

The Northampton County Board of Commissioners will meet in Regular Session on Tuesday, January 16, 2018 at 6:00 p.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.

<b><u>TAB</u></b>	<b><u>TIME</u></b>	<b><u>DESCRIPTION</u></b>
	5:30	Closed Session G.S. 143-318.11 (a) (5)
	5:50	Agenda Work Session
1	6:00	Approval of Regular Meeting Minutes for January 3, 2018..... 4
2		Approval of Closed Session Minutes for January 3, 2018..... 75
3		Approval of Agenda for January 16, 2018..... 77
4	6:05	Mrs. Brandy Dawson & Mrs. Audrey Hardy Roanoke Valley Community Health Initiative ..... 78
5	6:20	Mr. Nathan Pearce, Assistant County Manager & Mr. Kirk Rogers, Public Works Director Water Surveys Results ..... 80
6	6:30	Mrs. Cathy Allen, Tax Administrator 1) Ad Valorem Tax Appeals ..... 87 2) Motor Vehicle Refunds ..... 89 3) Ad Valorem Tax Appeals- Disability Exclusion ..... 93
7	6:40	Ms. Leslie Edwards, Finance Officer Disbursement Policy ..... 96
8	6:50	Ms. Kimberly Turner, County Manager 1) Capital Improvement Plan ..... 108 2) Deer Hunting Resolution ..... 112 3) Management Matters
9	7:00	Citizens/Board Comments
	7:30	Adjourn

**NORTHAMPTON COUNTY**  
**BOARD OF COMMISSIONERS**

**Meeting Date:**           01-16-2018

**Agenda Tab Number:**                       

**Agenda Time:**           5:30 pm

**Presenter and/or Subject Matter:**

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G.S. 143-318.11 (a) (5)

Komita Hendricks  
Clerk to the Board

**NORTHAMPTON COUNTY**  
**BOARD OF COMMISSIONERS**

**Meeting Date:**           01-16-2018

**Agenda Tab Number:**   1

**Agenda Time:**           6:00 pm

**Presenter and/or Subject Matter:**

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Approval of Regular Meeting Minutes for January 3, 2018

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Komita Hendricks  
Clerk to the Board

***1 Approval of Regular Meeting Minutes for January 3, 2018***

**NORTHAMPTON COUNTY  
REGULAR SESSION  
January 3, 2018**

Be It Remembered that the Board of Commissioners of Northampton County met on January 3, 2018 with the following present: Fannie Greene, Chester Deloatch, Geneva Faulkner, Charles Tyner and Robert Carter.

Others Present: Kimberly Turner, Scott McKellar, Leslie Edwards, 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 had no changes. Chairman Carter called upon Commissioners for input. Commissioners had no changes.

**Commissioner Charles Tyner entered the meeting at this time.**

**Commissioner Geneva Faulkner entered the meeting at this time.**

**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 December 4, 2017:**

A motion was made by Chester Deloatch and seconded by Fannie Greene to approve the Regular Session Minutes for December 4, 2017. **Question Called:** *All present voting yes.* **Motion carried.**

**Approval of Closed Session Minutes for December 4, 2017:**

A motion was made by Geneva Faulkner and seconded by Chester Deloatch to approve the Closed Session Minutes for December 4, 2017. **Question Called:** *All present voting yes.* **Motion carried.**

**Approval of Agenda for January 3, 2018:**

A motion was made by Fannie Greene and seconded by Chester Deloatch to approve the agenda for January 3, 2018 with no changes. **Question Called:** *All present voting yes.* **Motion carried.**

**Budget Presentation:**

Dr. Michael Elam, President of HCC and Mr. David Foster, Chief Finance Officer appeared before the Board to obtain Chairman Carter's signature for Halifax Community College's Budget for Fiscal Year 2017-2018.

Mr. Foster explained the Budget for Halifax Community College to the Board. He also stated that the signature is needed to show proof of the \$30,000 that was funded to Halifax Community College for Fiscal Year 2017-2018.

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

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
<b>Summary of Revenues (excluding capital improvement projects)</b>				
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		\$ -	\$ -	\$ -
<b>Total Funds Available</b>	<b>\$ 9,430,510</b>	<b>\$ 1,323,378</b>	<b>\$ 4,929,756</b>	<b>\$ 15,683,644</b>
<b>Summary of Expenditures (excluding capital improvement projects)</b>				
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
<b>Total Budgeted Expenditures</b>	<b>\$ 9,430,510</b>	<b>\$ 1,323,378</b>	<b>\$ 4,929,756</b>	<b>\$ 15,683,644</b>
<b>Net (Est. Revenues - Expenditures)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*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.

**N. C. State Laboratory of Public Health:**

Mr. Andy Smith, Health Department Director, appeared before the Board to obtain approval of a contract with CLIA-Lab Services between the Health Department and DHHS: N. C. State Laboratory of Public Health.

A motion was made by Charles Tyner and seconded by Geneva Faulkner to approve the contract between Northampton County Health Department and DHHS: N. C. State Laboratory of Public Health. **Question Called:** *All present voting yes.* **Motion carried.**

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



## 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

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#### 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.

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#### 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 2<sup>nd</sup> meeting.
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#### 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 2<sup>nd</sup> meeting.

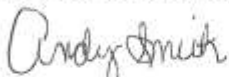
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**RECOMMENDATIONS:**

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.

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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	
<b>GRANTS</b>			
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:
<b>CONTRACT ADMINISTRATOR</b>			
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:	
<b>NOTES:</b>			
_____ 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			
<b>PROBLEMS:</b>			
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.

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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  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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SECRETARY

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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
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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
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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 <sub>1c</sub>	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 <sub>1c</sub>	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 <sub>1c</sub>	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 <sub>1c</sub>	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:

<b>ANALYTIC SYSTEMS</b>
-------------------------

**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

**Position Reclassification:**

Mrs. Robin Williams, Register of Deeds, appeared before the Board to obtain approval to reclassify the existing senior Deputy Register of Deeds to a Deputy Register of Deeds III.

A motion was made by Charles Tyner and seconded by Chester Deloatch to approve the reclassification of the existing senior Deputy Register of Deeds to a Deputy Register of Deeds III. **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: 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:**

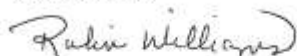
The reclassified position will perform more complex duties. Major duties the Deputy III will perform is administrative and supervisory work of a legal nature in directing the activities of the Office of the Register of Deeds, in accordance with Chapter 121, of the General Statutes of North Carolina. 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.

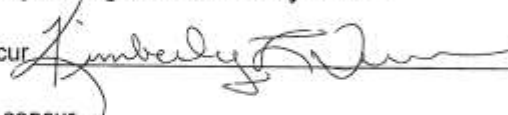
Respectfully,



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 \_\_\_\_\_

12/28/2017

Mail - robin.williams@nhcnc.net

## Re: Position/Pay Upgrade

Leslie Edwards

Mon 12/18/2017 10:20 AM

KOMITA HENDRICKS

To: Robin Williams &lt;robin.williams@nhcnc.net&gt;

I am sorry Robin I made a mistake in the below email, please see the corrected figures below...

Salary	Merit	Christmas Bonus	Total Salary	Longevity	FICA	MEDICARE	Retirement	With Fring W/C	Monthly
\$ 26,036.00	\$ -	\$ 216.57	\$ 26,252.57	\$ 650.90	\$ 1,668.02	\$ 390.10	\$ 1,821.36	\$20,782.05	\$ 47.25
\$ 28,670.00	\$ -	\$ 216.57	\$ 28,886.57	\$ 716.75	\$ 1,835.41	\$ 429.25	\$ 2,004.14	\$23,872.12	\$ 52.00
									\$ 257.49
									\$2,059.40

*Leslie H. Edwards*

Finance Officer  
 Northampton County  
 Post Office Box 663  
 Jackson, NC 27845  
 Ph: (252) 534-1536 Ext. 106  
 Fax: (252) 534-1239  
 Email: [leslie.edwards@nhcnc.net](mailto:leslie.edwards@nhcnc.net)

**EFNEP Agreement for Expanded Services:**

Mr. Craig Ellison, Cooperative Extension Director, appeared before the Board to obtain approval to expand food and nutrition educational services to identified parents of 2-4 year-old children residing in Northampton County.

A motion was made by Geneva Faulkner and seconded by Fannie Greene to grant the County Manager permission to sign this agreement to be allow grant funds to disbursed to the county.

**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: Craig Ellison, Northampton County Extension Director Cooperative Extension

DATE: January 03, 2018

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

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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.

DICUSSION: 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 \_\_\_\_\_

---

**HCCBG Member Appointment:**

Mrs. Joslyn Reagor, Aging Director, appeared before the Board to obtain approval to appoint Mrs. Ruth Gee to the HCCBG advisory committee.

A motion was made by Fannie Greene and seconded by Geneva Faulkner to appoint Mrs. Ruth Gee to the HCCBG advisory committee. **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:** 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 \_\_\_\_\_

**Budget Amendments:**

Ms. Leslie Edwards, Finance Director, appeared before the Board to obtain approval of Budget Amendments #39-50 for Fiscal Year 2016-2017.

A motion was made by Chester Deloatch and seconded by Fannie Greene that Budget Amendments #39-50 be adopted. **Question Called:** *All present voting yes.* **Motion carried.**

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







## BUDGET AMENDMENT

DATE 06/30/17

JE-NO \_\_\_\_\_ 42

GENERAL LEDGER ACCOUNT NUMBER		INCREASE	TO AMEND BUDGET	INCREASE
			<b>Sheriff's Special Account</b>	
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 44

GENERAL LEDGER ACCOUNT NUMBER		DEBIT	TO AMEND BUDGET	CREDIT
			Old DSS Building Renovations	
119910	599100		Contingency	75,495.06
114190	558100	75,495.06	Old DSS Building Renovations	
113990	499000		Fund Balance Appropriated	6,169.40
114190	558100	6,169.40	Old DSS Building Renovations	
			Architect Fees for DSS Building Renovations	
		81,664.46		81,664.46

PREPARED BY Leslie Edwards POSTED BY \_\_\_\_\_

APPROVED BY [Signature] 12/19/77

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 48

[illegible]

PREPARED BY Leslie Edwards POSTED BY \_\_\_\_\_

APPROVED BY Kimberly R. [Signature]  
5/12/17

DATE 12/19/17

BOARD APPROVED

## BUDGET AMENDMENT

DATE 06/30/17

JE-NO 49

GENERAL LEDGER ACCOUNT NUMBER		INCREASE	TO AMEND BUDGET	INCREASE
			Health	
			<u>WIC Breast Feeding Peer Counselor</u>	
113990	499010		Health-Fund Balance Appropriated	230.32
115171	512100	104.42	Salaries	
115171	532100	125.90	Telephone	
			To move money from Health Fund Balance.	
		230.32		230.32

PREPARED BY Leslie Edwards POSTED BY \_\_\_\_\_

APPROVED BY Kimberly F. [Signature] 12/19/17

DATE 12/19/17

BOARD APPROVED



**Introduction of New Employee:**

Ms. Kimberly Turner, County Manager, appeared before the Board to introduce Mr. Aaron Rogers as the new Public Works Director.

**Resolution for Jasper Jones Road:**

Ms. Kimberly Turner, County Manager, appeared before the Board to obtain approval of a resolution for Jasper Jones Road to be added to the state maintained secondary road system.

A motion was made by Fannie Greene and seconded by Geneva Faulkner to approve the resolution for Jasper Jones Road. **Question Called:** *All present voting yes.* **Motion carried.**

**Management Matters:**

Ms. Kimberly Turner, County Manager, appeared before the Board to obtain approval to waive fees if an employee receives a bill from EMS for ambulance service if they are currently on workers comp.

A motion was made by Fannie Greene and seconded by Charles Tyner to approve the waving of fees subject to legal review. **Question Called:** *All present voting yes.* **Motion carried.**

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

**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





[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](http://www.ncdot.gov)

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

**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>

**Citizens/Board Comments:**

***Chairman Carter called for Citizens Comments.***

Mr. Bill Boone, citizen, addressed the Board in reference to preparing a resolution in reference to proposed deer hunting season changes.

***Chairman Carter called for Board Comments.***

Commissioner Tyner asked the Board if they would consider doing a study on Northampton County buildings and grounds for the next 10 years and feels this should also be done by the Northampton County School System before any more money is spent. He also stated this should be done by a professional before next budget year.

Vice-Chairwoman Greene stated we should move forward with current projects and she isn't comfortable with spending money for a study on buildings but will follow the Board's decision on this matter.

Commissioner Deloatch had no comment.

Commissioner Faulkner stated that she agrees studies should be done. She also made comments in reference to a Wall Street Journal article, a book currently being written by Mrs. Moses, and how Bertie County is moving forward. She also thanked all the citizens for coming.

Chairman Carter thanked all the Commissioners for their comments and also stated that we are looking for ways to move Northampton County forward. He also stated that some of the citizens didn't receive the water survey and asked the County Manager to make sure all citizens have the opportunity to fill the form out if they so desire.

A motion was made by Fannie Greene and seconded by Chester Deloatch to recess regular session and enter into closed session for the purpose of G.S. 143-318.11 (a)(4). **Question Called:** **All present voting yes. Motion carried.**

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

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Komita Hendricks, Clerk to the Board  
"r.m. 01-03-18"

*2 Approval of Closed Session Minutes for January 3, 2018*

**NORTHAMPTON COUNTY**  
**BOARD OF COMMISSIONERS**

**Meeting Date:** 01-16-2018

**Agenda Tab Number:** 2

**Agenda Time:** 6:00 pm

**Presenter and/or Subject Matter:**

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Approval of Closed Session Minutes for January 3, 2018

(omitted)

Komita Hendricks  
Clerk to the Board

**NORTHAMPTON COUNTY**  
**BOARD OF COMMISSIONERS**

**Meeting Date:**           01-16-2018

**Agenda Tab Number:**   3

**Agenda Time:**           6:00pm

**Presenter and/or Subject Matter:**

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Approval of Agenda for January 16, 2018

Komita Hendricks  
Clerk to the Board

### ***3 Approval of Agenda for January 16, 2018***

The Northampton County Board of Commissioners will meet in Regular Session on Tuesday, January 16, 2018 at 6:00 p.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.

<b><u>TAB</u></b>	<b><u>TIME</u></b>	<b><u>DESCRIPTION</u></b>
	5:30	Closed Session G.S. 143-318.11 (a)(5)
	5:50	Agenda Work Session
1	6:00	Approval of Regular Meeting Minutes for January 3, 2018
2		Approval of Closed Session Minutes for January 3, 2018
3		Approval of Agenda for January 16, 2018
4	6:05	Mrs. Brandy Dawson & Mrs. Audrey Hardy Roanoke Valley Community Health Initiative
5	6:20	Mr. Nathan Pearce, Assistant County Manager & Mr. Kirk Rogers, Public Works Director Water Survey Results
6	6:30	Mrs. Cathy Allen, Tax Administrator 1) Ad Valorem Tax Appeals 2) Motor Vehicle Refunds 3) Ad Valorem Tax Appeals- Disability Exclusion
7	6:40	Ms. Leslie Edwards, Finance Officer Disbursement Policy
8	6:50	Ms. Kimberly Turner, County Manager 1) Capital Improvement Plan 2) Deer Hunting Resolution 3) Management Matters
9	7:00	Citizens/Board Comments
	7:30	Adjourn

*Roanoke Valley Community Health Initiative***NORTHAMPTON COUNTY**  
**BOARD OF COMMISSIONERS****Meeting Date:** 01-16-2018**Agenda Tab Number:** 4**Agenda Time:** 6:05pm**Presenter and/or Subject Matter:**

Mrs. Brandy Dawson & Mrs. Audrey Hardy
Roanoke Valley Community Health Initiative

Komita Hendricks  
Clerk to the Board

**NORTHAMPTON COUNTY**  
**BOARD OF COMMISSIONERS**

**Meeting Date:** 01-16-2018

**Agenda Tab Number:** 5

**Agenda Time:** 6:20 pm

**Presenter and/or Subject Matter:**

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Komita Hendricks  
Clerk to the Board

## Water Surveys Results

### Northampton County Public Works Informational/Planning Survey

P.O. Box 68  
9371 NC 305 Highway  
Jackson, NC 27845  
(252) 534-6341 (phone)  
(252) 534-1525 (fax)

1. Do you currently have a public water connection within Northampton County?
  - ☐ YES If yes, who is your provider? \_\_\_\_\_  
(Thank you for taking this survey. No additional information is needed at this time)
  - ☐ NO If no, please proceed to question 2.
  - ☐ UNCERTAIN If uncertain, please proceed to question 2.
  
2. Do you have public water service available at your property?
  - ☐ YES If yes, please proceed to question 5.
  - ☐ NO If no, please proceed to question 3.
  - ☐ UNCERTAIN If uncertain, please proceed to question 5.
  
3. If you own property in an area that is not serviced by a public water supply, would you be interested in a service connection? (If you are renting and do not own the property, please proceed to question 5)
  - ☐ YES If yes, please proceed to question 4.
  - ☐ NO If no, please proceed to question 5.
  
4. How many public water service connections would be possibly needed? (Note: Each residence must have a separate service tap)
 

<input type="checkbox"/> 1	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 4+
  
5. Please complete the following (please print):
 

Name: \_\_\_\_\_

Property Address (for which you are interested in a public water service connection): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number(s) (optional): \_\_\_\_\_

**\*\*Please remit to the following address by December 15, 2017: P.O. Box 68, Jackson, NC 27845\*\***

*Your responses will contribute to our planning and implementation of the expansion of public water service throughout Northampton County. Thank you for taking the time to complete this survey. We truly value the information you have provided.*

Road Number	Number of Houses	Length of Road in Miles	Date Delivered	Letters Received	Yes	No
1100	14	4.5	11/28/2017	3	3	
1101	2	2	12/1/2017			
1102	1	1	11/28/2017			
1106	4	2.2	11/28/2017			
1107			11/28/2017			
1109	5	2.8	11/28/2017	2	2	
1113	8	2	11/28/2017	3	3	
1114	1	0.8	11/28/2017			
1117	0		11/29/2017			
1118	11	3	12/4/2017	4	4	
1120	0					
1121	3	2.2	11/30/2017	1	1	
1125	1	3.3	11/30/2017			
1126	3	5.2	11/30/2017			
1127	1	1	11/30/2017	1	1	
1129	0	1.8	11/30/2017			
1131	0		11/30/2017			
Exum Way off 1129	0		11/30/2017			
Bennett Lane off 1107	0		11/30/2017			
Jordan Lane off Hwy 258	1		11/28/2017			
Dunning Lane off 1100	1		11/28/2017			
Plantation Lane off 1100	1		11/28/2017			
Deer Trail off 1118	1		11/28/2017			
US 158 From Barrow's Mill Road to Neck Road	23	6	12/6/2017	3	3	
<b>TOTALS</b>	<b>81</b>			<b>37</b>	<b>37</b>	<b>0</b>

Final Number	Number of Houses	Length of Road in Miles	Date Delivered	Letters Received	Yes	No	Already Served Public Water	Maybe	No Answer Given
1201	17	0	11/29/2007	8	8				
1202	6	3	11/29/2007						
1203	0	4	11/29/2007						
1206	0	2	11/29/2007						
1217	4	0.5	11/29/2007						
1218	6	2	11/29/2007						
1240	1	2	11/29/2007						
1242	5	3	11/29/2007						
1244	3	0.25	11/29/2007	1	1				
1255	13	2	11/29/2007						
1256	12	1	11/29/2007						
1282	3	0.04	11/29/2007	1	1				
1283	17	1.5	11/29/2007	2		2			
1297	2	0.25	11/29/2007	1					1
1298	12	0.125	11/29/2007						
1612	28	5	11/29/2007	5					
1614	5	4	11/29/2007						
Bradley Drive off 1264	30	1.5	11/29/2007	5	3		3		
Brick Drive off Bradley Drive	4	0.25	11/29/2007	2	1		1		
One Drive off Bradley Drive	4	0.25	11/29/2007						
Megha Court off 1276	3	0.004	11/29/2007						
Stone Court off 1275	8	0.16	11/29/2007	1					
Red Oak Court off 1279	9	0.004	11/29/2007	2	1	1			
Wanamans Drive off 1274	14	2	11/29/2007						
Scarbush Circle off 1296	9	0.5	11/29/2007	1					
Clay Lane off 1214	2	0.007	11/29/2007						
Hopkins Drive off 1250	6	0.5	11/29/2007				3		
Mondlight Court off Hopkin Drive	14	0.5	11/29/2007						
Spring Garden Lane off 1241	5	1	11/29/2007						
North Shore off 1218	20	6	11/29/2007						
Oak Hill Drive off South Shore	8	2	11/29/2007						
William Lane off 1218	8	1	11/29/2007	3	2				
Stuyvesant Drive	4	0.4	11/29/2007						
Hill Lane	3	0.2	11/29/2007						
Wagon Court	8	0.2	11/29/2007						
Archon Jordan Lane off 1202	6	2	11/29/2007	3	3				
Carle Lane off 1201	4	0.5	11/29/2007						
Security Lane off May 201	12	1	11/29/2007	4	3			1	
<b>TOTALS</b>	<b>250</b>			<b>34</b>	<b>25</b>	<b>8</b>	<b>6</b>	<b>7</b>	<b>1</b>

Road Number	Number of Houses	Length of Road in Miles	Date Delivered	Letters Received	Yes	No	No Answer
1300	20	5.1	11/30/2017	6	6		
1301	4	4.25	12/5/2017	0			
1304	8	4.25	12/5/2017	7	7		
1305	5	5	12/5/2017	0			
1307	11	9	12/5/2017	2	2		
1308	7	6	12/5/2017	0			
1309	4	2.5	12/5/2017	0			
1312	11	5.5	12/5/2017	1	1		
1313	9	3.75	12/5/2017	2	2		
1314 From By-Pass to Henry Kee			12/5/2017				
1314 from Hargraves rd to Hwy 186	5	2.5	12/5/2017	1	1		
1316	23	7.75	12/5/2017				
1319	0	0	12/5/2017				
1320	3	2	12/6/2017				
1321	0	0	12/6/2017				
1322	0	0	12/6/2017				
1323	7	0.7	12/6/2017				
1324	8	2.2	12/1/2017				
1327	5	0.7	11/21/2017	5	4	1	
1328	14	7.4	11/21/2017	3	3		
1329	5	3.6	11/22/2017	2	2		
1331	3	0.5	11/20/2017	1	1		
1332	3	1.3	11/28/2017				
1333	43	11.3	11/17/17, 11/20/17	20	19		1
1336	6	2.3	12/1/2017				
1337	0						
1338	0						
1339	1	3.1	12/1/2017	1		1	

Road Number	Number of Houses	Length of Road in Miles	Date Delivered	Letters Received	Yes	No	No Answer
1340	3	2.1	11/30/2017				
1343	5	1.7	11/21/2017	5	5		
1344	16	1.4	12/1/2017				
1345	4	1.5	11/21/2017				
1346	1	2.1	12/1/2017				

1348	2	0.6	11/22/2017					
1350	4	0.6	11/30/2017	1	1			
1351	40	6	11/22/17, 11/27/17	0	7	2		
1352	0							
1353	0							
1354	15	3.1	11/29/2017	2	2			
1355	8	2	11/30/2017	1	1			
1356	12	3.4	11/30/2017	2	1	1		
1359	0							
1360	33	5	11/30/2017	12	12			
1361	0							
1362	10	1.9	11/30/2017					
1363	7	1	12/1/2017	1	1			
1364	22	2.7	12/1/2017	8	7	1		
1371								
Stonewall Lane off 1321								
Whithead Way off 1323								
Loogg Lane off 1300	3		12/1/2017	1		1		
Pontoon Lane off 1300	6		12/1/2017	1	1			
Newsome Lane off 1345	0							
Britt Lane off 1333	1	0.1	11/30/2017	1	1			
Bales Lane off 1333	1	Gate	12/1/2017					
Providence Lane off 1333	2	0.5	11/20/2017					
New Hope Lane off 1333	2	0.5	11/30/2017					
Jerry Clinty Lane off 1351	1	0.2	11/30/2017					
Parker Ridge Road off 1360	4	0.1	11/30/2017	3	1	2		
Pineridge Lane off 1354	18	0.8	11/29/2017	2	1	1		

Road Number	Number of Houses	Length of Road in Miles	Date Delivered	Letters Received	Yes	No	No Answer
HWY 35 North of Severn	4	1	12/4/2017				
US 158 Hwy from Barrow's Mill to Neck Rd	23	6	12/6/2017				
US 158 Hwy to Jackson By Pass Road	3			1	1		
<b>Total</b>	<b>452</b>			<b>100</b>	<b>89</b>	<b>10</b>	<b>1</b>

Road Number	Number of Houses	Length of Road in Miles	Date Delivered	Letters Received	Yes	No	No Answer
1500	1	0.6	12/4/2017				
1501	2	2.7	12/4/2017				
1502	2	2.4	11/24/2017				
1504	1	1.3	12/4/2017				
1505	4	1	12/4/2017				
1506	6	1.3	11/22/2017	2	2		
1507	5	0.9	12/4/2017	2	2		
1509	2	1	12/4/2017				
1511			12/4/2017				
1513	0		12/4/2017				
1515	7	2.1	12/4/2017				
1517	2	1.7	12/4/2017				
1522	10	2.2	12/4/2017	1	1		
1529	5	2	12/4/2017				
1533	1	0.9	12/4/2017				
1536	18	3.9	12/4/2017	7	6		1
1543	8	1.8	12/4/2017	1	1		
1544	4	1.3	12/4/2017	1	1		
1546							
1552	2	1.1	11/29/2017				
1554	2	0.6	12/1/2017				
1558	2	0.5	12/1/2017	1		1	
1561	13	0.6	12/4/2017	4	4		
1564	5	0.2	12/4/2017	1	1		
Hummingbird Lane off 1505	1	0.5	11/29/2017				
US 158 Hwy Jackson By-Pass to Jackson	3	2	12/4/2017				
Cardinal Lane off Firetower Rd	1	0.1	11/29/2017				
<b>Total</b>	<b>105</b>			<b>20</b>	<b>18</b>	<b>1</b>	<b>1</b>

**NORTHAMPTON COUNTY**  
**BOARD OF COMMISSIONERS**

**Meeting Date:**            01-16-2018

**Agenda Tab Number:**    6

**Agenda Time:**            6:30 pm

**Presenter and/or Subject Matter:**

Mrs. Cathy Allen, Tax Administrator
1) Ad Valorem Tax Appeals
2) Motor Vehicle Refunds
3) Ad Valorem Tax Appeals-Disability Exclusion

Komita Hendricks  
Clerk to the Board

## 1) Ad Valorem Tax Appeals

### DECISION PAPER

TO: NORTHAMPTON COUNTY BOARD OF COMMISSIONERS

FM: Cathy B. Allen, Tax Administrator

RE: Ad Valorem Tax Appeals

DT: January 9, 2018

THIS IS A DECISION PAPER.

**PURPOSE:** To obtain the Board's approval to release or refund Ad Valorem taxes assessed in the amount of **\$5,797.51** on eleven (11) 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 or 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 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.

**RECOMMENDATION:** That the Board of Commissioners approve the request for release or refund of the Ad Valorem Tax appeals submitted herewith in the amounts and for the reasons stated on the listings.

Respectfully submitted,

CATHY B. ALLEN  
TAX ADMINISTRATOR

ACTION BY THE BOARD OF COMMISSIONERS:

APPROVED \_\_\_\_\_  
DISAPPROVED \_\_\_\_\_  
OTHER \_\_\_\_\_

SIGNATURE & DATE: \_\_\_\_\_

January 9, 2018

Ad Valorem Tax Appeals

NAME	ACCOUNT	ACTION	AMOUNT	REASON
Boone, Lavonia & Earlie	121395	Release	\$ 95.06	Clerical Error
Boone, Robert W	26525	Release	32.85	Illegal Tax
Braswell, D Kent & Sherry	113615	Release	382.79	Illegal Tax
Britt, Leslie L Jr	125919	Release	76.01	Illegal Tax
Distinctive Hospital Designs	128239	Release	150.37	Illegal Tax
Dunlow, David M	59981	Release	35.66	Clerical Error
Hix, Bill	119997	Release	536.65	Illegal Tax
Krombach, John J	128661	Release	83.99	Illegal Tax
Northampton County	81383	Release	4,353.41	Clerical Error
Patterson, Stanley, & Joan W	88527	Refund	41.17	Clerical Error
Short, Woodrow & Virginia Heirs	33321	Release	9.55	Clerical Error
<b>TOTAL REFUNDS/RELEASES</b>			<b>\$ 5,797.51</b>	

Respectfully submitted,

CATHY B. ALLEN  
TAX ADMINISTRATOR

CBA/br

Cc: Board of Commissioners (7)  
County Manager (1)  
Clerk to Board (6)

## 2) Motor Vehicle Refunds

### DECISION PAPER

TO: NORTHAMPTON COUNTY BOARD OF COMMISSIONERS

FM: Cathy B. Allen, Tax Administrator

RE: Ad Valorem Tax Appeals  
Motor Vehicle Refunds

DT: December 19, 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 **\$1,402.95** on twenty-three (23) 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 or 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 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.

**RECOMMENDATION:** That the Board of Commissioners approve the request for release or refund of the Ad Valorem Tax appeals submitted herewith in the amounts and for the reasons stated on the listings.

Respectfully submitted,

CATHY B. ALLEN  
TAX ADMINISTRATOR

ACTION BY THE BOARD OF COMMISSIONERS:

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

OTHER \_\_\_\_\_

SIGNATURE & DATE: \_\_\_\_\_

## NOVEMBER 2017 REFUND

## AD VALOREM TAX APPEALS

## MOTOR VEHICLE REFUND ADJUSTMENTS

NAME	ACTION	AMOUNT	REASON
ASHWORTH, BARNEY RAY & BRADLEY, RHONDA RENEE	REFUND	\$ 116.79	TAG SURRENDER
BENJAMIN, SYLVIA ROBERTSON	REFUND	\$ 39.57	VEHICLE TOTALLED
BRIDGERS, JAMES DUNCAN JR	REFUND	\$ 6.99	VEHICLE SOLD
BRYANT, DEBORAH STEPHENSON	REFUND	\$ 26.06	VEHICLE SOLD
BRYANT, JOE ROGERS JR	REFUND	\$ 18.82	VEHICLE SOLD
BURKE, DAVID GLENN & TAMMY EDWARDS	REFUND	\$ 42.77	VEHICLE SOLD
CARUSO, JOHN CHARLES & CARON ELIZABETH	REFUND	\$ 36.90	VEHICLE TOTALLED
CLAPHAM, DAVID PAUL	REFUND	\$ 266.80	REG. OUT OF STATE
FREEMAN, MILACON MICHELLE	REFUND	\$ 53.65	SITUS ERROR
GARRIS, NELSON	REFUND	\$ 30.22	VEHICLE SOLD
HOLLINGSWORTH, WILLIAM WADE	REFUND	\$ 4.42	VEHICLE SOLD
HUX, JUDI HIGGINS & TIMOTHY ARNOLD	REFUND	\$ 36.88	VEHICLE SOLD
HUX, TIMOTHY ARNOLD & LILLIAN ROBINSON	REFUND	\$ 7.06	VEHICLE SOLD
JOHNSON, JOHNNIE JR	REFUND	\$ 58.82	VEHICLE TOTALLED
JOLLY, LAWRENCE & JULIA	REFUND	\$ 44.63	VEHICLE SOLD
KING, MASON ELLIS	REFUND	\$ 33.95	VEHICLE SOLD
MILES, ARLESIA MICHELLE	REFUND	\$ 59.33	SITUS ERROR
NESTER, CORY GRAHAM	REFUND	\$ 201.52	REG. OUT OF STATE
PURNELL, SHELTON & TAYLOR, KENDRA	REFUND	\$ 20.98	VEHICLE TOTALLED
RANSOME, ANTHONY	REFUND	\$ 174.45	TAG SURRENDER
STEPHENSON, BROOKE BURNS	REFUND	\$ 77.32	VEHICLE TOTALLED
SYKES, JUDITH CHEEK	REFUND	\$ 20.47	VEHICLE SOLD
TURNER, RONALD LEE & ALICE ANN	REFUND	\$ 24.55	VEHICLE SOLD
<b>TOTAL REFUND AMOUNT</b>		<b>\$ 1,402.95</b>	

Respectfully submitted,

CATHY B. ALLEN  
TAX ADMINISTRATOR

CBA/epj

CC: Board of Commissioners (7)

County Manager (1)

Clerk to Board (6)

# **DECISION PAPER**

TO: NORTHAMPTON COUNTY BOARD OF COMMISSIONERS

FM: Cathy B. Allen, Tax Administrator

RE: Ad Valorem Tax Appeals  
Motor Vehicle Refunds

DT: January 9, 2018

THIS IS A DECISION PAPER.

**PURPOSE:** To obtain the Board's approval to release or refund Ad Valorem taxes assessed in the amount of **\$1,983.03** 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 or 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 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.

**RECOMMENDATION:** That the Board of Commissioners approve the request for release or refund of the Ad Valorem Tax appeals submitted herewith in the amounts and for the reasons stated on the listings.

Respectfully submitted,

CATHY B. ALLEN  
TAX ADMINISTRATOR

**ACTION BY THE BOARD OF COMMISSIONERS:**

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

OTHER \_\_\_\_\_

SIGNATURE & DATE: \_\_\_\_\_

Dec 2017 refunds

AD VALOREM TAX APPEALS  
MOTOR VEHICLE REFUND ADJUSTMENTS

NAME	ACTION	AMOUNT	REASON
MICHELLE S. BROWN	REFUND	\$93.01	VEHICLE TOTALLED
MATTHEW D. BRYANT	REFUND	\$44.80	SITUS ERROR
SHARON D. COOPER	REFUND	\$59.71	VEHICLE TOTALLED
DOTTIE H. GRANT	REFUND	\$290.08	VEHICLE SOLD
LEWIS, HARRISON, SR.	REFUND	\$8.06	SITUS ERROR
KENNETH M. HYATT	REFUND	\$56.58	REG OUT OF STATE
ROCHELLE G. JENKINS	REFUND	\$9.65	VEHICLE SOLD
KHALIA N. JONES	REFUND	\$3.30	VEHICLE TOTALLED
SHIRLEY W. KWASIKIPIJI	REFUND	\$19.08	VEHICLE SOLD
CARO S. LASSITER	REFUND	\$1.31	VEHICLE TOTALLED
LARRY M. LEE	REFUND	\$69.59	VEHICLE SOLD
DELICYNIE F. LLOYD	REFUND	\$41.35	VEHICLE TOTALLED
DARYL F. MASON	REFUND	\$23.67	VEHICLE SOLD
NC BOATS BROKERS	REFUND	\$146.06	VEHICLE SOLD
ANGELA T. OLAGUNJU	REFUND	\$124.47	VEHICLE SOLD
WESLEY A. ROBERTSON	REFUND	\$392.98	TAG SURRENDERED
ROD HOWELL FARMS	REFUND	\$72.88	TAG SURRENDERED
CHARLES STEWART	REFUND	\$10.31	VEHICLE SOLD
STOREY LAND CO LLC	REFUND	\$368.17	VEHICLE SOLD
LISA L. SYKES	REFUND	\$58.50	TAG SURRENDERED
ANN V. WILLIAMS	REFUND	\$9.57	VEHICLE TOTALLED
LINDA W. WILLIAMS	REFUND	\$79.90	SITUS ERROR
<b>TOTAL REFUND AMOUNT</b>		<b>\$1,983.03</b>	

Respectfully submitted,

CATHY B. ALLEN  
TAX ADMINISTRATOR

CBA/epj

CC: Board of Commissioners (7)  
County Manager (1)  
Clerk to Board (6)

### 3) Ad Valorem Tax Appeals- Disability Exclusion

#### DECISION PAPER

TO: NORTHAMPTON COUNTY BOARD OF COMMISSIONERS

FM: Cathy B. Allen, Tax Administrator

RE: Ad Valorem Tax Appeals – David Richardson  
Disability Exclusion

DT: January 23, 2015

THIS IS A DECISION PAPER.

**PURPOSE:** To obtain the Board's decision if the appellant has good cause for the filing of a late application.

**FACTS:** Mr. David Richardson has requested an appeal to the Board of Commissioners for a release of tax to which he seeks relief as provided in G.S. 105-282.1 (2) (a1) on tax bills 17A115402.08 and 17A0802652. The applicant(s) failed to meet the June 1<sup>st</sup> deadline for submitting an application for the Old Age/Disability Exclusion. See attach letter, which states the cause for untimely application.

Below you will find that Mr. Richardson provided all the necessary documentations below to meet the necessary requirements by **December 31, 2017**.

- (1) Taxpayer is a qualifying owner of a permanent legal residence.
- (2) Taxpayer Resides on Property.
- (3) Taxpayer meets the required income level.
- (4) Taxpayer's affirmation and signature on application.

The taxpayer would have met the requirement for approval if the application had been timely filed; tax bill 17A115402.08 and 17A0802652 would have received an exempted amount of \$25,000 in value on the lot and residence.

**CONCLUSION:** G.S. 105-282.1 (2) (a1) Provides that upon a showing of good cause by taxpayer for failure to make a timely application, an application for exemption or exclusion filed after the close of listing period may be approved by the Board of Commissioners, or the governing body of a municipality as appropriate. An untimely application for exemption or exclusion approved under this subdivision applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

If this application is approved, I request a releases of \$48.81 (G01 \$45.94, F57 \$2.87) from Tax bill 17A115402.08 and \$195.56 (G01 \$184.06 F57 \$11.50) from tax bill 17A0802652.

Respectfully submitted,

CATHY B. ALLEN  
TAX ADMINISTRATOR

ACTION BY THE BOARD OF COMMISSIONERS:

APPROVED \_\_\_\_\_  
DISAPPROVED \_\_\_\_\_  
OTHER \_\_\_\_\_  
SIGNATURE & DATE: \_\_\_\_\_

Bryant T.  
**Aldridge Rehabilitation Center**  
A division of Nash Health Care Systems  
(877) 846-2827 (252) 962-3700



Dear Sir/mae,

I have been sick  
with an infection, hospitalized  
Leg Amputated and now  
I am recovering. This has  
taken and is taking a long  
time to recover. I would  
like to ~~be~~ apply for the Tax  
Exemption.

David L. Richardson  
252-589-1288  
David Richardson

**NORTHAMPTON COUNTY**  
**BOARD OF COMMISSIONERS**

**Meeting Date:**           01-16-2018

**Agenda Tab Number:**         7      

**Agenda Time:**           6:40 pm

**Presenter and/or Subject Matter:**

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Ms. Leslie Edwards, Finance Officer

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Disbursement Policy

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Komita Hendricks  
Clerk to the Board

## *Disbursement Policy*

### Northampton County Cash Disbursement Policy

**Purpose:** To provide guidance for the disbursing of local, state or federal funds for which the County has been entrusted.

**Applicability:** The policy pertains to all county employees and elected officials who may be authorized to incur obligations on behalf of the county and/or disburse funds to satisfy valid obligations for which the County has been entrusted.

**General:** Disbursements represent duly authorized expenditures of funds that were generated by the county through ad valorem taxes or services or funds entrusted to the county by other agencies to satisfy approved obligations. These obligations must have been budgeted and appropriated for in the county budget ordinance that was adopted by the County Board of Commissioners in accordance with North Carolina General Statutes. Prior to executing any disbursement the following verifications must be accomplished:

1. The person requesting disbursement must have the authority to obligate funds and/or incur expenditures.
2. Sufficient funds must be available in the account from which funds are to be disbursed.
3. Persons disbursing funds must have the authority to disburse.

**Disbursement Authority:** Disbursements authority is the authority to consummate a legal transfer of funds from the accounts of financial institutions where the county retains funds to other institutions, agencies, or persons. All disbursement authority is delegated to the county appointed Finance Officer by the County Board of Commissioners. With the exception of payroll checks, all disbursements require dual signature of a duly appointed or delegated and elected county official.

**Obligations Authority:** An obligation is a legal reservation of funds entrusted to the county. A legal reservation occurs with the adoption of the County Budget Ordinance.

Obligation authority is the authority to legally bind Northampton County Government to pay for goods and /or services received. Only the Northampton County Board of Commissioners can delegate obligation authority. To date, that authority has only been vested in the County Finance Officer.

Obligation authority is as follows:

1. With the exception of new or materially changed contracts, the Finance Officer has the authority to create any and all obligations on behalf of the County.
2. New contracts and recurring contracts that have been materially changed must be approved by the County Board of Commissioners.
3. Disbursements in the amount of \$299.99 or less may be executed by department heads without a purchase order, with the exception of contracts. All contracts will require a purchase order regardless of amount.
4. Purchase orders, \$300.00 or greater, can only be approved by the Finance Officer, or designated representative.
5. Travel expenses that result from the performance of fully authorized travel, which has been budgeted and approved, may be incurred by employees and county elected officials.

#### **Categories of Disbursement**

- I. **Contracts:** Please see the Northampton County Bidding Requirements Policy approved by the County Board of Commissioners.
- II. **Purchase Orders:** Purchase orders are formal commitments by the county to pay for goods or services either received or on order. In order for a purchase order to be written, the person writing the order must have the authority to sign a purchase order; and, funds must be budgeted and available. The commitment is binding upon approval of the purchase order by the Finance Officer. The authority to issue purchase order has been delegated to all department heads. However, the county Finance Officer may suspend or withdraw authority when, in his/her professional

opinion, there are indications of abuse and/or misuse of the authority and/or there is the potential for misappropriation of funds. Procurement of goods and services for \$300.00 or more require a purchase order. All contracts and agreements require a purchase order regardless of dollar amount. Employment contracts for employees who are statutorily appointed by the board of commissioners will not require a purchase order. At the beginning of each fiscal year, Purchase Order contracts must be prepared. Purchase order requisition forms must be submitted to the Finance office by Monday at 5 p.m. Requisitions must be keyed in Munis by 12 p.m. on Wednesday. Purchase Orders will be disbursed to departments by Monday Morning.

PURCHASE ORDERS do not authorize payment. The purchase order identifies funds to be disbursed pending receipt of an invoice; and provides a formal authorization to the vendor to deliver the goods or provide the services. It assures the vendor that he will be paid. Actual payment should be based upon an invoice and a copy of a signed receiving report that reflects goods and services have been received.

### **III. Payroll:**

- A. The regulation governing preparation of payroll is found in Article III, of the Northampton County Personnel Policy. This paragraph addresses disbursement of payrolls. The following are two methods by which payrolls are to be disbursed.
  - a. Direct Deposit - Employees are required to utilize direct deposit as the means by which they receive their bi-monthly compensation unless they can provide demonstrated evidence that such a requirement would place undue hardship upon them. Under this method the county authorizes a wire transfer of funds from its bank account directly into the employee's checking or savings account.
  - b. County Issued Check – For employees who can provide demonstrated evidence of undue hardship as described in "a" above, the County will

issued a county check. The checks are provided to the County Finance Officer who personally signs each check. Payroll checks require only the signature of the Finance Officer or his/her designated representative. County issued checks will only be disbursed on the day that all other county employees receive payroll checks (usually the 15<sup>th</sup> and the 30<sup>th</sup>).

- IV. **Disbursement for others** - Disbursements for others are those disbursements the county makes for other non-Northampton county agencies. In these cases the county's primary function is the disbursing agent. While the county does exercise some budget approval authority, budget execution authority is limited to insuring expenditures do not exceed budget. The county has no control over the nature of the expenditures unless the requesting agency provides specific written guidelines and procedures. All disbursements will be in accordance with county policy set forth above.
- V. **Other Disbursements** - Procedurally, there is no difference in the manner for disbursing funds identified as "other disbursements" than any other disbursements. However, the following other disbursements require brief elaboration.
  - A. Employee appreciation day - The amount authorized for disbursement in support of employee appreciation day shall not exceed \$15.00 per employee without prior approval of the County Manager.
  - B. Employee Retirements - An amount not to exceed \$300.00 may be spent toward refreshments and/or plaque honoring the retirement of a county employee. The expenditure must be approved in advance by the County Manager. No checks will be made out to the retiree in lieu of a refreshments and/or plaque.
  - C. Employee Farewells - No county funds may be used to provide a farewell party to an employee who is changing jobs or severing their employment relationship with the county.
  - D. **Clothing Allowance –**
    - 1. Sheriff's Department will be allowed clothing allowance as follows:

- a. Sheriff: \$1,800.00
- b. Chief Deputy: \$700.00
- c. Investigators: \$700.00
- 2. Emergency Management will be allowed \$700.00 clothing/boot allowance.
- 3. Water/Sewer, Building and Grounds, Preventative Maintenance, and Solid Waste will be allowed \$80.00 per year for safety related work boots.
- 4. Departments will be responsible for submitting invoices for payment to the finance office. Disbursements will be made no earlier than October of each fiscal year. All Clothing purchased through the county, without the county logo, will be included as income on the employees W-2 per IRS guidelines.

#### VI. Travel:

- A. **General** – It is the intent of Northampton County to be reasonable and fully compensate employees, and appointed and elected officials for expenses they incur in travel associated with official county business. It is not the intent of Northampton County to pay for anyone to temporarily enjoy a luxurious lifestyle at the expense of the county taxpayers. The following criteria is applicable to all county travel:
  - 1. All travel must be budgeted and appropriated for prior to travel.
  - 2. The need for travel must be justified and approved by the designated approving authority. In this regard, maximum effort must be made to ensure only the minimum essential persons travel and, where there is justifiable need for more than one traveler, travelers share transportation.
  - 3. If traveling for a workshop, training, seminar, or conference the employee must have approval from their Department Head only. If out-of-state travel, approval must be obtained from your Department Head and the County Manager. Requests must be accompanied by a copy of brochure, fee schedule, or other materials listing the cost and program content.

4. Department Heads must approve all travel requests by their respective departments. The County Manager/Assistant County Manager must approve all Department Heads travel requests.
  5. The Request for Travel Form must be completed, signed by the County Manager (if applicable), and returned to the Finance Department at least five days prior to travel. Attach a copy of the program agenda to the Travel Request form. If travel request forms are not submitted five days prior to travel, a written explanation signed by the county manager must be submitted to the Finance Office.
  6. Departments must ensure travelers understand the theory of "frugality" and, what constitutes legitimate reimbursable expenses. "Alcoholic beverages are not legitimate reimbursable expenses" and, "itemized receipts are required".  
**No expenses will be reimbursed without an original receipt.**
  7. Department Heads must review all claims for reimbursement and attest to the fact the claims represent legitimate expenses prior to the claim being submitted to the Finance Office for approval for payment. In the case of department heads, the County Manager and or the Assistant County Manager will review the claim and attest to its correctness.
  8. The Finance Office will make final review of all claims and approve for disbursement. Questionable claims will be reviewed by the Finance Officer. If a claim is denied the traveler may submit an appeal through their respective department head to the County Manager. The Decision of the County Manager is final.
- B. Categories of Disbursement for Travel** – The two categories for which disbursements are made for travel are as follows:
1. **Blanket Travel** – Normal day to day travel to fulfill job duties. Meals are not reimbursable on blanket travel. Blanket travel does not include daily travel for conferences and/or training. Blanket Travel will be reimbursed using the Blanket Travel Expense Report and must be submitted no more than 30 days

following the month of travel. Example: July blanket travel should be submitted no later than August 31st for payment. Blanket Travel should not be submitted more than once per month and only gas mileage will be reimbursed. The full address to each destination, to and from, must be included with mileage listed separately. Mileage will only be reimbursed from the county office location. When traveling directly from home your home address will only be allowed if the distance is shorter. If you use your home address you will have to include a MapQuest from your home location as well as your office location to show the distance was shorter. The street, city, and MapQuest of each destination must be included.

2. **Regular Travel** – All travel, which resulted in the expenditure of county funds, will be settled, using the Monthly Expense Report, within 30 calendar days after completion of travel. Regular travel includes conferences, training, seminars, committee, boards and commissions meetings and workshops. FAILURE TO COMPLY WITH THE PROVISION COULD RESULT IN DENIAL OF SETTLEMENT CLAIM.
- C. In order to claim reimbursement for any county related travel a monthly expense report must be filed with the Finance Office, along with complete back up. The following are expenses that are reimbursable:
1. **Mileage** for the operator of a privately owned vehicle who is traveling to conduct officially approved county business will be paid only if a County vehicle is not available. Department Heads will be required to utilize a county vehicle if available for **regular travel only**. If the Department Head elects to drive their personal vehicle when a county vehicle is available, mileage will not be reimbursed. Documentation must include a MapQuest printout with the beginning and ending address.
  2. **Public Conveyances** air, rail, and bus transportation, require ticket stubs, with stated dollar amount, to serve as a receipt.

Travel by taxi cab also requires a receipt. Should non-redeemable public conveyance tickets be purchased by the county, and the traveler cancels the trip at his/her convenience, the traveler will be required to reimburse the county for the expense.

3. **Parking fees** from paid parking lots: Statements, in lieu of receipts, may be provided as to parking meter fees. If self-parking is available, valet parking will not be reimbursed.
4. **Meals** are reimbursable based upon time of travel, travel outside the county, location and actual cost, with the exception of blanket travel. To the maximum extent possible, partial day meetings should be scheduled so as not to result in the need for the County to reimburse for meals. The County will pay up to 18% gratuity on meals. If more than 18% is paid the county will only reimburse up to the 18%. Itemized receipts are required for meals as well as credit card receipts to show the gratuity amount. Meals will not be reimbursed without an itemized receipt. Many times, meals are included in the Registration Fee and do not represent a legitimate reimbursement claim. Agendas must be submitted as back-up to show where meals are included. This is a prime example where eligibility for reimbursement does not always constitute authority. Authority only exists where eligibility is followed by an actual cost to the traveler. The following are guidelines for claiming meal reimbursement:

	<u>Meal Rates</u>	
	<u>In State</u>	<u>Out of State</u>
Breakfast	\$ 6.00	\$ 9.00
Lunch	10.00	13.00
Dinner	20.00	23.00
Total	\$ 36.00	\$ 45.00

**Breakfast:** Depart Duty Station or Home, if closer to destination, prior to 6:30 a.m.

**Lunch:** Depart Duty Station prior to 10:00 a.m. (day of departure) or return to duty station after 2:00 p.m. (day of return)

**Dinner:** Depart Duty Station or home, if closer to destination, prior to 5:00 p.m. or return to duty station after 8:00 p.m.

Daily travel for conferences, training, seminars, committee, Boards of Commissions, and workshops meetings can be reimbursed for meals only if meeting the requirements above.

**SPECIAL NOTE:** Consideration will be given to the geographical area in which the meal was obtained. It is recognized that dinner, for example, could be expected to be more expensive in Washington, DC than Raleigh. However, the cost should be in line with what has been paid by other travelers to the same location. Also, reimbursement for alcoholic beverages is strictly forbidden by county regulations.

5. HOTEL/MOTEL ACCOMMODATIONS:

Reimbursements will be at the specified rate. General guidelines are that reimbursements will not exceed \$150.00 per night. However, a reasonable rate for the location will be considered. If accommodations are reserved for the traveler and they do not use, whereby the county is billed, the traveler will be required to reimburse the county.

6. Fuel procured for operation of a county vehicle is reimbursable.
7. Registration fees are reimbursable. However, should a traveler, at his/her convenience, cancel travel for which the registration fee was paid in advance by the county and is non-reimbursable to the county, then the traveler will be required to reimburse the county for the registration fee for the amount the county was charged. **Personal expenses will not be reimbursed.**

- D. Reimbursement for those accompanying the official traveler, i.e. spouses, dependents, relatives, friends, etc. is prohibited. If hotels are charging a standard rate, regardless, of the number of guests with the traveler, the county will reimburse the standard rate. However, if there is a "Single Rate" and a

"Double Rate" the county will only reimburse for the single rate. Similarly, meals and transportation cost for guest accompanying the traveler are the responsibility of the traveler. The traveler will be required to provide documentation of "Single Rate" in the case "Double Rate" is charged for a non-reimbursable guest.

**VII. SCHEDULE FOR CHECK PAYMENTS:**

- A. General: Checks will be processed, signed and issued on a weekly basis regardless of the nature of the checks. Checks are classified into two (2) categories. Those categories are routine and special.
  - a. Routine checks are all checks not classified as special
  - b. Special checks are checks that must be processed as an exception to the normal processing cycle and approved by the Assistant Finance Officer or Finance Officer. Factors considered when weighing the special nature of the request are:
    - 1. The effect on the health or welfare of the individual for whom the request is made.
    - 2. Cost to the County if the payment is not made, i.e. lost discount
    - 3. Legal aspects if payment not paid

\*Please note that invoices need to be submitted in a timely manner and should be processed as they are received in your department. Invoices that are late due to not being processed in a timely manner will not constitute payment as a "special". Department Heads will be notified when late invoices are received on a continual basis.

- B. Processing Schedule:
  - a. All invoices, correct for payment and with receiving reports on file, received by Thursday of each week will be processed for payment by the following Friday.

- b. Invoices received, in accordance with "A." above, will be processed by Noon on Wednesday.
- c. On Thursday afternoon a list of invoices to be paid on Friday will be submitted to the Board of Commissioners through the common shared drive.
- d. Specials must be received by Wednesday @ 12:00 PM to be processed with routine checks on Thursdays.

#### VIII. ADJUSTMENT OF POLICY:

- a. The County Manager shall have the authority to make timely and necessary administrative adjustments to this policy that reflects prudence and applicable IRS regulations. The County Manager must approve any exceptions to this policy.

#### IX. APPLICABILITY

- a. The policy will be updated, as needed, with Board of Commissioner Approval. All other policies in conflict with this policy are rescinded.

Approved by the County Board of Commissioners on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Chairman, Board of County Commissioners

ATTEST:

\_\_\_\_\_

Clerk to the Board of County Commissioners

Revised on 12/12/17.

**NORTHAMPTON COUNTY**  
**BOARD OF COMMISSIONERS**

**Meeting Date:**            01-16-2018

**Agenda Tab Number:**    8

**Agenda Time:**            6:50 pm

**Presenter and/or Subject Matter:**

Ms. Kimberly Turner, County Manager
1) Capital Improvement Plan
2) Deer Hunting Resolution
3) Management Matters

Komita Hendricks  
Clerk to the Board

## Capital Improvement Plan

### DECISION PAPER

**TO:** The Northampton County Board of Commissioners

**FM:** Kimberly L. Turner, County Manager 

**DT:** January 16, 2017

**RF:** Capital Improvement Plan

#### PURPOSE:

The purpose of this decision paper is to obtain approval by the Board of Commissioners of the County's Five-Year Capital Improvement Plan for Fiscal Years 2018-2019 through 2022-2023.

#### FACTS:

1. The County Manager has a responsibility to prepare and present a Capital Improvement Budget to the Board of Commissioners for the Board's consideration for approval.
2. The attached plan is a five-year plan which encompasses the years of 2018-2023.
3. The plan identifies County needs over a specific period of time with estimated costs projected for each need. The approved plan will be utilized for all future budgeting of capital needs.
4. For the purposes of this plan, a capital need is one which would cost a minimum of \$5,000 and would have a use life of at least three years.
5. The total projected costs of the five-year plan to date are \$6,585,113.
6. Approval of this plan by the Board of Commissioners constitutes only approval of the capital improvement plan process and the needs identified therein. **Approval of this plan does not approve nor authorize funding of the plan or any project included in the plan.**

#### DISCUSSION:

Approval for funding of any capital outlay item will be considered annually during annual operating budget preparation and approved by the Board of Commissioners.

#### RECOMMENDATION:

I recommend that the Board of Commissioners approve the Five-Year Capital Improvement Plan and the projects contained therein for the years 2018-2023.

#### **Coordination:**

Finance Officer:

Concur 

Non-concur \_\_\_\_\_

Concur with comments \_\_\_\_\_

\_\_\_\_\_

NORTHAMPTON COUNTY CAPITAL IMPROVEMENT PLAN  
SUMMARY BY DEPARTMENT

1

DEPARTMENT		FY 18-19 Year 1	FY 19-20 Year 2	FY 20-21 Year 3	FY 21-22 Year 4	FY 22-23 Year 5
HEALTH	Server	0				
	Vaccine Refrigerator	8,000				
	Sub-Total	8,000	10,038	0	0	0
PUBLIC WORKS	**Landfill Storage Shed Flo. Light Recycle	15,000	0	0	0	0
	**Landfill Vehicle	0	0	21,000	0	0
	**Landfill Vehicle Box Truck	0	0	0	30,000	0
	**Landfill Scale House	10,000	0	0	0	0
	**Landfill Add Bay on Shelter	0	0	0	15,000	0
	**Landfill Loader	0	25,000	0	0	0
	Additional Bays (Central Garage)	0	0	60,000	60,000	60,000
	Lift for Ambulances (Central Garage)	0	27,000	0	0	0
	Vehicle (Central Garage)	0	0	21,000	0	0
	Fence Vehicle Storage Area (Central Garage)	8,000	0	0	0	0
	Carpet (PW)	0	6,500	0	0	0
	Public Works (HVAC)	12,000	12,000	0	0	0
	Tax Dept HVAC	12,000	12,000	12,000	12,000	12,000
	J.W. Faison Administrative Bldg HVAC	15,000	15,000	15,000	15,000	15,000
	Jail HVAC	15,000	15,000	15,000	15,000	15,000
	Data Processing Bldg (HVAC)	0	0	0	10,000	0
	E-911 Bldg (HVAC)	20,000	20,000	20,000	0	0
	Sheriff Dept (HVAC)	0	0	0	15,000	0
	Wellness Ctr (HVAC)	0	0	0	25,000	0
	Recreation Concession Stand (HVAC)	20,000	0	0	0	0
SHERIFF	Pave Gravel Parking Lot (Wellness Ctr)	25,000	25,000	25,000	0	0
	Finance Windows	0	15,900	0	0	0
	J.W. Faison Administrative Bldg (Electric Doors)	0	20,000	20,000	0	0
	B&G Lawn Mower	0	0	10,400	0	0
	B&G Used Bucket Truck	0	0	15,000	0	0
	Courthouse Painting (Inside)	20,000	0	0	0	0
	Courthouse Dumpster Pad & Fence	6,000	0	0	0	0
	Courthouse Waterproof Basement	0	20,000	0	0	0
	Courthouse Roof Repair	0	10,000	0	0	0
	Courthouse Resurface Parking Lot	0	0	40,000	0	0
SHERIFF	Sub-Total	178,000	223,406	274,400	197,000	102,000
Vehicles (6)		219,000	0	0	219,000	0
	Sub-Total	219,000	0	0	219,000	0

DEPARTMENT		FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23
<b>EMS</b>						
Ambulance	150,000		170,000	0	170,000	0
Ambulance	150,000		0	170,000	0	170,000
QRV	0		0	0	0	55,000
QRV	0		0	55,000	0	0
Cardiac Monitors	0		0	70,000	70,000	70,000
Substation-West End	0		44,092	44,092	44,092	44,092
Sub-Total	300,000		214,092	339,092	284,092	339,092
<b>EMERGENCY MANAGEMENT</b>						
Equipment Shelter	20,000		0	0	0	0
Sub-Total	20,000		0	0	0	0
<b>REGISTER OF DEEDS</b>						
Conversion Proj & Scan of Vepco Plats (2)	21,267		21,267	21,267	21,267	21,267
Sub-Total	21,267		21,267	21,267	21,267	21,267
<b>TAX</b>						
Vehicles (2)	0		15,000	15,000	15,000	15,000
Sub-Total	0		15,000	15,000	15,000	15,000
<b>RECREATION</b>						
Tractor with front bucket & box blade	16,000		0	0	0	0
Sub-Total	16,000		0	0	0	0
<b>DSS</b>						
Vehicles (4)	80,000		0	0	0	0
Sub-Total	80,000		0	0	0	0
<b>ADMINISTRATION</b>						
Administrative Complex	170,000		170,000	170,000	170,000	170,000
Sub-Total	170,000		170,000	170,000	170,000	170,000
<b>SCHOOL SYSTEM</b>						
Centrally Located School	0		636,393	636,393	636,393	636,393
Sub-Total	0		636,393	636,393	636,393	636,393

## Totals for Each Department

Health	8,000	10,038	0	0	0
Public Works	178,000	223,400	274,400	197,000	102,000
Sheriff	219,000	0	0	219,000	0
EMS	300,000	214,092	339,092	284,092	339,092
Emergency Management	20,000	0	0	0	0
Register of Deeds	21,267	21,267	21,267	21,267	21,267
Tax	0	15,000	15,000	15,000	15,000
Recreation	16,000	0	0	0	0
DSS	80,000	0	0	0	0
Administration	170,000	170,000	170,000	170,000	170,000
School System	0	636,393	636,393	636,393	636,393
Sub-Total	1,012,267	1,290,190	1,456,152	1,542,752	1,283,752
Grand Total	6,585,113				

\*Reimbursed by State  
 \*\*Enterprise Fund  
 \*\*\*Reimbursed by Federal  
 \*\*\*\*Telephone Surcharge Fund

## *Deer Hunting Resolution*



**RESOLUTION OF THE NORTHAMPTON COUNTY BOARD OF COMMISSIONERS  
 OPPOSING PROPOSED RULE AMENDMENTS BY THE NORTH CAROLINA  
 WILDLIFE RESOURCES COMMISSION TO 15A NCAC 10B .0203  
 SHORTENING THE SEASON FOR WHITE-TAILED DEER HUNTING**

WHEREAS, the lands of northeastern North Carolina, and more specifically Northampton County, are desirable for the hunting of white-tailed deer;

WHEREAS, the hunting of white-tailed deer is a treasured part of the life, culture and heritage of this area;

WHEREAS, Northampton County is recognized nationwide as having an abundance of white-tailed deer and the hunting of such deer is vital to the local economy promoting tourism;

WHEREAS, Northampton County has a population of 22,086 and is consistently ranked as a "Tier One" county by the North Carolina Department of Commerce, thereby categorizing it as one of the most economically distressed counties in the State of North Carolina;

WHEREAS, according to the National Survey of Fishing, Hunting and Wildlife-Associated Recreation published by the U.S. Fish and Wildlife Service, the following statistics apply for 2011 to the State of North Carolina:

- a. There are 335,000 resident and non-resident hunters,
- b. These hunters hunted a total of 7,608,000 days,
- c. Total expenditures related to hunting of \$525,281,000,
- d. Trip related expenditures for hunting of \$224,555,000,
- e. Equipment and other expenditures for hunting of \$300,726,000,
- f. Average cost per hunter \$1,507.00;

WHEREAS, the most recent economic statistics available to Northampton County are those shown above from 2011, but all empirical data indicates that the amount spent by hunters in Northampton County has increased since 2011;

WHEREAS, many landowners and hunters in northeastern North Carolina, and specifically Northampton County, lease land for the sole purpose of white-tailed deer hunting, or rent land for the purpose of guiding tourists/hunters in pursuit of white-tailed deer;

WHEREAS, white-tailed deer hunting generates significant income for Northampton County, which is an already economically stressed population and community;

WHEREAS, the proposed rule changes by the North Carolina Wildlife Resources Commission to the current white-tailed deer hunting regulations (Title 15A, Chapter 10B, Section .0203 of the North Carolina Administrative Code) would decrease the number of days for black powder hunting during the 2018 – 2019 season by a minimum of seven (7) days;

WHEREAS, the proposed rule changes to the current white-tailed deer hunting regulations would decrease the number of days of regular gun season by nine (9) days for the 2018 – 2019 season;

WHEREAS, it is suggested by the North Carolina Wildlife Resources Commission that the proposed rule changes will result in no local economic costs, which is contrary to the economic reality to places such as Northampton County;

WHEREAS, the reduction in the number of legal days for white-tailed deer hunting would have a significant detrimental impact on the local economy of northeastern North Carolina, and specifically Northampton County;

WHEREAS, the proposed rule changes do not account for the economic loss to the local economy, more specifically, the loss in income brought about by a reduction of the number of days available for guiding, lodging and other tourism related to hunting white-tailed deer in Northampton County;

WHEREAS, the North Carolina Wildlife Resources Commission submits that the proposed rule changes will provide a better deer herd for hunters; however, no empirical evidence is shown to

substantiate the Commission's claim, and no study or evidence is referenced detailing a decline in quality of the white-tailed deer population in northeastern North Carolina or Northampton County;

WHEREAS, the implementation of the proposed rule changes will have a significant detrimental effect on the local economy of both northeastern North Carolina and Northampton County, and will jeopardize future efforts to improve economic activity in Northampton County based upon its valuable and vast natural resources;

NOW THEREFORE, BE IT RESOLVED, that the Board of Commissioners of Northampton County opposes any rule change, policy or legislation that reduces the number of days allowed for the hunting of white-tailed deer in Northampton County and a copy of this Resolution is to be served upon the North Carolina Wildlife Resources Commission by the Northampton County Manager as soon as possible.

This the 16th day of January, 2018.

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Robert V. Carter, Chair  
Northampton County Board of Commissioners

ATTEST:

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Komita Hendricks, Clerk to the Board

*Management Matters*



**RESOLUTION OF THE  
 NORTHAMPTON COUNTY BOARD OF COMMISSIONERS  
 EXTENDING 2017 REAL AND TANGIBLE PERSONAL PROPERTY TAX DEADLINE**

WHEREAS, pursuant to N.C.G.S. §105-360, the deadline for payment of 2017 real and tangible personal property taxes levied by Northampton County without interest was January 5, 2018 at 5:00 p.m.;

WHEREAS, all Northampton County Local Government Offices were closed on January 4, 2018 and January 5, 2018 due to a winter storm and its after effects impacting roadway travel for the County's employees and citizens;

WHEREAS, the Board of Commissioners of Northampton County, after consultation with the County Manager, Tax Administrator and County Attorney, and upon consideration of a favorable opinion from the UNC School of Government, believes that due to the inclement weather impacting the County, taxpaying citizens of the County should be afforded additional time to pay 2017 real and tangible personal property taxes without interest;

WHEREAS, the Board of Commissioners agrees that even if the letter of N.C.G.S. §105-395.1 does not expressly authorize moving tax payment deadlines due to unexpected office closures, the spirit of this statute does;

WHEREAS, the Board of Commissioners believes that good cause exists to allow taxpaying citizens of Northampton County one (1) additional business day to pay 2017 real and tangible personal property taxes without interest; and

WHEREAS, on January 6, 2018, the Board of Commissioners authorized and instructed the County Manager and Tax Administrator to accept all payments for 2017 real and tangible personal

property taxes levied by Northampton County without interest if received by the Tax Administrator's office by January 8, 2018 at 5:00 p.m., with such authorization to be subsequently ratified by resolution at the next regularly scheduled meeting of the Board of Commissioners on January 16, 2018.

NOW THEREFORE, BE IT RESOLVED, that the Board of Commissioners of Northampton County hereby adopts and ratifies the extension of the deadline to pay 2017 real and tangible personal property taxes levied by Northampton County without interest to January 8, 2018 at 5:00 p.m. The foregoing extension applies only to taxes levied by the County for the 2017 tax year and further applies only to tax payments physically received by the Tax Administrator's office. In accordance with N.C.G.S. §105-360(d), any tax payments for the 2017 tax year mailed to the Tax Administrator via the U.S. Postal Service must be postmarked on or before January 5, 2018 to be considered timely.

This the 16th day of January, 2018.

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Robert V. Carter, Chair  
Northampton County Board of Commissioners

ATTEST:

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Komita Henricks, Clerk to the Board

**NORTHAMPTON COUNTY**  
**BOARD OF COMMISSIONERS**

**Meeting Date:**            01-16-2018

**Agenda Tab Number:**   9

**Agenda Time:**            7:00 pm

**Presenter and/or Subject Matter:**

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Citizens/Board Comments

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Komita Hendricks  
Clerk to the Board