER'S OFFICE USE ONLY - PLEASE TRANSFER FUNDS TO BUDGET CODE 14430

COMPANY	REVENUE ACCOUNT	CENTER	AMOUNT
1B01	435300	1174-5690-04	\$230.00

HTTP://SLPH.NCPUBLICHEALTH.COM
TEL 919-733-7834 • FAX 919-733-8695
LOCATION: 4312 DISTRICT DRIVE • RALEIGH, NC 27607
MAILING ADDRESS: 1918 MAIL SERVICE CENTER • RALEIGH, NC 27699-1918
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, STATE LABORATORY OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

SCOTT J. ZIMMERMAN, DrPH, MPH, HCLD (ABB)
LABORATORY DIRECTOR

DANIEL STALEY
DIRECTOR

CONTRACT

January 1, 2018 through December 31, 2018

The undersigned representatives of **Northampton County Health Department**, having been informed of the provisions of the contract program established by the North Carolina State Laboratory of Public Health (SLPH), do understand and do choose to participate. It is further understood by these representatives that this participation is voluntary, and that **Northampton County Health Department** may withdraw at any time to obtain certification independent of this contract. It is further understood that, should **Northampton County Health Department** fail to abide by the conditions of participation as set forth by the SLPH, the SLPH may withdraw the contract and thus **Northampton County Health Department** would need to obtain certification independent of the contract. This contract is subject to annual renewal, based on a calendar year.

Health Director	Date	Laboratory Manager	Date
-----------------	------	--------------------	------

The undersigned representatives of the NC SLPH, having established a contract program for local public health laboratories, do agree to provide the above named laboratory with directorship and consultation appropriate to maintain the laboratory's certification under the Clinical Laboratory Improvement Amendments of 1988.

Laboratory Director, NC CLIA Contract Counties	Date	Technical Consultant	Date
---	------	----------------------	------

HTTP://SLPH.NCPUBLICHEALTH.COM
TEL 919-733-7834 • FAX 919-733-8695
LOCATION: 4312 DISTRICT DRIVE • RALEIGH, NC 27607
MAILING ADDRESS: 1918 MAIL SERVICE CENTER • RALEIGH, NC 27699-1918
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

ATTENTION: Copies may be made of this document, but the original (gold-color paper) must be maintained on file with the laboratory. Changes are italicized.

NORTH CAROLINA STATE LABORATORY OF PUBLIC HEALTH CLIA CONTRACT PROGRAM 2018

INTRODUCTION:

The Clinical Laboratory Improvement Amendments (CLIA) of 1988 and the CLIA Final Rule set forth federal standards designed to improve quality in all phases of clinical laboratory testing. Since 1993, approximately one-half of North Carolina's local health departments (LHDs) have subscribed to the State Laboratory of Public Health (SLPH) CLIA Contract Program in order to meet the mandates of CLIA. The CLIA Contract program falls under the federally defined category of "limited public health testing" which allows a 15-test maximum of waived and moderately complex tests per certificate.

OVERSIGHT:

The Centers for Medicare and Medicaid Services (CMS) is the federal oversight agency, with the NC Division of Health Service Regulation administering the regulations in North Carolina.

GUIDELINES:

The guidelines that must be followed by each laboratory include all components of the CLIA '88 Final Rule (42 CFR Part 493) as published 1/24/2003. These guidelines encompass all phases of laboratory analysis including pre- and post-analytic activities. Since the CLIA rules set a minimum standard, the Program also includes acknowledged laboratory practice standards for areas not specified by CLIA (ex. - waived testing.) Inclusion in the Program is voluntary on the part of each LHD; however, participants must follow all aspects of the Program as established. Every effort will be made to resolve problems, but it must be noted that failure of an individual LHD to comply with the guidelines could jeopardize testing in all other LHDs in that contract group. Unresolved failure to comply can result in suspension of testing in that facility or removal from the Program. (See Sanctions, p.7.) This must be done to protect the interests of every LHD in the Program. The specific components of the Program are described below. Because of the CMS definition of "limited public health testing," this program is only for those laboratories that are classified as "moderately complex." Current subscribers will have their test menus reviewed annually to confirm eligibility. Laboratories performing only waived testing, high complexity testing or only moderately-complex testing listed as Provider Performed Microscopy Procedures must apply for CLIA certification on their own. Re-categorization of test methodologies by the federal government may necessitate changes in this program, but participating LHDs will be notified as soon as any changes are identified.

CERTIFICATES:

The Contract Program provides separate certificates from CMS for the four (4) contract areas. An organizational chart for the certificates is found in Appendix 1. The Area

certificates only cover specific fixed sites of the LHDs. **The Area certificates do not cover testing performed at jails, school-based clinics, day care centers, or patients' homes.** The Laboratory Director for these certificates is provided by the NCSLPH. Regional Laboratory Improvement Consultants serve as Technical Consultants and the Lab Director may delegate certain responsibilities to the Technical Consultants. LHDs are grouped to allow a proportionate distribution to each Technical Consultant. Each LHD must designate a Clinical Consultant (see Appendix 5) and provide qualified testing personnel (refer to Appendix 7).

The 15-test menu for each contract area is determined by the Laboratory Director based on state program requirements and local needs assessment. Test menus vary slightly from area to area. LHDs must abide by the test menu for their contract area. Individual laboratories may not make changes to the test menu, methods, kits, or procedures without prior approval of the Laboratory Director or designee.

To maintain these certificates, documentation must be provided to the Laboratory Director or his/her designee annually, **and as changes occur.** The annual deadline for submission is January 31. The required documentation includes:

1. Current name and address of all laboratory testing sites for the facility,
2. List of all laboratory tests performed at any of those sites, along with test methodology, quality control products and CPT codes used,
3. List of testing personnel and assigned tests for each facility,
4. Name of the Clinical Consultant for each facility,
5. Annual report of test totals for each on-site test performed,
6. Continuing education documentation for all testing personnel.

Immediate notification to the Technical Consultant is required when changes occur in items 1-4.

STANDARDIZATION OF LABORATORY SERVICES:

Once a LHD joins a contract area, all LHDs in that group are dependent on each other, to a certain extent, to maintain uniform standards of quality. For this reason, the Program requires participating LHDs to do certain things in a standardized way. Included are:

- A. **Quality Assessment** – In the CLIA Final Rule published January 24, 2003, Quality Assurance was renamed Quality Assessment to more clearly reflect the activities performed. QA encompasses all analytic as well as pre- and post-analytic activities that are meant to assess the quality of results and reporting. The laboratory must establish and maintain a written QA plan that provides an on-going mechanism for monitoring and assessing laboratory activities. LHDs with an agency QA team must include laboratory personnel on that team, and if there is no team already in place, the LHD laboratory must establish its own. The laboratory must document assessment activities and review the effectiveness of any corrective action instituted. All items listed under **STANDARDIZATION OF LABORATORY SERVICES** are components of QA, and the laboratory must monitor each one of these systems at least once per year using the Laboratory Quality Systems Assessment (QSA) Checklist (Appendix 11) provided. **Failure to complete the Checklist will negatively impact the Accreditation/Reaccreditation status report for the laboratory.** The QA

Team must meet at least annually and at a minimum review the QSA checklist summaries, all QA studies, yearly competency assessment results, yearly proficiency testing results, if applicable, and any recurring item(s) documented on the Problem Log.

- B. **Policy Manual** - Individual written laboratory policies must be developed and kept current. They must be signed by the Laboratory Director (or designee) when they are implemented and at the time of any change in the policy. Examples are: policies for unsatisfactory specimens, medical alert (panic) values, specimens referred to other laboratories for testing, general reporting procedures, record retention schedules, and a test systems backup plan, should a kit or instrument become inoperable. The policy manual must include the statement "All functions of this laboratory are regulated by CLIA '88 and are to be authorized by the Laboratory Director of record or his/her designee." Testing performed under standing orders for programs and/or clinics must be stated in a nursing policy and readily available to laboratory personnel. The location of these standing orders should be stated in the laboratory policy manual. No testing may be performed on verbal orders. Normal and panic values must be annually reviewed, approved and signed by the Clinical Consultant. Testing personnel will document policy manual review on an annual basis. Discontinued policies will be retained in a separate section of the manual or in lab files for a minimum of two years, with the date of discontinuance noted.
- C. **Technical Procedure Manual** - A comprehensive and up-to-date procedure manual must be available to and followed by all testing personnel to ensure reliable and reproducible performance among individuals. Procedures for specimen collection and each test performed must be typewritten and follow an approved guideline for technical procedure manuals established by the Clinical and Laboratory Standards Institute, CLSI (formerly NCCLS; document GP2 or QMS02) and kept in a 3-ring binder. A copy of the approved guideline used will be kept in each LHD lab. **Note: An electronic backup for all laboratory procedures is strongly recommended.** The laboratory must have approval from the Technical Consultant before changing any test method. Procedures for new tests or test methods and major revisions of an existing procedure must be in writing and approved by the Laboratory Director prior to use for patient analysis. Testing personnel must document procedure manual review on an annual basis. Discontinued procedures shall be retained in a separate section of the manual or in lab files for a minimum of two years, with the date of discontinuance noted.
- D. **Blood Specimen Collection** - Written blood collection procedures must be based upon, and in agreement with, the most current CLSI standards; including H3-A6, Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; and H4-A6, Procedures and Devices for the Collection of Diagnostic Capillary Blood Specimens.
 - 1. LHDs must purchase and have available in the lab an approved phlebotomy reference that reflects the current standards. Alternatively, LHDs may purchase the two CLSI standards (H3 and H4) referenced.

2. For the safety of their patients, facilities must ensure the availability of phlebotomy chairs for blood collection activities. Chairs should have a safety device to protect against falling in the event a patient becomes faint. It is strongly recommended that the facility's blood collection area occupy a separate space from specimen processing and/or laboratory testing areas.
3. Each LHD bears ultimate responsibility for the training, competency and supervision of LHD personnel performing blood specimen collection. To assure proper oversight, the LHD must designate at least one individual to serve as the site's phlebotomy coordinator. Individual requirements include documentation of a one-year minimum of phlebotomy experience and successful demonstration of basic theoretical knowledge of phlebotomy through a written test provided by the Technical Consultant. Meeting these requirements qualifies the individual to serve as phlebotomy coordinator. Responsibilities include a written phlebotomy competency assessment plan which includes conducting and documenting periodic evaluations of all LHD personnel assigned blood collection duties.

- E. **Safety** – As defined in the CLIA Final Rule, Sub Part J - Facility Administration for Non-waived Testing, 42 CFR 493.1101, LHDs bear responsibility for compliance with all applicable Federal, State and local requirements concerning laboratory safety. LHDs must ensure that adequate safety precautions are in place to provide protection from laboratory hazards. This includes compliance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030. Facilities are strongly encouraged to ensure compliance with the most current CLSI safety guideline, GP17-A3, Clinical Laboratory Safety; Approved Guideline-Third Edition. In regards to the proper packaging and shipping of specimens, applicable regulations include the U.S. Department of Transportation, 49 CFR Parts 171–178; the Centers for Disease Control and Prevention, 42 CFR Parts 72 –73; and the U.S. Postal Service, 39 CFR Part 111 and related documents.
- F. **Quality Control (QC)** - For non-waived laboratories, QC requirements are defined in the CLIA regulations. For each procedure, the Program has established the number of levels of control material that must be used and the frequency (see Appendix 10). A facility under the contract cannot decide to eliminate QC because of cost. Responsibilities of the LHD for QC will include purchase of appropriate QC materials, designation of personnel to review and monitor QC, daily use of Levy-Jennings charts, and a policy for reporting out-of-range patient values and medical alert (panic) values.

QC requirements:

- The laboratory must perform and document quality control.
- Acceptable ranges for control products must be verified prior to use.
- Corrective action must be taken and documented when QC failures occur.
- QC results must be within acceptable limits prior to performing patient testing.
- Quality control and calibration data, including manufacturers' assay sheets with expected ranges, must be retained a minimum of two years.
- Quality control records, as established for each certificate and facility, must be available to the Technical Consultant for review.

- Laboratory environmental conditions that could affect reagent storage and test system operation must be monitored and documented.
 1. Facility requirements:
 - Room temperature check must be performed daily.
 - Humidity check, as required, must be performed daily.
 2. Equipment - Data on instruments and equipment must be recorded and retained according to CLIA regulations. This data includes preventive maintenance, equipment logs and charts, function checks, and facility monitoring.
 - For qualified analyzers, calibration and calibration verification must be performed according to the manufacturer's directions or at least every six months. All calibration activities must be documented.
 - Each laboratory must have a preventive maintenance schedule for all instruments; refrigerators, incubators, centrifuges, and other lab equipment that is currently being used for testing.
 - All maintenance and function checks must be performed as scheduled and documented.
 - All appropriate temperature checks must be performed daily.
 - Instrument printouts must be kept for at least two years.
 - For laboratories that perform the same test using different methodologies or instruments, or perform the same test at multiple sites, the lab must have a system that twice a year evaluates and defines the relationship between test results using the different methodologies, instruments, or testing sites.
- G. **Proficiency Testing (PT)** - Each contract area must perform testing on unknown samples provided by a CMS-approved agency for each non-waived test on the certificate. CLIA regulations mandate the frequency and number of challenges required for each test each calendar year. LHDs are selected from each contract area to perform this mandated PT on behalf of all the other participating LHDs in that area. All counties on each certificate are eligible to be selected to perform PT. If a designated LHD fails PT for an analyte, specialty, or subspecialty, testing at all sites on that certificate would be affected. (Example: Designated LHD fails syphilis PT two out of three challenges. Syphilis testing may be suspended at all sites on that certificate.)
- H. **Patient Test Management** - The laboratory must ensure confidentiality and compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) in regards to patient information throughout all phases of the total testing process that is under the laboratory's control. Contract laboratories are required to use a requisition system or lab information system for reporting patient results. **Transition to any computerized laboratory information management system must include thorough documentation of system validation and approval by the Laboratory Director (or designee).** The test report must bear the facility name and street address. All parts of the system, whether paper or electronic, must meet CLIA regulations and are subject to the review and approval of the Technical Consultant. The laboratory must employ and maintain a system that provides for appropriate patient preparation, proper specimen collection and processing, with **accurate and**

retrievable result reporting. This system must ensure optimum specimen integrity and identification throughout the entire process. The laboratory must document all results of intermediate testing. Instrument printouts must have a patient ID that is traceable to the log and/or report. The laboratory must maintain a record of referred testing.

- I. **Testing Personnel** – Per federal regulations, each individual may perform only those tests that are authorized by the Laboratory Director. The laboratory must first complete a separate Testing Personnel Record (see Appendix 8) for each individual. Individual training records for those tests assigned must also be kept on file by the laboratory and are subject to review by the Laboratory Director or designee prior to approval. To obtain authorization to conduct testing, the Laboratory Director (or designee) must document his/her approval of the completed Testing Personnel Record prior to the individual reporting patient test results. LHDs must assure sufficient laboratory coverage by authorized testing personnel (see Appendix 3) during all hours of operation. In instances of laboratory personnel shortages, an acceptable contingency plan must be implemented by the LHD and immediately communicated to the Technical Consultant or Laboratory Director. Failure to provide sufficient staffing of authorized testing personnel negatively impacts laboratory operations and may result in a LHD's removal from the program.

All position/job descriptions must be current for each lab position (< five years). **The Technical Consultant must be notified immediately regarding a change in laboratory manager** and within 10 working days regarding any other change in testing personnel or Clinical Consultant.

The Technical Consultant must review and approve the application and/or qualifications of prospective new laboratory personnel prior to an offer of hire being extended.

1. **Qualifications** - CLIA has set forth the minimum qualifications for testing personnel.
 - a) Those performing only waived tests must:
 - provide proof of education (high school diploma, GED or higher),
 - document that they have read all the procedures and manufacturers' instructions associated with the tests, and
 - document successful testing of QC materials and previously analyzed patient samples.
 - b) Those performing non-waived tests, in addition to the requirements listed above for waived testing personnel, may be required to attend specific training workshops and mentoring sessions at other facilities.
 - c) Each LHD must designate a "laboratory manager." This is the primary liaison between the LHD lab and the Technical Consultant, and is most often the person in the LHD who can best perform the administrative laboratory functions. In the event of a vacancy in the laboratory manager position, a qualified replacement must be named within 10 working days, or the vacancy must be advertised with necessary qualifications within 10 working days. Because of the technical nature of these functions, it is highly recommended that the laboratory manager have a minimum of an

associate degree in medical laboratory technology and two years of experience, or a bachelor degree in medical technology and one year of experience (see Appendix 6).

2. **Continuing Education (CE)** - Persons assigned to perform waived testing only must obtain at least three (3.0) contact hours of lab-related continuing education per calendar year. Persons performing non-waived testing must have six (6.0) contact hours of lab-related continuing education per calendar year. Persons performing only one non-waived test (i.e., wet mount examinations) and no waived tests must have four (4.0) contact hours of lab-related continuing education per calendar year. The main focus of the CE events must be laboratory testing or management, but annual on-site safety updates may be included, up to two (2.0) hours per year. The SLPH provides several opportunities for no-cost or low-cost CE every year. If a non-lab continuing education program has a clinical laboratory component, a detailed agenda of the program must be sent to the Technical Consultant for review and possible inclusion in the acceptable category. Testing personnel CE documentation for each calendar year must be sent to the Technical Consultant by January 31 of the following year (see Appendix 9).
3. **Maintaining Proficient Status** - Individuals who perform laboratory testing infrequently will lose proficiency, so LHDs are strongly encouraged to limit the number of people assigned to perform a given test. Once a person is assigned to perform a test, he/she must perform the test at least once per quarter or be dropped from doing that test. If an individual is performing a test only once per month or less, he/she must perform and document QC for that test each day he/she conducts testing. This policy applies to every test assigned.
4. **Competency Assessment** - A component of the Contract Program is the Competency Assessment (CA) Program for the ongoing evaluation of testing personnel as mandated by CLIA. The CA Program provides photos and unknown samples for evaluation by qualifying testing personnel. The CA Program conducts two (2) challenges per calendar year for each moderately-complex test included on the Area test menu. All personnel who perform non-waived testing must be assessed annually.

Competency assessment also encompasses the following:

- Direct observation of all phases of testing;
- Monitoring recording and reporting processes;
- Review of intermediate test results or worksheets, QC records, PT records, and preventive maintenance records;
- Direct observation of instrument maintenance and function checks;
- Assessment of test performance through previously analyzed specimens, blind samples, and external PT;
- Evaluation of problem solving skills.

Testing personnel must demonstrate successful performance on CA

challenges to continue testing. Failure to do so indicates the need for retraining or other follow-up. Testing personnel who repeatedly fail to properly perform critical tasks will *not be allowed* to perform that particular test.

SANCTIONS:

The sanction process is necessary to protect the mutual interests of all LHDs within a contract area from potential decertification due to one lab's failure to comply. The Technical Consultant will notify the Laboratory Director when there is a repeated failure to correct a noted deficiency or when a time-critical activity or situation is discovered that could place a contract area's certification in jeopardy. Initiation of a sanction will be at the discretion of the Laboratory Director.

NOTE: Any laboratory receiving three (3) sanctions within a two-year period will be automatically removed from the NCSLPH CLIA Contract Program.

Reasons for the issuance of a sanction include, but are not limited to, the following:

- Failure to provide an adequate number of qualified testing personnel.
- Repeated failure to address a noted deficiency.
- Allowing unauthorized personnel to perform testing.
- Performing a procedure not on the 15-test menu.
- Failure to retrain personnel after unsuccessful PT or technical competency assessment. (Retraining must be at the earliest possible course and the individual may be required to stop testing until training is completed.)
- Failure to send appropriate representative(s) to a mandatory meeting.
- Failure to submit required documentation.
- Falsifying documentation of any kind, including test results.
- Failure to perform, document and/or monitor required quality control.
- Using expired reagents or supplies.
- Three (3) occurrences of a LHD failing to ensure all qualified testers submit competency assessment results.

REFERENCES:

- Centers for Medicare & Medicaid Services. Medicare, Medicaid, and CLIA Programs; Laboratory Requirements Relating to Quality Systems and Certain Personnel Qualifications: Final Rule (42 CFR Part 493, et al.). Federal Register; January 24, 2003.
- CLSI. Laboratory Documents: Development and Control; Approved Guideline GP2-A5, Wayne, PA; 2006.
- CLSI. Managing and Validating Laboratory Information Systems; Approved Guideline Auto08-A, Wayne, PA; 2006.
- CLSI. Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture; Approved Standard H3-A6, Wayne, PA; 2007.
- CLSI. Procedures and Devices for the Collection of Diagnostic Capillary Blood Specimens. Approved Standard H4-A6, Wayne, PA; 2008.
- NCCLS. Clinical Laboratory Safety. Approved Guideline GP17-A2, Wayne, PA; 2004.
- Ernst, D. Applied Phlebotomy. Philadelphia, PA: Lippincott, Williams & Wilkins, 2005.

- US Department of Labor, Occupational Safety and Health Administration (OSHA). Occupational Exposure to Bloodborne Pathogens: Final Rule (29 CFR 1910.1030). Federal Register; 1991.

LIST OF APPENDICES:

1. Organizational Chart
2. Comparison of Provided Services
3. Laboratory Director Responsibilities
4. Technical Consultant Responsibilities
5. Clinical Consultant Responsibilities
6. Laboratory Manager Responsibilities
7. Testing Personnel Responsibilities
8. Testing Personnel Record
9. Training and Continuing Education Record
10. Quality Control Requirements (by Area)
11. Laboratory Quality Systems Assessment Checklist

COMPARISON OF PROVIDED SERVICES

The following lists outline services that are provided by the CLIA Contract Program and those services the contract county health department provides. The local health department is responsible for providing all items on both lists if the contract is terminated by either party.

PROGRAM PROVIDES

1. Qualified personnel:
 - a. Laboratory Director
 - b. Technical Consultant
2. Qualified technical consultation:
 - a. by phone Monday through Friday each week, with the exception of state-recognized holidays
 - b. On-site minimum of 2x per year
3. Certificate/inspection administered
4. Proficiency testing enrollment
5. Access to continuing education resources
6. CLIA inspection assistance
 - a. Preparation
 - b. Consultant on-site during inspection
 - c. Consultative follow-up for any deficiencies noted
7. Competency assessment program for all personnel performing non-waived testing
8. Model forms and plans

LHD PROVIDES

1. Qualified personnel:
 - a. Clinical Consultant
 - b. Lab Manager
 - c. Phlebotomy Coordinator
 - d. Testing personnel
2. Test kits, instrumentation, equipment, reagents and quality control materials
3. Preventive maintenance and repair of laboratory equipment
4. Time and expenses for lab-related CE for testing personnel:
 - a. Non-waived testing: 6.0 hours per year per person
 - b. Non-waived testing (one test only; no waived tests): 4.0 hours per year per person
 - c. Waived testing only: 3.0 hours per year per person
5. Organization and storage of required records
6. \$230 annual contract fee
7. Clerical/administrative support
8. Lab computer and printer with internet and e-mail access for designated lab manager
9. Copies of CLSI standards GP2, H3 and H4 (or in lieu of H3 and H4, an approved phlebotomy text based on current CLSI standards)

LABORATORY DIRECTOR RESPONSIBILITIES

1. Laboratory Director is responsible for the overall operation and administration of the laboratory.
2. Laboratory Director must:
 - a. Ensure testing systems developed and used provide quality lab services for all phases of test performance (pre-analytic, analytic, and post-analytic.)
 - b. Ensure that the physical plant and environmental conditions are appropriate and employees are protected from physical, chemical, and biologic hazards.
 - c. Approve new, as well as, significant revisions of existing technical procedures prior to implementation.
3. Laboratory Director shall make sure sufficient personnel are employed and specify in writing the responsibilities and duties of each consultant and testing personnel. Documentation shall include tests each individual can perform and any conditions particular to the individual's testing (supervision, reporting, review, etc.).
4. Laboratory Director shall delegate to the Technical Consultant the following duties:
 - a. Ensure that test methods are appropriate and personnel are performing them as required.
 - b. Enroll the laboratory in a CMS-approved proficiency testing program and ensure that all components under subpart H of 42 CFR 493 are met. Technical Consultants may sign the proficiency test report forms.
 - c. Establish appropriate quality control and quality assessment programs for the laboratory.
 - d. Ensure acceptable levels of analytical performance for each test system.
 - e. Ensure remedial action is taken and documented when necessary.
 - f. Ensure that testing personnel have appropriate education, experience, and training for the tests assigned and that they have demonstrated competency in their testing.
 - g. Ensure that policies and procedures are established to monitor testing personnel. Identify needs for remedial training or continuing education to improve or enhance their skills.
 - h. Ensure that a procedure manual is current and available to all testing personnel.
5. Laboratory Director shall delegate the following duties to the Clinical Consultant:
 - a. Ensure that reports include pertinent information required for interpretation.

- b. Ensure that consultation is available to the laboratory's patients.

REFERENCE: 42 CFR 493.1407

TECHNICAL CONSULTANT RESPONSIBILITIES

1. The Technical Consultant is responsible for the technical and scientific oversight of the laboratory.
2. The Technical Consultant's responsibilities include:
 - a. Selection of appropriate test methodology.
 - b. Verification of test procedures performed and establishment of performance limits, including precision and accuracy.
 - c. *Selection of the agencies that will participate in the proficiency testing program on behalf of the CLIA certificate.*
 - d. Establishment of a quality control program, including establishment of acceptable parameters for pre-analytic, analytic, and post-analytic steps.
 - e. Resolution of technical problems ensuring that remedial actions are taken and documented.
 - f. Ensuring that no patient results are reported if a test system is not functioning properly.
 - g. Identifying training needs for staff; assuring that staff receives training.
 - h. Evaluating competency of the staff. Methods should include, but may not be limited to:
 - 1) Direct observation of patient testing,
 - 2) Monitoring records and reporting of results,
 - 3) Review of intermediate test results, QC records, PT records, preventive maintenance records,
 - 4) Direct observation of instrument maintenance and function checks,
 - 5) Assessment of test performance (ex. - blind test samples, previously analyzed specimens, external PT),
 - 6) Assessment of problem-solving skills.
 - i. Evaluation and documentation of staff performance - semiannually the first year that the individual tests specimens, annually thereafter.
3. Other responsibilities as delegated to the Technical Consultant by the Laboratory Director.

REFERENCE: 42 CFR 493.1413

CLINICAL CONSULTANT RESPONSIBILITIES Moderate Complexity Labs

493.1419 - Standard; Clinical Consultant Responsibilities

The clinical consultant provides consultation regarding the appropriateness of the testing ordered and interpretation of test results. The clinical consultant must:

- (a) Be available to provide clinical consultation to the laboratory's clients;
 - (b) Be available to assist the laboratory's clients in ensuring that appropriate tests are ordered to meet the clinical expectations;
 - (c) Ensure that reports of test results include pertinent information required for specific patient interpretation;
- and
- (d) Ensure that consultation is available and communicated to the laboratory's clients on matters related to the quality of the test results reported and their interpretation concerning specific patient conditions.

The Clinical Consultant must review and approve the laboratory's normal and alert values annually.

(Clinical Consultant)

(Date)

REFERENCE: 42 CFR 493.1419

LABORATORY MANAGER RESPONSIBILITIES IN A CLIA CONTRACT HEALTH DEPARTMENT

- Serves as the primary liaison for all communication between the local laboratory and the NC SLPH, Laboratory Director, and Technical Consultant.
- Cooperates with the NC SLPH and the Technical Consultant in ensuring compliance with applicable federal and state regulations.
- Develops, implements, monitors, and revises laboratory policies and procedures in accordance with local and state policies; obtains signature approval of these documents from the Laboratory Director (or designee).
- Maintains and monitors a comprehensive, effective quality assurance program for laboratory services.
- Monitors, assesses *and documents review of* procedural quality control *at least monthly*.
- Develops, implements, and monitors safety practices in the laboratory.
- Designs, reviews, and revises technical procedure manuals and protocols, and obtains signature approval from the Laboratory Director (or designee) as appropriate.
- *Visits satellite laboratory sites, if applicable, at least quarterly but more often if warranted.*
- Coordinates the functions of the laboratory to provide needed support for other services and operations of the local department.
- Sets priorities, assigns responsibilities and establishes workflow and personnel schedules within the agency laboratory.
- Informs local Health Director, Laboratory Director and Technical Consultant about status of or changes in laboratory services.
- Ensures laboratory orientation for all new employees in the local health department.
- Maintains records on all testing personnel to include assignment to pre-analytic, analytic, and post-analytic duties, continuing education, and frequency of testing (for competency purposes).
- Informs all testing personnel of continuing education opportunities and deadlines for completion of required continuing education hours.
- Coordinates participation of all testing personnel in competency assessment challenges.
- Fulfills or assures appropriate delegation of phlebotomy coordinator duties.
- Assesses and recommends appropriate contractual relationships for utilization of external resources, including reference laboratories.
- Develops and maintains effective working relationships within the laboratory and with others in the local health department.
- Establishes good public relations for the laboratory within the local health department, with the community, and with representatives of other disciplines and professions.
- Represents the laboratory in interactions with other members of the health care

team

- Promotes an awareness and understanding of laboratory services in relation to patient care, environmental conditions and general public health.
- Ensures that all deadlines as set forth in the Contract Program are met.

TESTING PERSONNEL RESPONSIBILITIES

1. The testing personnel are responsible for specimen processing, test performance and reporting of test results.
2. Each individual performs only those tests that are authorized by the Laboratory Director (or designee) and require a degree of skill commensurate with the individual's education, training, or experience, and technical abilities.
3. Each individual performing testing must:
 - a. Provide proof of education to the Technical Consultant, as required by CLIA regulations (minimum - high school graduation),
 - b. Follow the laboratory's procedures for specimen handling and processing, test analyses, reporting and maintaining records of patient test results,
 - c. Maintain records that demonstrate applicable proficiency testing and/or competency assessment samples are tested to the extent possible, in the same manner as patient samples,
 - d. Adhere to the laboratory's quality control policies, document all quality control activities, instrument and procedural calibrations and maintenance performed,
 - e. Follow the laboratory's established corrective action policies and procedures whenever test systems are not within the laboratory's established acceptable levels of performance,
 - f. Be capable of identifying problems that may adversely affect test performance or reporting of test results and either must correct the problems or immediately notify the Laboratory Manager, Technical Consultant, Clinical Consultant or Laboratory Director,
 - g. Document all corrective actions taken when test systems deviate from the laboratory's established performance specifications.

REFERENCE: 42 CFR 493.1425

TESTING PERSONNEL RECORD

Employee name:	Agency:
Diploma on file (documentation required):	Employment start date:
Certification, registration, or licensure:	<input type="checkbox"/> FT Laboratory <input type="checkbox"/> PT Laboratory <input type="checkbox"/> Per diem
Position title:	Employment end date:

Training/Degree:

- | | |
|--|---|
| <input type="checkbox"/> Certified Nurse Assistant (CNA) | <input type="checkbox"/> Medical Laboratory Assistant (MLA) |
| <input type="checkbox"/> Certified Nurse Midwife (CNW) | <input type="checkbox"/> Medical Laboratory Technician (MLT) |
| <input type="checkbox"/> Certified Phlebotomist (CPBT) | <input type="checkbox"/> Medical Laboratory Technologist (MT) |
| <input type="checkbox"/> Clinical Laboratory Scientist (CLS) | <input type="checkbox"/> Medical Office Assistant (MOA) |
| <input type="checkbox"/> Family Nurse Practitioner (FNP) | <input type="checkbox"/> Physician Assistant (PA) |
| <input type="checkbox"/> Licensed Practical Nurse (LPN) | <input type="checkbox"/> Registered Nurse (RN) |
| <input type="checkbox"/> Medical Doctor (MD) | <input type="checkbox"/> Other (list) _____ |

Indicate all sources of previous laboratory work experience (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Local Hospital | <input type="checkbox"/> Reference Laboratory |
| <input type="checkbox"/> Military Hospital/Clinic | <input type="checkbox"/> Research Laboratory |
| <input type="checkbox"/> Physician's Office Laboratory (POL) | <input type="checkbox"/> Other (list) _____ |
| <input type="checkbox"/> Public Health Laboratory | <input type="checkbox"/> Other (list) _____ |

Briefly describe work history as it pertains to laboratory testing:

Indicate workshops/trainings attended:

State Laboratory of Public Health

- ☐ Lab Methods in the Clinical Diagnosis of Gonorrhea
☐ Microscopy: Viewing & Reviewing
☐ Packaging & Shipping
☐ Phlebotomy
☐ Syphilis Serology
☐ Urinalysis
☐ Examination of a Vaginal Wet Mount
☐ Other (list) _____

Other Courses/Workshops

- ☐ _____
☐ _____
☐ _____
☐ _____

Reviewed by:

Title:

Date:

[illegible]

2018 Quality Control Requirements

Appendix 10

AREA A

The following quality control requirements are established by the CLIA '88 Final Rule and the NCSLPH CLIA Contract Program, in conjunction with manufacturers' instructions.

MODERATE-COMPLEXITY PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY
URINE MICROSCOPY	Abnormal	Each week of testing; more frequently if required by manufacturer
GC-LECT MEDIA	1. Check sterility 2. Observe condition	1. Each lot and shipment 2. Each shipment and each plate at time of use
GC TESTING: 1. Oxidase 2. Gram Stain	1. Positive and Negative 2. Positive and Negative	1. Each <u>day</u> of use 2. Each <u>week</u> of testing, at least monthly if no patient testing is performed, more frequently if required by stain manufacturer
WET MOUNT	Written procedure and proper training	Parallel testing with all assigned testing personnel twice per year
SYPHILIS SEROLOGY	1. Reactive, WR, and NR 2. Needle 3. Rotator count 4. Room temperature 5. Timer	1. Each <u>day</u> of testing 2. Once per vial of antigen, each new needle 3. Each <u>day</u> of testing 4. Each <u>day</u> of testing (and each batch) 5. Once per month with patient testing
WAIVED PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY
GLUCOSE	2 Levels	Each day of testing
HEMOGLOBIN	2 Levels	Each day of testing
HEMOGLOBIN A _{1c}	2 Levels	Each new lot, new shipment, new employee, at least monthly with patient testing
URINE DIPSTICK 1. Visual/Manual Method 2. Automated	1. Normal and Abnormal 2. Normal and Abnormal	1. Each <u>week</u> of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing
URINE PREGNANCY/hCG*	Positive and Negative	According to manufacturer's instructions
RAPID GROUP A STREP*	Positive and Negative	According to manufacturer's instructions
RAPID INFLUENZA A/B*	Positive and Negative	According to manufacturer's instructions
FECAL OCCULT BLOOD*	Written procedure and proper training	According to manufacturer's instructions
AMINE	Written procedure and proper training	

*Internal performance monitor result must be recorded for each patient.

2018 Quality Control Requirements

Appendix 10

AREA B

The following quality control requirements are established by the CLIA '88 Final Rule and the NCSLPH CLIA Contract Program, in conjunction with manufacturers' instructions.

MODERATE-COMPLEXITY PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY
URINE MICROSCOPY	Abnormal	Each week of testing; more frequently if required by manufacturer
GC-LECT MEDIA	1. Check sterility 2. Observe condition	1. Each lot and shipment 2. Each shipment and each plate at time of use
GC TESTING: 1. Oxidase 2. Gram Stain	1. Positive and Negative 2. Positive and Negative	1. Each <u>day</u> of use 2. Each <u>week</u> of testing; at least monthly if no patient testing is performed; more frequently if required by stain manufacturer
WET MOUNT	Written procedure and proper training	Parallel testing with all assigned testing personnel twice per year
SYPHILIS SEROLOGY	1. Reactive, WR, and NR 2. Needle 3. Rotator count 4. Room temperature 5. Timer	1. Each <u>day</u> of testing 2. Once per vial of antigen, each new needle 3. Each <u>day</u> of testing 4. Each <u>day</u> of testing (and each batch) 5. Once per month with patient testing
WAIVED PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY
CHOLESTEROL, TOTAL	2 Levels	Each new lot and new shipment
GLUCOSE	2 Levels	Each day of testing
HEMOGLOBIN	2 Levels	Each day of testing
HEMOGLOBIN A _{1c}	2 Levels	Each new lot, new shipment, new employee, at least monthly with patient testing
URINE DIPSTICK 1. Visual/Manual Method 2. Automated	1. Normal and Abnormal 2. Normal and Abnormal	1. Each <u>week</u> of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing
URINE PREGNANCY/hCG*	Positive and Negative	According to manufacturer's instructions
RAPID GROUP A STREP*	Positive and Negative	According to manufacturer's instructions
FECAL OCCULT BLOOD*	Written procedure and proper training	According to manufacturer's instructions
AMINE	Written procedure and proper training	

*Internal performance monitor result must be recorded for each patient.

2018 Quality Control Requirements

Appendix 10

AREA C

The following quality control requirements are established by the CLIA '88 Final Rule and the NCSLPH CLIA Contract Program, in conjunction with manufacturers' instructions.

MODERATE-COMPLEXITY PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY
URINE MICROSCOPY	Abnormal	Each week of testing; more frequently if required by manufacturer
GC-LECT MEDIA	1. Check sterility 2. Observe condition	1. Each lot and shipment 2. Each shipment and each plate at time of use
GC TESTING: 1. Oxidase 2. Gram Stain	1. Positive and Negative 2. Positive and Negative	1. Each <u>day</u> of use 2. Each <u>week</u> of testing; at least monthly if no patient testing is performed; more frequently if required by stain manufacturer
WET MOUNT	Written procedure and proper training	Parallel testing with all assigned testing personnel twice per year
SYPHILIS SEROLOGY	1. Reactive, WR, and NR 2. Needle 3. Rotator count 4. Room temperature 5. Timer	1. Each <u>day</u> of testing 2. Once per vial of antigen, each new needle 3. Each <u>day</u> of testing 4. Each <u>day</u> of testing (and each batch) 5. Once per month with patient testing
WAIVED PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY
GLUCOSE	2 Levels	Each day of testing
HEMOGLOBIN	2 Levels	Each day of testing
HEMOGLOBIN A _{1c}	2 Levels	Each new lot, new shipment, new employee, at least monthly with patient testing
URINE DIPSTICK 1. Visual/Manual Method 2. Automated	1. Normal and Abnormal 2. Normal and Abnormal	1. Each <u>week</u> of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing
URINE PREGNANCY/hCG*	Positive and Negative	According to manufacturer's instructions
RAPID GROUP A STREP*	Positive and Negative	According to manufacturer's instructions
RAPID INFLUENZA A/B*	Positive and Negative	According to manufacturer's instructions
FECAL OCCULT BLOOD*	Written procedure and proper training	According to manufacturer's instructions
AMINE	Written procedure and proper training	

*Internal performance monitor result must be recorded for each patient.

2018 Quality Control Requirements

Appendix 10

AREA D

The following quality control requirements are established by the CLIA '88 Final Rule and the NCSLPH CLIA Contract Program, in conjunction with manufacturers' instructions.

MODERATE-COMPLEXITY PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY
URINE MICROSCOPY	Abnormal	Each week of testing; more frequently if required by manufacturer
GC-LECT MEDIA	1. Check sterility 2. Observe condition	1. Each lot and shipment 2. Each shipment and each plate at time of use
GC TESTING: 1. Oxidase 2. Gram Stain	1. Positive and Negative 2. Positive and Negative	1. Each <u>day</u> of use 2. Each <u>week</u> of testing; at least monthly if no patient testing is performed; more frequently if required by stain manufacturer
WET MOUNT	Written procedure and proper training	Parallel testing with all assigned testing personnel twice per year
SYPHILIS SEROLOGY	1. Reactive, WR, and NR 2. Needle 3. Rotator count 4. Room temperature 5. Timer	1. Each <u>day</u> of testing 2. Once per vial of antigen, each new needle 3. Each <u>day</u> of testing 4. Each <u>day</u> of testing (and each batch) 5. Once per month with patient testing
WAIVED PROCEDURES		
TEST	QC REQUIREMENTS	QC FREQUENCY
GLUCOSE	2 Levels	Each day of testing
HEMOGLOBIN	2 Levels	Each day of testing
HEMOGLOBIN A _{1c}	2 Levels	Each new lot, new shipment, new employee, at least monthly with patient testing
URINE DIPSTICK: 1. Visual/Manual Method 2. Automated	1. Normal and Abnormal 2. Normal and Abnormal	1. Each <u>week</u> of testing and with each new can of strips 2. According to manufacturer's instructions, at least weekly with patient testing
URINE PREGNANCY/hCG*	Positive and Negative	According to manufacturer's instructions
RAPID GROUP A STREP*	Positive and Negative	According to manufacturer's instructions
RAPID INFLUENZA A/B*	Positive and Negative	According to manufacturer's instructions
FECAL OCCULT BLOOD*	Written procedure and proper training	According to manufacturer's instructions
AMINE	Written procedure and proper training	

*Internal performance monitor result must be recorded for each patient.

County Health Department Name
Address

Appendix 11

LABORATORY QUALITY SYSTEMS ASSESSMENT CHECKLIST

Select one or more sections under a system periodically and evaluate components or processes for compliance.

- ☐ Write "Y" for Yes or "N" for No by an item to indicate the outcome of the assessed item.
- ☐ Write "N/A" if item is not applicable at the time of evaluation.
- ☐ In the "Comments" area, explain how the assessment was done. Were charts reviewed, requisitions examined, for what period of time? List all significant findings.
- ☐ Summarize overall findings in the "Discussion" area on the last page. Were the findings satisfactory or unsatisfactory?

GENERAL LABORATORY SYSTEMS

PATIENT CONFIDENTIALITY:

- _____ Patient information was kept confidential throughout all phases of testing under the laboratory's control.
- _____ Does the laboratory staff view the contents of the patient's chart at any point?

Comments:

PATIENT IDENTIFICATION & SPECIMEN INTEGRITY:

- _____ Were specimens collected by non-laboratory personnel labeled legibly and correctly?
- _____ Was proper paperwork submitted for the specimens received?
- _____ Were specimen rejection policies followed?
- _____ Were submitters notified when discrepancies were found?
- _____ Did the lab maintain optimum integrity of each specimen through completion of testing?

Comments:

COMPLAINT INVESTIGATIONS:

- _____ Have complaints been documented (on the Problem Log) and investigated according to policy?
- _____ If a complaint was investigated, was the problem and resolution documented?
- _____ Was the resolution followed up to ensure corrective action was appropriate?
- _____ Were policy and/or procedure revisions necessary to prevent recurrence of the complaint?

Comments:

COMMUNICATIONS:

Internal:

- _____ Did the lab manager share information received from administration with other lab personnel?
- _____ Did the lab manager share information received from the Technical Consultant with other lab personnel?

External:

- _____ Were emails and/or voicemail from the Technical Consultant responded to in an appropriate amount of time or by the deadline?
- _____ Was the Technical Consultant contacted immediately when there was an unresolved instrument or QC failure?
- _____ Were changes in lab testing or paperwork relayed appropriately to clinic personnel?

Comments:

**County Health Department Name
Address**

PERSONNEL COMPETENCY ASSESSMENT:

- _____ Has orientation and training been documented for all testing personnel?
- _____ Has proof of minimum education been provided to the lab manager for all testing personnel?
- _____ Has proof of education been forwarded to the Technical Consultant for new testing personnel?
- _____ Has the Lab Director reviewed and signed off on the assigned duties for testing personnel performing non waived tests?
- _____ Has the Technical Consultant reviewed and signed off on the assigned duties for testing personnel performing only waived tests?
- _____ Have all testers performed QC on all approved tests at least once per quarter?
- _____ Did all testing personnel complete required annual continuing education in the previous calendar year?
- _____ Were all appropriate competency assessment sets performed by qualifying personnel?
- _____ Were competency assessment results reviewed with appropriate personnel?
- _____ Were competency assessment failures investigated by the Technical Consultant and follow up shared with the lab manager?
- _____ Was competency assessed for personnel performing blood collections?

Comments:

PROFICIENCY TESTING:

Only for laboratories that are performing at least one module of proficiency testing.

- _____ Was proficiency testing rotated among testing personnel, if applicable?
- _____ Were proficiency samples processed in a manner similar to patient samples?
- _____ Was the Proficiency Testing (PT) Performance form completed for each PT event?
- _____ Were copies of all submitted proficiency results retained?
- _____ Were incorrect results (graded and ungraded) investigated and corrective action taken?

Comments:

SAFETY:

- _____ Was the Technical Consultant notified of any situation that could affect the lab's performance or the safety of employees?
- _____ Has the Safety Manual been updated in the last 5 years?
- _____ Have lab personnel received annual safety training?
- _____ Have lab personnel documented annual review of safety manuals?
- _____ Has a sharps evaluation been done this calendar year? The previous calendar year?

Comments:

PREANALYTIC SYSTEMS

TEST REQUISITION: (This section should be applied to electronic health records, if applicable.)

- _____ Did the lab have written (or electronic) requests for all tests performed?
- _____ Did test requisitions contain all necessary information as stated in the lab's policy?
 - Specimen source
 - Date and Time (when appropriate) of collection
 - Patient identification (2)
 - Ordering clinic or provider
 - Test ordered
- _____ Was "received time" documented for all laboratory specimens tested?
- _____ Is there a "back-up" system in place for receiving test requests when an electronic system is unavailable?

Comments:

County Health Department Name
Address

POLICY MANUAL:

- _____ Have lab personnel documented annual review of policies?
 _____ Are policies current?
 _____ Have normal and panic values been reviewed and approved by the Clinical Consultant this calendar year?

Comments:

ANALYTIC SYSTEMS

PROCEDURE MANUAL:

- _____ Are lab procedures current and complete?
 _____ Are all procedures saved electronically?
 _____ Is there a procedure describing how to enter results in an electronic health record, if applicable?
 _____ Are current package inserts in place with the corresponding procedure?
 _____ Have lab personnel documented annual review of procedures?
 _____ Has the Technical Consultant documented annual review of procedures?
 _____ Are discontinued procedures dated and kept for a two-year minimum?

Comments:

QUALITY CONTROL:

- _____ Were environmental controls (temperature, humidity, etc.) recorded and within acceptable limits prior to testing?
 _____ Were only in-date reagents, controls, kits, media, etc., used?
 _____ Were new lots of QC reagents (hemoglobin, glucose) verified before the current lot expired? Before being put into use?
 _____ Was new lot verification documented at the time of testing on the appropriate form?
 _____ Was procedural QC performed, documented, and within acceptable limits before patient test results were reported?
 _____ Was QC performed at the required frequency (per CLIA Contract description)?
 _____ Were appropriate Levy-Jennings charts plotted each day of testing and evaluated for trends or shifts?
 _____ Were QC failures (i.e., out-of-range results) documented, along with corrective action?
 _____ Was performance of QC rotated among testing personnel?

Comments:

MAINTENANCE & FUNCTION CHECKS:

- _____ Was scheduled instrument/equipment maintenance properly performed and documented?

Comments:

COMPARISON OF TEST RESULTS:

- _____ Were instrument comparisons, when applicable, conducted twice a year?
 _____ Was parallel testing documented twice each year by all testing personnel performing wet mounts?

Comments:

County Health Department Name
Address

TEST RECORDS:

- _____ Were records of testing, including worksheets and instrument printouts, retained and complete?
 _____ Was the identity of testing personnel documented for each intermediate step in testing?

Comments:

POSTANALYTIC SYSTEMS

TEST REPORT: (This section should be applied to electronic health records, if applicable.)

- _____ Were test results present?
 _____ Did the tester initial the results? Is the tester readily identified in an electronic report?
 _____ Are reference values on the test report or readily accessible?
 _____ Were panic values reported and documented according to lab policy?
 _____ Were corrected/amended reports issued according to lab policy?

Comments:

DATA STORAGE & RETRIEVAL:

- _____ Were exact copies of in-house test reports maintained and accessible? If patient logs are used, are they accessible and retained for a minimum of two years?
 _____ Was lab documentation (i.e., QC records, worksheets, package inserts, and instrument printouts) retained for a minimum of two years?

Comments:

DISCUSSION: Describe the outcome of the assessment. Were all areas evaluated satisfactory? If not, explain why and describe the corrective action plan. Will a QA Study be initiated as a result of this assessment?

COMPLETED BY: _____ DATE: _____

LAB MANAGER REVIEW: _____ DATE: _____

TECHNICAL CONSULTANT REVIEW: _____ DATE: _____

FY 17-18

SIGNATURE PAGE:

Chairperson
Board of Health

Date

Chairperson
Northampton County Board of Commissioners

Date

Kimberly L. Turner
County Manager

Date

Leslie A. Edwards
Leslie Edwards
Finance Officer

12/19/17
Date

This instrument has been prepared in the manner as

Per NC.G.S. 159-28 (a) Leslie A. Edwards
Finance Officer

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 6

Agenda Time: 10:20

Presenter and/or Subject Matter:

Mrs. Robin Williams, Register of Deeds
Position Reclassification

Komita Hendricks
Clerk to the Board

Position Reclassification

DECISION PAPER

To: Northampton County Board of Commissioners
 From: Robin Williams, Register of Deeds
 Date: November 1, 2017
 Reference: Position Reclassification

Purpose:

The purpose of this Decision Paper is to obtain the approval from the Northampton County Board of Commissioners to reclassify the existing senior Deputy Register of Deeds Position to a Deputy Register of Deeds III.

Facts:

1. Current Deputy Register of Deeds position is allocated approximately \$2,565.25 monthly
2. Reclassification of Deputy Register of Deeds III will be an allocation of approximately \$2,822.68 monthly
3. Difference in reclassification position minus current position is approximately \$257.43 month for a total of \$2,059.45 for 8 months (November 2017 – June 2018) for the current budget year. Current budget can accommodate the adjusted salary
4. The Deputy Register of Deeds (held by a senior employee) has been serving in this role (lead worker/Register Of Deeds III) since December 2014 assisting with the more complex issues, training employees and filling in when Register of Deeds is out of office

Discussion:

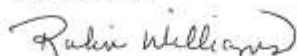
The reclassified position will perform more complex duties. Major duties the Deputy III will perform is administrative and supervisory work of a legal nature in directing the activities of the Office of the Register of Deeds, in accordance with Chapter 121, of the General Statutes of North Carolina. Supervise the process of more complex legal transactions. Work requires initiative and good judgment in training personnel, assigning tasks, reviewing work and ensuring the operations proficiency of the office. Assist with monthly Financial Reports and accurately maintains customer Xerox and copy

accounts. This position requires an experienced employee who is dependable and accurate in all monetary reconciliation and deposit procedures.

Recommendation:

The Register of Deeds recommends that the Northampton County Board of Commissioners approves this request for position reclassification effective November 1, 2017.

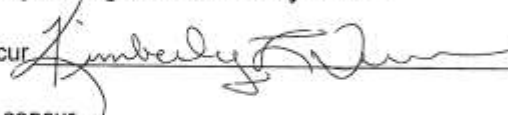
Respectfully,



Robin Williams
Register of Deeds

Coordination:


County Manager/Ms. Kimberly Turner

Concur 

Non-concur _____

Concur with comment _____

Finance Director/Leslie Edwards

Concur 

Non-concur _____

Concur with comment _____

Action by Decision Makers

Approved _____

Disapprove _____

Other _____

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 7

Agenda Time: 10:30

Presenter and/or Subject Matter:

Mr. Craig Ellison, County Extension Director

EFNEP Agreement for Expanded Services

Komita Hendricks
Clerk to the Board

EFNEP Agreement for Expanded Services

Decision Paper

TO: Northampton County Board of Commissioners

FROM: Craig Ellison, Northampton County Extension Director Cooperative Extension

DATE: January 03, 2018

RE: Expanded Food and Nutrition Education Program (EFNEP) Agreement
For Expanded Services

PURPOSE: To appear before the Northampton County Board of Commissioners to obtain approval to expand food and nutrition educational services to identified parents of 2-4-year-old children residing in Northampton County.

DISCUSSION: In exchange for EFNEPS work to expand the food and nutrition education program as part of the "Get Fit, Stay Fit" Roanoke Valley Campaign, Halifax Regional will reimburse expenses incurred with receipts supporting the expenditures. Upon signing of the agreement, Halifax Regional will disburse the funds for the EFNEP project. The total cost of the project will not exceed \$1,000 in expected approved reimbursements submitted to Halifax Regional on behalf of the Roanoke Valley Community Health Initiative (RV-CHI).

RECOMMENDATION:

That the Board grant Kimberly Turner, County Manager, permission to sign this agreement to allow grant funds to be disbursed to the county.

Coordination:

Finance Officer

Concur Leslie M. Edwards

Non-concur _____

Concur with comment _____

County Manager

Concur Kimberly R. Brown

Non-concur _____

Concur with comment _____

Action by Decision Makers

Approved _____

Disapproved _____

Other _____

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 8

Agenda Time: 10:35

Presenter and/or Subject Matter:

Mrs. Joslyn Reagor, Aging Director

HCCBG Member Appointment

Komita Hendricks
Clerk to the Board

HCCBG Member Appointment**DECISION PAPER**

To: Northampton County Board of Commissioners
From: Office on Aging
Date: January 3, 2018
Reference: HCCBG Members appointment
 FY 2018-2019

Purpose: To obtain the Board's approval to appoint Ruth Gee to the HCCBG advisory committee.

Facts: The County Manager's office provided applications for citizens interested in serving. I made contact with these individuals and either didn't receive responses back after several attempts or the individuals declined. Mrs. Gee approached me and expressed interest in serving on this committee. Mrs. Gee would fit the need and has a voice for the community to help with giving strong advice for the senior population.

Discussion: Ruth Gee has an interest in the county and wants to be a part of this committee with the understanding that she would be a voice for the interest of the aging population. She was a caregiver to her mother-in-law as well as her husband until their passing and she is now employed with a nursing Service Agency.

Recommendation:

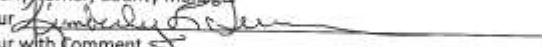
That Ruth Gee be appointed to the HCCBG advisory committee.

Respectfully Submitted



Joslyn Debraux-Reagor
 Northampton County Office on Aging

Kimberly Turner, County Manager

Concur 
 Concur with Comment _____
 Non-Concur _____

HOME AND COMMUNITY BLOCK GRANT FINANCIAL COMMITTEE

MEMBERS LIST

Gladys Stancell
327 Stephenson Road
Pendleton, NC 27862
585-1521
Nov.2011

Jean Storey
107 Buxton Ave.
Jackson, NC 27845
252 534-5211 (H)
252 678-2936 (C)
Dec.2016

Brenda Lane
113 Maple Ave.
Conway, NC 27820
585-0683(H)
252 578-6363 (C)
Dec. 2016

Clara Parker
P.O. Box 41
Rich Square, NC 27869
539-2452(H)
578-6100(C)
Nov. 2011

Thomas Marrow
9409 NC HWY 305
Jackson, NC 27845
252 534-1819(H)
252 855-1957(C)
Mar. 2016

Jearline Brown
P.O. Box 677
Garysburg, NC 27831
536-4784
Nov.2011

Vivian Flythe Hunter
P.O. Box 418
Conway, NC 27820
252 585-0683 (H)
252 578-3385 (C)
Dec. 2016

Peggy Cary
401 E Jackson Str.
P.O. Box 254
Rich Square, NC 27869
252 539-4433 (H)
252 676-5282 (C)
Oct. 2017

Patricia H. Dickens
1749 Ashley Grove Rd
Conway, NC 27820
252 587-4911(H)
252 287-8365(C)
Nov. 2016

VACANT

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 9

Agenda Time: 10:40

Presenter and/or Subject Matter:

Ms. Leslie Edwards, Finance Officer

Budget Amendments

Komita Hendricks
Clerk to the Board

Budget Amendments

BUDGET AMENDMENT

DATE 06/30/17

JE-NO 39

GENERAL LEDGER ACCOUNT NUMBER		INCREASE	TO AMEND BUDGET	INCREASE
			Generator Project	
113310	433002		Misc. Revenue	97,150.00
114330	551005	97,150.00	Generator for Wellness	
			Grant Funds Received.	
		97,150.00		97,150.00

PREPARED BY Leslie Edwards POSTED BY _____

APPROVED BY Kimberly L. Jew 12/14/17

DATE 12/19/17

BOARD APPROVED

BUDGET AMENDMENT

DATE 06/30/17

JE-NO 41

GENERAL LEDGER ACCOUNT NUMBER		INCREASE	TO AMEND BUDGET	INCREASE
			Sheriff's Weapons Grant	
113310	443090		Sheriff's Weapons Grant	24,422.60
114309	555000	24,422.60	Equipment	
			Received Grant Funding	
		24,422.60		24,422.60

PREPARED BY Leslie Edwards POSTED BY _____

APPROVED BY: Kimberly L. [Signature]
12/19/17

DATE 12/19/17

BOARD APPROVED

BUDGET AMENDMENT

DATE 06/30/17

JE-NO _____ 42

GENERAL LEDGER ACCOUNT NUMBER		INCREASE	TO AMEND BUDGET	INCREASE
			Sheriff's Special Account	
113432	443109		Sheriff's Special Account	74,435.47
114316	539900	67,385.47	Execution Services	
114316	549900	7,050.00	Sheriff's Drug Account	
			Received additional revenue for Narcotics Programs.	
		74,435.47		74,435.47

PREPARED BY Leslie Edwards POSTED BY _____

APPROVED BY Kimberly Baker 12/14/17

DATE 12/19/17

BOARD APPROVED

BUDGET AMENDMENT

DATE 06/30/17

JE-NO 43

[illegible]

PREPARED BY Leslie Edwards POSTED BY _____

APPROVED BY Kimberly L. Lee 12/19/17

DATE 12/19/17

BOARD APPROVED

BUDGET AMENDMENT

DATE 06/30/17

JE-NO 45

GENERAL LEDGER ACCOUNT NUMBER		DEBIT	TO AMEND BUDGET	CREDIT
			Hospitalization-Retirees	
119910	599100		Contingency	3,497.47
114132	518310	3,497.47	Retirees Hospitalization	
			To move money to cover overage on Hospitalization for Retirees.	
		3,497.47		3,497.47

PREPARED BY Leslie Edwards POSTED BY _____

APPROVED BY Kimberly E. [Signature]
12/14/17

DATE 12/19/17

BOARD APPROVED

BUDGET AMENDMENT

DATE 06/30/17

JE-NO 46

[illegible]

PREPARED BY Leslie Edwards POSTED BY _____

APPROVED BY Kimberly F. Dean
12/1/17

DATE 12/19/17

BOARD APPROVED

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 10

Agenda Time: 10:45

Presenter and/or Subject Matter:

Ms. Kimberly Turner, County Manager
1) Introduction of New Employee
2) Resolution for Jasper Jones Road
3) Management Matters

Komita Hendricks
Clerk to the Board

Resolution for Jasper Jones Roads

**NORTH CAROLINA STATE DEPARTMENT OF TRANSPORTATION AND
HIGHWAY SAFETY REQUEST FOR ADDITION TO STATE MAINTAINED
SECONDARY ROAD SYSTEM**

North Carolina

County of Northampton

Road description Jasper Jones Road located just west of Gaston across from Squire School.

WHEREAS, the attached petition has been filed with the Board of Commissioners of the County of Northampton requesting that the above described road, the location of which has been indicated in red on the attached map, be added to the Secondary Road System; and

WHEREAS, the Board of County Commissioners is of the opinion that the above described road should be added to the Secondary Road System, if the road meets minimum standards and criteria established by the Division of Highways of the Department of Transportation and Highway Safety for the addition of roads to the System.

NOW, THEREFORE be it resolved by the Board of Commissioners of the County of Northampton that the Division of Highways is hereby requested to review the above described road, and to take over the road for maintenance if it meets established standards and criteria.

CERTIFICATE

The foregoing resolution was duly adopted by the Board of Commissioners of the County of Northampton at a meeting on the ____ day _____ of _____ and appears in the minutes of the said Commission.

WITNESS my hand and official seal this the ____ day _____ of _____.

Komita Hendricks, Clerk to the Board
Northampton County Board Commissioners



PLAT BOOK 25, Page 1

NORTHAMPTON SUMMER PLACE SUBDIVISION
SECTION III

PLAT SHOWING SURVEY FOR
NORTHAMPTON REALTY & INS. COMPANY
GASTON TOWNSHIP
NORTHAMPTON COUNTY, N.C.
OCTOBER 29, 1990
SCALE 1" = 100'

MADE 1990

I, the undersigned, being a duly qualified and licensed Surveyor in the State of North Carolina, do hereby certify that the foregoing is a true and correct copy of the original survey as shown to me by the Northampton Realty & Insurance Company, and that the same has been duly recorded in the public records of the County of Northampton, State of North Carolina, in accordance with the provisions of the Statute in that behalf made.

Surveyor
[Signature]
1-14-91

I, the undersigned, being a duly qualified and licensed Surveyor in the State of North Carolina, do hereby certify that the foregoing is a true and correct copy of the original survey as shown to me by the Northampton Realty & Insurance Company, and that the same has been duly recorded in the public records of the County of Northampton, State of North Carolina, in accordance with the provisions of the Statute in that behalf made.

Surveyor
[Signature]
1-14-91

STATE OF NORTH CAROLINA
DEPARTMENT OF REVENUE
The foregoing certificate of James Earl, Registered Land Surveyor of Northampton County, N.C., is hereby acknowledged by me, the undersigned, as being a true and correct copy of the original survey as shown to me by the Northampton Realty & Insurance Company, and that the same has been duly recorded in the public records of the County of Northampton, State of North Carolina, in accordance with the provisions of the Statute in that behalf made.

Register of Deeds
[Signature]

As Witness my hand and the seal of the State of North Carolina, this 14th day of January, 1991.

Governor
[Signature]

Notary Public for the County and State of North Carolina, do hereby certify that the foregoing is a true and correct copy of the original survey as shown to me by the Northampton Realty & Insurance Company, and that the same has been duly recorded in the public records of the County of Northampton, State of North Carolina, in accordance with the provisions of the Statute in that behalf made.

Notary Public
[Signature]

[illegible]



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

ROY COOPER
GOVERNOR

JAMES H. TROGDON, III
SECRETARY

November 29, 2017

Ms. Kimberly Turner, County Manager
County of Northampton
108 West Jefferson Street
Jackson, NC 27845

Dear Ms. Turner,

Please find attached a "Petition for Road Addition" from the residents of Jasper Jones Road. This road is currently a private road located just west of Gaston across from Squire School. Prior to review and consideration, the Department requests a resolution from the County supporting this petition.

If I can provide any further information or assistance, please let me know.

Sincerely,

Scott L. Emory, PE
District Engineer

Attachment

CC: Representative Michael Wray (w/atta.)
Mr. Jerry Jennings, PE (w/atta.)
Mr. Win Bridgers, PE (w/atta.)
Mr. Jack Liverman, PE (w/atta.)
Ms. Mary Williams (w/atta.)

Mailing Address:
NC DEPARTMENT OF TRANSPORTATION
DISTRICT ENGINEER'S OFFICE
230 NC 42 WEST
AHOSKIE, NC 27910

Telephone: (252) 332-4021
Fax: (252) 332-3040
Customer Service: 1-877-368-4968
Website: www.ncdot.gov

Location:
NC DEPARTMENT OF
TRANSPORTATION
DISTRICT ENGINEER'S OFFICE
230 NC 42 WEST
AHOSKIE, NC 27910

NOV 1 3 2011

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
PETITION FOR ROAD ADDITION
FORM SR-1 REVISED Jan-2010

ROADWAY INFORMATION: (Please Print)

County: Northampton Road Name: Jasper Jones
(Please list additional street names and lengths on the back of this form.)
Subdivision Name: Northampton Summerplace Length (miles): 0.45
Number of occupied homes having street frontage: 20
Location: 0.2 miles N S E W of the intersection of Route SR 122 and Route NC 46
(Circle one) (SR, NC or US) (SR, NC or US)
We, the undersigned, being property owners and/or developer of Northampton Summerplace in
Northampton County, do hereby request the Division of Highways to add the above described
road.

CONTACT PERSON: Name and Address of First Petitioner. (Please Print)

Name: Mary Williams Phone Number: 252-532-676
Street Address: 214 Jasper Jones Rd.
Mailing Address: PO Box 1094 Gaston NC 27832

NAME	PROPERTY OWNERS MAILING ADDRESS	TELEPHONE
<u>Yakini J. Male</u>	<u>PO Box 111 Gaston, NC</u>	<u>252-541-519</u>
<u>Mr. & Mrs. Robert Boone</u>	<u>P.O. Box 1058 - 252-532-9043</u>	
<u>Calvin Roberts</u>	<u>P.O. Box 805 Gaston NC</u>	<u>252-676-1455</u>
<u>Margaret Nicholson</u>	<u>P.O. Box 609 Gaston, NC</u>	<u>252-673-1041</u>
<u>Juran Squire</u>	<u>P.O. Box 101 Gaston NC</u>	<u>252-535-2131</u>
<u>Monique Singleton</u>	<u>PO Box 1415 Gaston NC</u>	<u>252-676-7826</u>
<u>Storin Banks</u>	<u>P.O. Box 1415 Gaston NC</u>	<u>252-308-5419</u>
<u>Ted S. Jackson</u>	<u>P.O. Box 329 Gaston NC 27832</u>	<u>252-535-5843</u>
<u>Heinda Ingram</u>	<u>P.O. Box 1124 Gaston NC</u>	<u>252-535-1123 237-5284</u>
<u>Carolyn Tunn</u>	<u>P.O. Box 674 Gaston NC</u>	<u>252-673-5287</u>
<u>Tomkins Morn</u>	<u>P.O. Box 781 Gaston NC 27832</u>	<u>(252) 578-0705</u>
<u>Allice Louise Robert</u>	<u>PO Box 2190 Gaston NC</u>	<u>308 73 62</u>

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
PETITION FOR ROAD ADDITION
FORM SR-1 REVISED Jan-2010

ROADWAY INFORMATION: (Please Print)

County: Northampton Road Name: Jasper Jones
(Please list additional street names and lengths on the back of this form.)
Subdivision Name: Northampton Summer Place Length (miles): 0.45
Number of occupied homes having street frontage: 20
Location: 0.2 miles N S E (W) of the intersection of Route SR 122 and Route NC 46
(Circle one) (SR, NC or US) (SR, NC or US)
We, the undersigned, being property owners and/or developer of Northampton Summer Place in
Northampton County, do hereby request the Division of Highways to add the above described
road.

CONTACT PERSON: Name and Address of First Petitioner. (Please Print)

Name: Mary Williams Phone Number: 252-537-0676
Street Address: 214 Jasper Jones Rd.
Mailing Address: PO Box 1074 Gaston, NC 27832

NAME	PROPERTY OWNERS MAILING ADDRESS	TELEPHONE
<u>Catharina Beynild</u>	<u>PO BOX 190 Gaston N.C.</u>	<u>(252) 673-2337</u>
<u>Randall Woods</u>	<u>P.O. Box 1172 Gaston, NC</u>	<u>252 532-7809</u>
<u>Dorothy Mason</u>	<u>P.O. Box 781 Gaston, NC</u>	<u>537-1526</u>
<u>Mathewine & Michael Jackson</u>	<u>7 Rubins Walk Fredericksburg, VA</u>	<u>540-335-690</u>
<u>Samuel S. Huff</u>	<u>1234 Beech Rd. Emporia Va</u>	<u>(434) 634-6278</u>
<u>Johnny S. Bridges</u>	<u>P.O. Box 763 Gaston NC</u>	<u>(252) 308-8074</u>
<u>Queen Porter</u>	<u>P.O. Box 655 Gaston NC</u>	<u>278 32 292 541-1353</u>
<u>Theresa Smith</u>	<u>6720 144 Gus Smith Rd. Gaston, NC</u>	<u>278 32 577-0325</u>

INSTRUCTIONS FOR COMPLETING PETITION:

1. Complete Information Section
2. Identify Contact Person (This person serves as spokesperson for petitioner(s)).
3. Attach Two (2) copies of recorded subdivision plat or property deeds, which refer to candidate road.
4. Adjoining property owners and/or the developer may submit a petition. Subdivision roads with prior NCDOT review and approval only require the developer's signature.
5. If submitted by the developer, encroachment agreements from all utilities located within the right of way shall be submitted with the petition for Road addition. However, construction plans may not be required at this time.
6. Submit to District Engineer's Office.

Form SR-1

FOR NCDOT USE ONLY: Please check the appropriate block

- ☐ Rural Road ☐ Subdivision established prior to October 1, 1975 ☐ Subdivision established after October 1, 1975

REQUIREMENTS FOR ADDITION

If this road meets the requirements necessary for addition, we agree to grant the Department of Transportation a right-of-way of the necessary width to construct the road to the minimum construction standards of the NCDOT. This right-of-way will extend the entire length of the road that is requested to be added to the state maintained system and will include the necessary areas outside of the right-of-way for cut and fill slopes and drainage. Also, we agree to dedicate additional right-of-way at intersections for sight distance and design purposes and to execute said right-of-way agreement forms that will be submitted to us by representatives of the NCDOT. The right-of-way shall be cleared at no expense to the NCDOT, which includes the removal of utilities, fences, other obstructions, etc.

General Statute 136-102.6 states that any subdivision recorded on or after October 1, 1975, must be built in accordance with NCDOT standards in order to be eligible for addition to the State Road System.

<u>ROAD NAME</u>	<u>HOMES</u>	<u>LENGTH</u>	<u>ROAD NAME</u>	<u>HOMES</u>	<u>LENGTH</u>

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 11

Agenda Time: 11:00

Presenter and/or Subject Matter:

Citizens/Board Comments

Komita Hendricks
Clerk to the Board

NORTHAMPTON COUNTY
BOARD OF COMMISSIONERS

Meeting Date: 01-03-18

Agenda Tab Number: 12

Agenda Time: 11:30

Presenter and/or Subject Matter:

G.S. 143-318.11 (a) (4)- EDC Report

Komita Hendricks
Clerk to the Board