

# **BOARD OF HEALTH MEETING**



**Public Health**  
Prevent. Promote. Protect.

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**Canton City Health District**

**Monday, March 13, 2017  
@ 12:00pm**



**Board of Health Meeting**  
Monday, March 13, 2017 @ 12:00pm – Board Room  
**\*Amended\* Agenda**

**Public Health**  
Prevent. Promote. Protect.

**Canton City Health District**

1. Call to Order and Roll Call
2. Approve February 27, 2017 Board of Health Meeting Minutes
3. Approve List of Bills: \$38,276.24
4. Public Hearing to Consider the Rehiring of the Health Commissioner Pursuant to Section 145-1-79 of the Ohio Administrative Code
5. Executive Session to Discuss the Compensation of a Public Employee
6. Approve Personnel:
  - a. Hiring of a WIC Peer Helper
  - b. Julie Carman, Laboratory Technician, Reclassifying from a Full-Time Employee to a Part-Time Employee
  - c. Ashley Archer, Clinic Assistant, Reclassifying from a Part-Time Employee to a Full-Time Employee
  - d. Notification of Amanda Archer, Epidemiologist II, Appointment of Adjunct Graduate Faculty at Northeast Ohio Medical University
  - e. Approve Resignation and Rehiring of Health Commissioner Effective April 1, 2017
7. Election of Board of Health Officers
8. Approve Resolutions:
  - a. 2017-07: 800-017-P\_New Hire Recruiting
9. Approve the Fiscal Officer to Pay Invoices Through March 22, 2017 (for invoices that need prior approval from the Board of Health)
10. Approve Aultman Birth Center's Maternity Licensure Application
11. Approve the Health Improvement and Wellness, Health Services STD Prevention Program for the Period of July 1, 2017 through June 30, 2018 from the Ohio Department of Health (\$0 cost)
12. Approve the FY17 Immunization Action Plan Grant for the Period of April 1, 2017 through June 30, 2018 Awarded by the Ohio Department of Health in the Amount of \$138,760.00 Along with the Following Grantees:
  - a. Alliance City Health Department in the Amount of \$26,207.00
  - b. Stark County Health Department in the Amount of \$39,398.00
13. Approve Travel Authorization
  - a. Linda Morckel, APC Monitoring & Inspections Supervisors, for Travel from 3/21/17 to 3/23/17, Region 5 Air Monitoring QA Meeting in Chicago, Illinois at a Cost not to Exceed \$823.75 (2331)
  - b. Jennifer Hayden, WIC Breastfeeding Coordinator, for Travel from 3/17/17 to 3/18/17, OLCA 25<sup>th</sup> Annual Breastfest Conference in Columbus, Ohio at a Cost not to Exceed \$490.10 (2316)
  - c. Sam Norman, APC Engineer, for Travel from 4/26/17 to 4/28/17, NACT 26 Fugitive VOC Emissions Inspections/NACT 230.40 Graphic Arts in Louisville, Kentucky at a Cost not to Exceed \$498.00 (2331)
  - d. Gus Dria, Staff Sanitarian III, for Travel from 4/5/17 to 4/7/17, OEHA – AEC Meeting in Worthington, Ohio at a Cost Not to Exceed \$249.10 (1001)

**Board of Health Agenda**  
**Monday, March 13, 2017**  
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14. Acceptance of Reports

- a. Medical Director
- b. Nursing/WIC
- c. Laboratory
- d. OPHI/Surveillance
- e. Environmental Health
- f. Air Pollution Control
- g. Vital Statistics
- h. Fiscal
- i. Health Commissioner
- j. Accreditation Team
- k. Quality Improvement

15. Other Business

16. Next Meeting: Monday, April 24, 2017 at 12:00pm

17. Adjournment



**Public Health**  
Prevent. Promote. Protect.

Canton City Health District

**Board of Health Meeting**  
Monday, February 27, 2017 @ 12:00 PM – Board Room  
**Minutes**

**Call to Order and Roll Call**

Dr. Hickman called to order the regular meeting of the Board of Health of the Canton City Health Department on Monday, February 27, 2017 at 12:04 PM with a quorum present.

Dr. Hickman, Dr. Fiorentino, Dr. Lakritz and Mayor Bernabei were present. Mr. Wyatt and Ms. Snell arrived at 12:13 PM. Also present were James Adams, Christi Allen, and Robert Knight.

**Approve January 23, 2016 Board of Health Meeting Minutes**

Dr. Fiorentino moved and Dr. Lakritz seconded a motion to approve the January 23, 2017 Board of Health meeting minutes. Motion passed unanimously.

**Approve List of Bills - \$185,505.08**

Dr. Lakritz moved and Dr. Fiorentino seconded a motion to approve the list of bills totaling \$185,505.08. Motion passed unanimously.

Mr. Wyatt and Ms. Snell arrived at this time(12:13 PM).

**Executive Session to Discuss the Compensation of a Public Employee and to Discuss Matters Required to be Kept Confidential by Law**

No executive session was held.

**Approve Personnel**

**a. Resignation of Jasmine Long, effective February 9, 2017**

Dr. Lakritz moved and Dr. Fiorentino seconded a motion accept the resignation of Jasmine Long, effective February 9, 2017. Motion passed unanimously.

**b. Family & Medical Leave Act/Medical Leave of Absence for Lashelle Clifford**

Dr. Lakritz moved and Dr. Fiorentino seconded a motion to approve extending Lashelle Clifford's Family & Medical Leave Act/Medical Leave of Absence from March 2, 2017 through November 21, 2017. Motion passed unanimously.

**c. Tuition Reimbursement for Colton Masters in the Amount of \$400.00, in accordance with Provision 207.13 of the Canton City Health Code**

Dr. Lakritz moved and Dr. Fiorentino seconded a motion to approve tuition reimbursement for Colton Masters in the amount of \$400.00, in accordance with provision 207.13 of the Canton City Health Code. Motion passed unanimously.

**Approve Resolutions**

**2017-04 Authorization on Bloodborne Pathogen Reduction Program**

Ms. Snell moved and Dr. Fiorentino seconded a motion to approve resolution 2017-04 authorizing the Bloodborne Pathogen Reduction Program. Motion passed unanimously.

**2017-05 Authorization to Submit Application for PHAB Accreditation**

Dr. Lakritz moved and Dr. Fiorentino seconded a motion to approve resolution 2017-05 authorizing the submission of an application for PHAB accreditation. Motion passed unanimously.

**2017-06 Approval of Health Department Core Competencies**

## **Board of Health Minutes**

**February 27, 2017**

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Mr. Wyatt moved and Ms. Snell seconded a motion to approve resolution 2017-06 approving Health Department Core Competencies. Motion passed unanimously.

### **Approve Recommendations of the Hearing Officer for February 27, 2017 Hearings**

Dr. Fiorentino moved and Mr. Wyatt seconded a motion to approve the hearings held on February 27, 2017. Motion passed unanimously.

### **Approve Grant Awarded by AIDS Healthcare Foundation to Reduce the Incidence of Communicable Disease by Intravenous Drug Users and to Improve Public Safety by Decreasing the Number of Improperly Discarded Syringes in the Amount of \$24,746.50.**

Dr. Lakritz moved and Mr. Wyatt seconded a motion to approve a grant awarded by AIDS Healthcare Foundation to reduce the incidence of communicable disease by Intravenous drug users and to improve public safety by decreasing the number of improperly discarded syringes in the amount of \$24,746.50. Motion passed unanimously.

### **Approve Agreement with Republic Steel for the Air Pollution Control Division to Provide Ambient Air Monitoring Services**

Dr. Fiorentino moved and Ms. Snell seconded a motion to approve an agreement with Republic Steel for the Air Pollution Control Division to provide ambient air monitoring services. Motion passed unanimously.

### **Approve Draft Letter from Board of Health to Canton City Law Director**

Dr. Lakritz moved and Mr. Wyatt seconded a motion to approve the letter pending revisions suggested by the board. Motion passed unanimously.

### **Discussion of a Proposal to Revise the Canton City Health Code to Include a Provision for Employees to Reimburse Training Costs if an Employee Voluntarily Terminates Their Employment Within Two Years After Probation**

The Board of Health discussed with Terri Dzienis a proposal to revise the Canton City Health Code to include a provision for employees to reimburse training costs if an employee voluntarily terminates their employment within two years after probation. The board supported the concept but suggested that the proposal needed some revisions.

### **Approve Travel Authorization**

- a. Linda Morckel, APC Monitoring & Inspections Supervisors, for Travel from 3/21/17 to 3/23/17, Region 5 Air Monitoring QA Meeting in Chicago, Illinois at a Cost not to Exceed \$823.75 (2331)
- b. Jennifer Hayden, WIC Breastfeeding Coordinator, for Travel from 3/17/17 to 3/18/17, OLCA 25<sup>th</sup> Annual Breastfest Conference in Columbus, Ohio at a Cost not to Exceed \$490.10 (2316)

Dr. Fiorentino moved and Dr. Lakritz seconded a motion to approve the above out of district travel. Motion passed unanimously.

### **Acceptance of Division Reports**

- a. Medical Director – Nothing additional to report.
- b. Nursing/WIC – Mr. Wyatt congratulated the division on receiving a grant.
- c. Laboratory – Nothing additional to report.
- d. OPHI/Surveillance – It is norovirus season. Also, there was recently a norovirus/rotavirus outbreak at a local daycare.
- e. Environmental Health – Nothing additional to report.
- f. Air Pollution Control – The division had their best permit issuance month so far.

**Board of Health Minutes**

**February 27, 2017**

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- g. Vital Statistics – The division no longer registers most birth and death certificates since this is done electronically.
- h. Fiscal – There are indications that our budget will be approved.
- i. Health Commissioner – There are several lead cases still open from 2011. It’s possible this is due to a problem with referrals from the state.
- j. Accreditation Team – The department will be submitting our statement of intent to apply to PHAB.
- k. Quality Improvement – Two projects have been chosen. Details are available on the department’s website and Facebook pages.

Mr. Wyatt moved and Ms. Snell seconded a motion to accept the Division reports. Motion passed unanimously. Dr. Hickman was not present for this vote.

**Other Business**

The all-staff meeting is scheduled for November 1, 2017. The department will be closed that day and board members are invited to attend.

**Announcement of Next Meeting: Monday, March 13, 2017 at 12:00 PM**

The next regular scheduled meeting of the Board of Health of the Canton City Health District will be on Monday, March 13, 2017 at 12:00 PM.

**Adjourn**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to adjourn. Motion passed unanimously. The meeting adjourned at 1:40 PM.

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President of the Board of Health

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Secretary to the Board of Health

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Date of Approval



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 1001 - General Operating</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.05 - Professional Services Computer Access Line Fees</b>											
13363 - VERIZON WIRELESS	9781098347	Monthly hot spot fee - 1st Qtr 2017 (Jan-Mar)	Edit		02/26/2017	03/07/2017	03/07/2017			40.17	
									Account <b>705.05 - Professional Services Computer Access Line Fees</b> Totals	Invoice Transactions 1	<u>\$40.17</u>
Account <b>705.14 - Professional Services Maintenance Contracts</b>											
27986 - R & G JANITORIAL, INC.	2839	Cleaning of CCHD offices, 1st Qtr 2017	Edit		02/28/2017	03/02/2017	03/02/2017			1,900.00	
									Account <b>705.14 - Professional Services Maintenance Contracts</b> Totals	Invoice Transactions 1	<u>\$1,900.00</u>
Account <b>734.11 - Supplies Miscellaneous Office Supplies</b>											
7889 - OFFICE DEPOT	908073036001	Multi-use Copy Paper, 8 1/2 x 11, 20lb White	Edit		02/22/2017	03/08/2017	03/08/2017			1,100.00	
									Account <b>734.11 - Supplies Miscellaneous Office Supplies</b> Totals	Invoice Transactions 1	<u>\$1,100.00</u>
Account <b>747.14 - Refunds, Claims and Reimbursements Reimbursements</b>											
1364 - OHIO DIVISION OF REAL ESTATE	Feb17 Burial Per	Reimbursement to the state for Burial Permits for 2017	Edit		03/02/2017	03/02/2017	03/02/2017			315.00	
									Account <b>747.14 - Refunds, Claims and Reimbursements Reimbursements</b> Totals	Invoice Transactions 1	<u>\$315.00</u>
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 4	<u>\$3,355.17</u>
Department <b>303001 - Nurses</b>											
Account <b>705.05 - Professional Services Computer Access Line Fees</b>											
177 - AT&T	33045476643550	Service for 2nd fax line in Nursing, 2017	Edit		02/16/2017	03/02/2017	03/02/2017			7.39	
13363 - VERIZON WIRELESS	9780949488	Surface 3 service for 2017	Edit		02/23/2017	03/07/2017	03/07/2017			80.34	
									Account <b>705.05 - Professional Services Computer Access Line Fees</b> Totals	Invoice Transactions 2	<u>\$87.73</u>
Account <b>705.06 - Professional Services Other Professional Services</b>											
51158 - JON ELIAS M D	Feb17 Med. Direc	1st Qtr 2017 Medical Director Services plus Travel Costs	Edit		03/01/2017	03/07/2017	03/07/2017			1,000.00	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 1	<u>\$1,000.00</u>
Account <b>705.14 - Professional Services Maintenance Contracts</b>											
39134 - RICOH USA INC	5047332447	Maintenance on MCP3503 machine for 2017, Nursing	Edit		03/01/2017	03/08/2017	03/08/2017			125.60	
									Account <b>705.14 - Professional Services Maintenance Contracts</b> Totals	Invoice Transactions 1	<u>\$125.60</u>
									Department <b>303001 - Nurses</b> Totals	Invoice Transactions 4	<u>\$1,213.33</u>
Department <b>304001 - Lab</b>											
Account <b>705.06 - Professional Services Other Professional Services</b>											
31944 - BEST WATER TREATMENT OF OHIO, INC	19781	DI Tank Exchange, monthly fee	Edit		02/28/2017	03/07/2017	03/07/2017			55.00	



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund <b>1001 - General Operating</b>											
Department <b>304001 - Lab</b>											
Account <b>705.06 - Professional Services Other Professional Services</b>											
34284 - REAM & HAAGER LABORATORY	430446	Laboratory Testing Services for Water Samples, as needed in 2017	Edit		03/02/2017	03/08/2017	03/08/2017			12.00	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 2	<u>\$67.00</u>
Account <b>734.13 - Supplies Freight</b>											
2067 - WEBER SCIENTIFIC	739265	Laboratory supplies	Edit		02/21/2017	03/08/2017	03/08/2017			91.45	
									Account <b>734.13 - Supplies Freight</b> Totals	Invoice Transactions 1	<u>\$91.45</u>
Account <b>734.58 - Supplies Miscellaneous Supplies</b>											
2067 - WEBER SCIENTIFIC	739265	Laboratory supplies	Edit		02/21/2017	03/08/2017	03/08/2017			1,172.40	
									Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 1	<u>\$1,172.40</u>
									Department <b>304001 - Lab</b> Totals	Invoice Transactions 4	<u>\$1,330.85</u>
									Fund <b>1001 - General Operating</b> Totals	Invoice Transactions 12	<u>\$5,899.35</u>





# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund <b>2312 - V.D. - I03 Gonorhea (VD)</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.06 - Professional Services Other Professional Services</b>											
186 - AULTMAN HOSPITAL	0999156829673	Lab Fees for FTA Confirmatory Testing, FY17 STD Grant	Edit		02/28/2017	03/08/2017	03/08/2017			29.50	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 1	<u>\$29.50</u>
Account <b>713.13 - Utilities Telephone</b>											
13363 - VERIZON WIRELESS	9780938324	Cell phone service for DIS for 2017	Edit		02/23/2017	03/07/2017	03/07/2017			31.57	
									Account <b>713.13 - Utilities Telephone</b> Totals	Invoice Transactions 1	<u>\$31.57</u>
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 2	<u>\$61.07</u>
									Fund <b>2312 - V.D. - I03 Gonorhea (VD)</b> Totals	Invoice Transactions 2	<u>\$61.07</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 2313 - Local Health Dept Prev Support</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.06 - Professional Services Other Professional Services</b>											
50079 - INSYNC HEALTHCARE SOLUTIONS, LLC	930686	Electronic medical record system maintenance fees	Edit		03/01/2017	03/07/2017	03/07/2017			94.00	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 1	\$94.00
Account <b>705.14 - Professional Services Maintenance Contracts</b>											
40908 - CONNECTING POINT	244500	Office 365 User's for E-mail System (75 Users)	Edit		02/21/2017	03/08/2017	03/08/2017			5,873.60	
									Account <b>705.14 - Professional Services Maintenance Contracts</b> Totals	Invoice Transactions 1	\$5,873.60
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 2	\$5,967.60
									Fund <b>2313 - Local Health Dept Prev Support</b> Totals	Invoice Transactions 2	\$5,967.60



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund <b>2314 - Family Health (476)</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>734.12 - Supplies Outside Printing</b>											
50058 - USA QUICKPRINT	306125	Resource materials, contact cards, public awareness flyers	Edit		02/28/2017	03/07/2017	03/07/2017			223.02	
									Account <b>734.12 - Supplies Outside Printing</b> Totals	Invoice Transactions 1	\$223.02
Account <b>773.43 - Lease and Rental Payments Other Rentals</b>											
6286 - STARK COMMUNITY FOUNDATION	March17 Rent	Lease office Space, 02/01/17 - 12/31/17 for THRIVE Offices	Edit		02/21/2017	03/08/2017	03/08/2017			2,130.00	
									Account <b>773.43 - Lease and Rental Payments Other Rentals</b> Totals	Invoice Transactions 1	\$2,130.00
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 2	\$2,353.02
									Fund <b>2314 - Family Health (476)</b> Totals	Invoice Transactions 2	\$2,353.02



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund <b>2316 - WIC Supplemental Health - FY 77</b>										
Department <b>301001 - Health - Administration</b>										
Account <b>734.11 - Supplies Miscellaneous Office Supplies</b>										
43051 - SYNCB/AMAZON	032151776666, 183377303756		Edit		02/10/2017	03/08/2017	03/08/2017			271.38
								Account <b>734.11 - Supplies Miscellaneous Office Supplies</b> Totals	Invoice Transactions 1	<u>\$271.38</u>
Account <b>734.58 - Supplies Miscellaneous Supplies</b>										
2627 - FISHER FOOD MARKETING INC.	217142	FY17 WIC Supplies, as needed	Edit		02/21/2017	03/08/2017	* 03/08/2017			13.09
43051 - SYNCB/AMAZON	189737428622	WIC Medical, Program & Educational Suplies, as needed FY17	Edit		02/10/2017	03/08/2017	03/08/2017			23.98
								Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 2	<u>\$37.07</u>
								Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 3	<u>\$308.45</u>
								Fund <b>2316 - WIC Supplemental Health - FY 77</b> Totals	Invoice Transactions 3	<u>\$308.45</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
<b>Fund 2318 - Local Aids Prevention</b>										
Department <b>301001 - Health - Administration</b>										
Account <b>706.36 - Contract Service Health Contract Grant Expend</b>										
38878 - NEW PHILADELPHIA CITY HEALTH DEPARTMENT	Feb17 HIV Reimb	2017 Reimbursement for HIV Expenditures	Edit		02/28/2017	03/08/2017	03/08/2017			1,661.10
32508 - PLANNED PARENTHOOD OF NORTHEAST OHIO	Feb17 HIV Reimb	2017 Reimbursement for HIV Prevention Expenditures	Edit		02/28/2017	03/08/2017	03/08/2017			1,639.15
							Account <b>706.36 - Contract Service Health Contract Grant Expend</b> Totals		Invoice Transactions 2	<u>\$3,300.25</u>
							Department <b>301001 - Health - Administration</b> Totals		Invoice Transactions 2	<u>\$3,300.25</u>
							Fund <b>2318 - Local Aids Prevention</b> Totals		Invoice Transactions 2	<u>\$3,300.25</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 2320 - Nursing Clinic Activity Fund</b>											
Department <b>303002 - Travel Clinic</b>											
Account <b>734.58 - Supplies Miscellaneous Supplies</b>											
16175 - GLAXOSMITHKLINE PHARM	33828277	Travel Immunization Purchase	Edit		02/20/2017	03/08/2017	03/08/2017			4,513.05	
26625 - SANOFI PASTEUR	907795318	Travel Immunization purchase	Edit		02/20/2017	03/08/2017	03/08/2017			9,632.15	
15188 - SMD WYNNE CORPORATION	113168	Clinic Supplies	Edit		03/02/2017	03/08/2017	03/08/2017			188.00	
									Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 3	<u>\$14,333.20</u>
Account <b>747.14 - Refunds, Claims and Reimbursements Reimbursements</b>											
50626 - AULTCARE	Patient Reimb.	Patient billing reimbursement for 2017	Edit		03/06/2017	03/06/2017	03/06/2017			117.89	
									Account <b>747.14 - Refunds, Claims and Reimbursements Reimbursements</b> Totals	Invoice Transactions 1	<u>\$117.89</u>
									Department <b>303002 - Travel Clinic</b> Totals	Invoice Transactions 4	<u>\$14,451.09</u>
									Fund <b>2320 - Nursing Clinic Activity Fund</b> Totals	Invoice Transactions 4	<u>\$14,451.09</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 2322 - Dental Sealant 132T Grant</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.06 - Professional Services Other Professional Services</b>											
40279 - ALISON GIAMMARCO	Feb17 Services	FY17 Dental Hygienist Services plus Mileage	Edit		03/01/2017	03/02/2017	03/02/2017			1,045.66	
38676 - ANNA MAYLE	Feb17 Services	FY17 Dental Hygienist Services plus Mileage	Edit		02/24/2017	03/02/2017	03/02/2017			1,242.41	
20238 - MEREDITH ROBESON, D.D.S	Feb17 Dental Svc	FY2017 Dentist services	Edit		02/28/2017	03/02/2017	03/02/2017			200.00	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 3	<u>\$2,488.07</u>
Account <b>734.12 - Supplies Outside Printing</b>											
19650 - DOCUMENT CONCEPTS INC.	0091432	Dental Sealant Cards (per 1,000)	Edit		02/28/2017	03/07/2017	03/07/2017			282.00	
									Account <b>734.12 - Supplies Outside Printing</b> Totals	Invoice Transactions 1	<u>\$282.00</u>
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 4	<u>\$2,770.07</u>
									Fund <b>2322 - Dental Sealant 132T Grant</b> Totals	Invoice Transactions 4	<u>\$2,770.07</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund <b>2323 - Personal Responsibility Ed Pr Fd</b>										
Department <b>301001 - Health - Administration</b>										
Account <b>705.05 - Professional Services Computer Access Line Fees</b>										
13363 - VERIZON WIRELESS	9780869790	iPad Services for PREP grant, FY17 (Deliverable 1)	Edit		02/23/2017	03/07/2017	* 03/07/2017			40.17
							Account <b>705.05 - Professional Services Computer Access Line Fees</b> Totals	Invoice Transactions	1	<u>\$40.17</u>
							Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions	1	<u>\$40.17</u>
							Fund <b>2323 - Personal Responsibility Ed Pr Fd</b> Totals	Invoice Transactions	1	<u>\$40.17</u>





# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 2327 - Lead Assessment Fund</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.06 - Professional Services Other Professional Services</b>											
50260 - ACCURATE ANALYTICAL TESTING	L100487	Dust and soild sampel analysis for lead based paint testing	Edit		02/24/2017	03/08/2017	03/08/2017			40.00	
							Account <b>705.06 - Professional Services Other Professional Services</b> Totals		Invoice Transactions	1	\$40.00
							Department <b>301001 - Health - Administration</b> Totals		Invoice Transactions	1	\$40.00
							Fund <b>2327 - Lead Assessment Fund</b> Totals		Invoice Transactions	1	\$40.00



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund <b>2331 - Air Pollution (134)</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.14 - Professional Services Maintenance Contracts</b>											
40908 - CONNECTING POINT	244500	Office 365 User's for E-mail System (75 Users)	Edit		02/21/2017	03/08/2017	03/08/2017			906.40	
									Account <b>705.14 - Professional Services Maintenance Contracts</b> Totals	Invoice Transactions 1	<u>\$906.40</u>
Account <b>734.13 - Supplies Freight</b>											
42568 - MESA LABS	INV-122162	Machine parts and supplies for 2017, as needed	Edit		03/01/2017	03/07/2017	03/07/2017			18.00	
1989 - UPS	0000E11A07077,	0000E11A07087	Edit		02/25/2017	03/08/2017	03/08/2017			44.85	
									Account <b>734.13 - Supplies Freight</b> Totals	Invoice Transactions 2	<u>\$62.85</u>
Account <b>734.57 - Supplies Machine Parts and Supplies</b>											
42568 - MESA LABS	INV-122162	Machine parts and supplies for 2017, as needed	Edit		03/01/2017	03/07/2017	03/07/2017			290.00	
									Account <b>734.57 - Supplies Machine Parts and Supplies</b> Totals	Invoice Transactions 1	<u>\$290.00</u>
Account <b>734.58 - Supplies Miscellaneous Supplies</b>											
43051 - SYNCB/AMAZON	019646752688,	1672064625852, 154833200852	Edit		02/10/2017	03/08/2017	03/08/2017			101.61	
									Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 1	<u>\$101.61</u>
Account <b>772.20 - Travel Registration/Tuition</b>											
11047 - TRAINING SERVICES INTERNATIONAL	20917, 20958	Asbestos licenses for APC employees	Edit		03/03/2017	03/08/2017	03/08/2017			1,038.00	
									Account <b>772.20 - Travel Registration/Tuition</b> Totals	Invoice Transactions 1	<u>\$1,038.00</u>
Account <b>772.40 - Travel Meals, Lodging, Plane, etc.</b>											
39425 - JACLYN M HUPP	Travel Reimb	Measurement Technology Workshop, 1/23-1/26/17, NC	Edit		03/06/2017	03/06/2017	03/06/2017			369.77	
									Account <b>772.40 - Travel Meals, Lodging, Plane, etc.</b> Totals	Invoice Transactions 1	<u>\$369.77</u>
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 7	<u>\$2,768.63</u>
									Fund <b>2331 - Air Pollution (134)</b> Totals	Invoice Transactions 7	<u>\$2,768.63</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 02/24/17 - 03/08/17

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund <b>2335 - EARLY HEAD START</b>										
Department <b>301001 - Health - Administration</b>										
Account <b>734.58 - Supplies Miscellaneous Supplies</b>										
24836 - MCKESSON MEDICAL - SURGICAL	94589740	Early Headstart FY17 Grant Supplies	Edit		02/15/2017	03/07/2017	03/07/2017			316.54
							Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions	1	<u>\$316.54</u>
							Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions	1	<u>\$316.54</u>
							Fund <b>2335 - EARLY HEAD START</b> Totals	Invoice Transactions	1	<u>\$316.54</u>
							Grand Totals	Invoice Transactions	41	<u>\$38,276.24</u>

\* = Prior Fiscal Year Activity



**Public Health**  
Prevent. Promote. Protect.

Canton City Health District

**Board of Health Meeting**  
Monday, March 13 @ 12:00pm – Board Room  
**Resolutions for Approval**

1. 2017-07: 800-017-P\_New Hire Recruiting Policy

**Resolution 2017-07**

*A resolution approving policy 800-017-P\_ New Hire Recruiting*

**WHEREAS** the Board of Health desires to recruit and hire the best qualified staff for the health department. And,

**WHEREAS** it is imperative to establish uniform policies and procedures for the posting, advertising, interviewing and hiring staff.

**BE IT RESOLVED** that policy 800-017-P\_New Hire Recruiting is hereby approved by the Board of Health for use in the health department.

**BE IT RESOLVED** that this resolution is necessary for the operation of the Canton City Health District and that it becomes effective immediately upon passage.

**ADOPTED** by the Board of Health of the Canton City Health District this **13<sup>th</sup>** day of **March, 2017**.

**APPROVED**

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President, Canton City Board of Health

**ATTEST**

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Secretary, Canton City Board of Health

<b>POLICY AND PROCEDURE</b>	
SUBJECT/TITLE:	New Hire Recruiting
APPLICABILITY:	All Staff
POSITION & DIVISION:	Fiscal Officer, Administration
DATE ADOPTED:	MM/DD/YYYY
LATEST EFFECTIVE DATE:	MM/DD/YYYY
REVIEW FREQUENCY:	Every 5 years
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	800-017-P

#### **A. PURPOSE**

The intent of this document is to detail the process of recruiting employees for open positions.

#### **B. POLICY**

The Canton City Health District (CCHD) will carry out its recruiting and hiring processes in accordance with applicable federal, state and local laws and will provide equal employment opportunities to all applicants without regard to any protected status

All position openings that occur through resignation, retirement and/or newly approved positions will be posted for a minimum of ten business days on designated agency bulletin boards and websites. During the job posting period, employees who wish to apply for an open position may do so. The application shall be submitted based on the City of Canton's Civil Service Commission (hereafter referred to as Civil Service) guidelines as instructed within the job posting. Positions that do not fall under Civil Service (all part-time positions) shall submit an application per the instructions given on the original job posting.

In the event a vacancy for a same job classification/position becomes available within a one year period, the CCHD may select from the previous civil service list of applicants and is not required to re-post as required above.

#### **C. BACKGROUND**

N/A

#### **D. GLOSSARY OF TERMS**

**Certified Eligibility Certificate:** The certificate sent over to Civil Service that lists the individual chosen to fill the position. The position, pay information and effective start date are also on this certificate.

**Certified Eligibility List:** A list of the applicants for a position as certified by Civil Service.

**Civil Service Job Application:** Required for all Civil Service job postings and is available at [www.cantonohio.gov/jobs/?pg=98](http://www.cantonohio.gov/jobs/?pg=98).

**Civil Service Communication:** A written communication on CCHD letterhead that will detail the request for the job posting and request to obtain a certified eligibility list from Civil Service. The communication will be written by the Fiscal Officer and signed by the Health Commissioner (see 800-017-01-A\_Example: Civil Service Communication).

**Civil Service Job Posting:** A formal job posting published by Civil Service for full-time positions. All job postings are available to be viewed at [www.cantonohio.gov/jobs](http://www.cantonohio.gov/jobs).

**Closed Posting:** The job position is only available to current CCHD employees (also known as a closed examination).

**Inter-departmental Transfer:** A current employee transferring between departments within the CCHD.

**LexisNexis:** An electronic database for legal and public records information.

**New Hire:** An individual that has been hired by the CCHD to perform a specific job. A new hire must go through personnel set up (through Human Resources) each time they begin with the CCHD. Therefore, an individual that worked at the CCHD ten years ago could be considered a new hire because of the time away from the CCHD.

**Open Posting:** The job position is available to CCHD employees as well as the public (also known as an open examination).

**Part-time Job Application:** Required for all part-time job postings (see 800-017-03-F\_Part-time Job Application) with the exception of hiring a WIC Peer Helper (see 800-017-04-F\_WIC Peer Helper Part-time Job Application).

**Part-time Job Posting:** An informal job posting published by the CCHD by any means necessary to reach the target audience (i.e. social media, newspaper, online, website, etc.). All job postings are available to be viewed at [www.cantonhealth.org/general/?pg=322](http://www.cantonhealth.org/general/?pg=322) (see 800-017-06-F\_Part-time Job Posting Template).

## E. PROCEDURES

### 1. RECRUITING TO FILL A FULL-TIME POSITION

- a) The division leader must fill out the CCHD Personnel Request Form (800-017-05-F\_Personnel Request), attach the job description for which they are requesting, sign and then forward to the Health Commissioner for review.
  - i) If the job description is older than five years, the job description must be updated prior to the job posting. The division leader is responsible to update the job description and obtain Board of Health approval prior to submitting the CCHD Personnel Request.
- b) The Health Commissioner will approve or deny the form based on division need, budget availability and necessity. If denied, the Health Commissioner will detail the reason for the denial on the Personnel Request Form (800-017-05-F\_Personnel Request).
- c) If the request is denied, the form will be filed by the Fiscal Officer, to be maintained pursuant to the department Record Retention Schedule.
- d) If the request is approved, the form will be forwarded to the Fiscal Officer for processing. The Fiscal Officer will create the Civil Service Communication (800-017-01-A\_Example: Civil Service Communication) requesting a Certified Eligibility List for the job position requested.
- e) The Fiscal Officer will attach the job description to the Civil Service Communication and send through inter-office mail to Civil Service.
  - i) Once Civil Service receives this communication, a job posting will be created based on the job description that was provided to them and the rating option selected. The time this takes is out of the CCHD control. Civil Service time varies. If there are time delays, division leaders are encouraged to contact Civil Service to determine the status. A draft job posting is provided to CCHD by Civil Service for review to ensure it is accurate prior to finalizing. The

final job posting will be forwarded back to the CCHD and the Fiscal Officer will supply each department with a copy.

(A) Advertising: Once the job posting is published, desired routes of advertising may take place (i.e., Facebook, CCHD website, etc.) at the discretion of the requesting division leader. The division leader should confirm with Civil Service what advertising they will be doing as to not duplicate efforts. All job postings must be placed on the department's website for a minimum of ten business days. If costs for advertisements have been previously approved, it is the Administration responsibility to have a means for payment (i.e. an open purchase order). It will be the general practice of the CCHD to advertise in ways that have little to no cost. It will also be Administration responsibility to ensure all avenues of advertising are removed once the job posting has expired. Civil Service is responsible for publishing and removing the job posting on their website [www.cantonohio.gov/jobs](http://www.cantonohio.gov/jobs).

- ii) All jobs must be posted for a minimum of ten business days or as required by Civil Service rule (if applicable).
- iii) Civil Service is responsible for tracking the minimum posting requirements.
- iv) Civil Service sets deadlines dates for applications and the application instructions.
- f) All applications for full-time Civil Service positions are filed initially and maintained with Civil Service.
- g) Once the job posting is expired, Civil Service reviews and scores all applicants then provides the CCHD the result of the review on the Certified Eligibility Listing. The CCHD will only receive those applications that correspond to the Certified Eligibility Listing. **NO CHANGE**
  - i) Civil Service uses several options to score/rate applications, which include but are not limited to: an oral examination, a written examination or other criteria.
  - ii) If the CCHD does not agree with the scoring method Civil Service selected for the job posting, it is the CCHD's responsibility to provide an alternative option, prior to the job posting. Alternatives that CCHD has selected and developed previously are: developed application scoring criteria based on education and work experience and developed written examination conducted by Civil Service.
  - iii) If Civil Service agrees with the alternative scoring method, the CCHD is responsible to complete the scoring of the examination or application as selected. Civil Service will then use the scores and apply the applicable bonus points to determine the final rating of each applicant.
- h) The CCHD will then begin the interview process from the Certified Eligibility Listing and corresponding applications received from Civil Service.
  - i) The requesting division leader reviews all applications and selects the applicants they wish to interview.
    - a. The division leader must select at least three applicants to interview if more than three applicants applied. If less than three applicants applied, the division must select 100% of the applicants for interviews.
    - b. The division leader is responsible to schedule the interviews. Division leaders are encouraged, but not required, to select the top-rated candidates on the eligibility list.



- ii) The division leaders are responsible to determine if a written assessment is appropriate to be conducted to evaluate the skills and competencies of the eligible applicants.
  - a. If an assessment is preferred, the division leaders are responsible to create and document the assessment.
  - b. The results of the assessment shall be considered when selecting appropriate candidates.
- iii) Oral interviews should be conducted by at least two interviewers, if possible. Consideration of which CCHD staff to be interviewers include, but are not limited to:
  - a. Immediate supervisor for the job opening.
  - b. Division leader, if not the same as the immediate supervisor.
  - c. Peer performing the same job as the job opening.
  - d. Another staff person to provide an outside perspective.
- iv) Interviews must be conducted in a manner that is consistent with all interviewees as to prevent bias. For example, using the same list of questions for each interviewee.
- v) The CCHD interviewers shall ask the applicant if they want details of the offered job position and be prepared to discuss them. A CCHD Benefits Summary (800-017-02-A\_CCHD Benefits Summary for Full-time Positions) may be provided to each applicant.
- vi) Interview questions, notes, assessments, etc. (i.e. interview documents) that are recorded must be saved with the applications.
- i) All applications and interview documents must be filed with the Fiscal Officer to be maintained pursuant to the department Record Retention Schedule.

## 2. RECRUITING TO FILL A PART-TIME POSITION

- a) The division leader must fill out the CCHD Personnel Request Form (800-017-05-F\_Personnel Request), attach the job description for which they are requesting, sign and then forward to the Health Commissioner for review.
  - i) If the job description is older than five years, the job description must be updated prior to the job posting. The division leader is responsible to update the job description and obtain Board of Health approval prior to submitting the CCHD Personnel Request.
- b) The Health Commissioner will approve or deny the form based on division need, budget availability and necessity. If denied, the Health Commissioner will detail the reason for the denial on the Personnel Request Form (800-017-05-F\_Personnel Request).
- c) If the request is denied, the form will be filed by the Fiscal Officer to be maintained pursuant to the department Record Retention Schedule.
- d) If the request is approved, the form will be forwarded to the Fiscal Officer.
- e) The Fiscal Officer will notify the requesting division leader of the approval.
  - i) The Vital Statistics (VS) Executive Assistant will prepare the part-time job posting (see 800-017-06-F\_Part-time Job Posting Template).
  - ii) The VS Executive Assistant will provide the draft job posting to the division leader for review to ensure it is accurate prior to finalizing.
  - iii) The VS Executive Assistant will then provide the final job posting to the division leader.
  - iv) It is at the discretion of the division leader to advertise for the part-time position as described in section E.1.e.i.A of this policy.
    - a. All jobs must be required to be posted for a minimum of ten business days.

- b. The division leader is responsible for tracking the minimum posting requirements and to communicate with appropriate personnel when the job posting shall be removed.
  - a) All applications for part-time employment are filed initially with the Fiscal Officer. Instructions on where part-time applications shall be mailed are detailed in the 800-017-03-F\_Part-time Job Application and 800-017-04-F\_WIC Peer Helper Part-time Job Application.
    - i) The CCHD has a separate application for WIC Peer Helper positions due to State and Federal Grant requirements.
  - b) Once the job posting is expired, the requesting division leader reviews all applications and selects the applicants they wish to interview.
    - i) The division must select at least three applicants to interview if more than three applicants applied. If less than three applicants applied, the division must select 100% of the applicants for interviews. (Exception: The division does not have to interview applicants that do not meet minimum qualifications required for the posted position).
    - ii) The division leader is responsible to schedule the interviews
  - c) The CCHD will then begin the interview process from the applications received as described in E.1.h.ii. – vi of this policy.
  - d) All applications and interview documents shall be filed with the Fiscal Officer to be maintained pursuant to the department Record Retention Schedule.
3. APPLICANT SELECTION AND BOARD OF HEALTH
- a) Once the interview process is complete, the division leader should select at least two applicants (one application they will offer the position too and one applicant for a back-up).
    - i) The Fiscal Officer is responsible to conduct background checks on the selected applicants prior to making the final selection. Background checks used by the CCHD include, but are not limited to:
      - a. Searches on civil and criminal court websites for counties and cities the applicant has lived or worked;
      - b. Use of LexisNexis;
        - 1. If using the LexisNexis search, must fill out the request form (800-017-08\_F LexisNexis Search Request) and provide to the Director of Nursing. The Director of Nursing will conduct the LexisNexis search.
      - c. A general internet search of name, a review of any Facebook postings and profile and a review of any LinkedIn profile.
      - d. A medical exam including a drug screen may be required.
    - ii) The background check shall assist in the determination of any discrepancies as to criminal background compared to the application information. It shall also assist in the determination of the job position qualification of a good driving record, if applicable.
    - iii) If the background check uncovers information that disqualifies the applicant, that applicant shall not be eligible for final selection.
  - b) Negotiation of starting wages and benefits.
    - i) The CCHD is not able to change the starting vacation days, sick days or insurance benefits, so they are non-negotiable.
    - ii) Vacation credit may be approved by the Board of Health per Health Code 207.18(h).

- iii) Sick Leave balance transfers may be approved by the Board of Health per Health Code 207.17(b).
- iv) Since vacation time is non-negotiable, applicants that have pre-scheduled/prepaid vacation/trips may be offered unpaid personal leave as approved by the Board of Health per Health Code 207.11(c) or other leave options as approved.
- v) Any deviation in wages or salaries from the most current adopted wage and salary schedule, as approved by the Board of Health, must be approved by the Board of Health before an offer can be made to the employee.
  - a. In general, starting wages are not negotiable. But special consideration may be made by the Board of Health.
- c) The Fiscal Officer will work with the division leader to create an employment offer for the recommended applicant and the alternate applicant, if applicable (see 800-017-07-F\_Employment Offer).
  - i) Each employment offer is reviewed with both applicants by the division leader.
  - ii) Once the employment offer is reviewed by both applicants, the Health Commissioner and the division leader will sign and date both offers.
  - iii) The division leader will notify the VS Executive Assistant to place the hiring of the applicant on the next Board of Health agenda.
  - iv) Once the Board of Health approves either the recommended applicant or the alternate applicant, the employment offer will be made to the applicant.
  - v) The division head will contact the hired applicant and make an employment offer. On the first day or before the start of the applicant's hire date, the applicant must sign the employment offer. At this time the applicant should provide the attachments requested in the employment offer.
  - vi) The fully signed employment offer along with attachments will be given to the Fiscal Officer to place in the employee's file.
- d) Determination of salary or hourly rate
  - i) For new hires, the salary or hourly rate shall be set at the minimum of the pay range for the position unless specified differently by the Board of Health.
  - ii) For existing employee promotions or employees transferring to a higher pay range position, the salary or hourly rate shall be set at the minimum of the pay range for the position or at 3% increase over the current position, whichever is higher.
  - iii) For existing employees transferring to an equal to lesser pay range position, the salary or hourly rate shall be set to the employee's current rate.
  - iv) For current part-time employees being hired into a full-time position the following procedure will be used to determine the full-time rate of pay:
    - a. If the employee doing essentially the same job in new full-time position as in current part-time position:
      - i. Take the current rate of pay in the part-time position. If it is right on a step of the most current approved wage and salary schedule, then move from the part-time pay scale to the full-time pay scale at the same step. That is the new salary. No probationary period is required.
      - ii. If the part-time rate of pay is not on an established step in the most current approved wage and salary schedule, then the following will apply:

1. Take the current hourly rate of pay times 1,950 hours. That is the new annual salary. (1,950 hours is equal to 7.5 hours of work per day for the year.  $7.5 * 5 * 52 = 1,950$ ).
- b. If the employee will be doing a different full-time job then a part-time job and the position is a promotion, then the following principles apply:
  - i. Take the current hourly pay times 1,950 hours to get the current salary basis.
  - ii. Look at the new rate of pay on the new full-time position. Assure that there is a minimum of a 3% increase over the current rate of pay. The new rate of pay is the Step 1 in the new pay scale or 3% increase over the current rate of pay, whichever is greater.
  - iii. A 90-day probationary period applies for a promotional increase.
- c. If the employee will be doing a different job of a lower classification, see E.3.b.v.a of this policy.
- d. To calculate vacation credit. Take the total hours the employee has worked part-time at the department and divide by the annual basis for part-time of 1,950 hours. This is the full-time equivalent service. This is then applied to the current vacation policy. The employee vacation is to be applied upon start date in full-time status. Note the prorating policy for the first year in full-time status. That is one day vacation credit for each full month left in the year. You do not have to wait one year to be eligible for vacation credit.
- e) Exceptional Appointments
  - i) Appointment to a position by exceptional appointment is permitted by Civil Service rules. If an applicant is highly qualified for the position or possesses unusual or highly specialized skills for the position, then an appointment may be made without a Certified Eligibility List.
  - ii) If an appointment by exceptional appointment is desired, then the Health Commissioner will contact the Civil Service Director for advice and guidance. If an individual is appointed by exceptional appointment, then the position is provisional subject to approval by Civil Service.
- f) The Fiscal Officer will submit the Certified Eligibility List back to Civil Service with the recommended new hire, to serve as the Certified Eligibility Certificate.

#### **F. CITATIONS AND REFERENCES**

Health Code 207.11(c), 207.17(b) and 207.18(h)

CCHD Record Retention Policy

#### **G. CONTRIBUTORS**

The following staff contributed to the authorship of this document:

1. Christi Allen, Fiscal Officer
2. James Adams, Health Commissioner

#### **H. APPENDICES AND ATTACHMENTS**

800-017-01-A\_Civil Service Communication Template Letter

800-017-02-A\_CCHD Benefits Summary for All Positions

#### **I. REFERENCE FORMS**

800-017-03-F\_Part Time Job Application

800-017-04-F\_WIC Peer Helper Part Time Job Application

800-017-05-F\_Personnel Request

800-017-06-F\_Part Time Job Posting Template

800-017-07-F\_Employment Offer

800-017-08-F\_LexisNexis Search Request

**J. REVISION AND REVIEW HISTORY**

Revision #	Date	By	Notes

**K. APPROVAL**

This document has been approved in accordance with the “800-001-P Standards for Writing and Approving PPSOGFs” procedure as of the effective date listed above.

# CANTON CITY HEALTH DISTRICT

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420 MARKET AVENUE NORTH  
CANTON, OHIO 44702-1544  
PHONE: (330) 489-3231 • FAX: (330) 489-3335  
WEB: WWW.CANTONHEALTH.ORG



**Public Health**  
Prevent. Promote. Protect.

Canton City Health District

**James M. Adams, RS, MPH**  
Health Commissioner

January 28, 2016

Sam Sliman, Director  
Canton Civil Service Commission  
218 Cleveland Avenue, SW  
Canton, Ohio 44702

Re: Request for Eligibility List for Fiscal Officer

I am requesting a certified eligibility list for the position of Fiscal Officer. This would be an open examination. Attached is the most recent approved job description for use in the posting. Please begin posting as soon as possible so we are able to fill the vacant position as quickly as possible.

Please let me know if you have any questions or need additional information. Thank you in advance for your assistance.

Thank you,

James M. Adams, RS, MPH  
Health Commissioner

cc: Human Resource

Attachment: Position Description, Fiscal Officer



**Canton City Health District  
Summary of Employee Benefits**

*Provided for informational purposes only and shall not supersede any official document.*

**FULL TIME POSITIONS**

**1) Job classification**

- a) This is Civil Service employment subject to Civil Service laws and rules (Health Code 207.06 and Resolution 2014-15).
- b) This is either (check mark **only** one):
  - o An exempt salaried position (Health Code 207.10 and Resolution 2014-01).
  - o A non-exempt salaried position (Health Code 207.10 and Resolution 2014-01).
- c) Full time employment, paid for 8 hours per day: 7.5 hours of work time and 0.5 hours paid lunch time (Health Code 207.10 & 207.01 and Resolution 2014-01).
- d) Ninety day probationary period (Health Code 207.06 and Resolution 2014-15).
  - An employee evaluation will be conducted every month to establish performance level during the probation period.

**2) Pay period and deductions (Health Code 207.08)**

- a) Pay is every two weeks. One two-week pay period is held back at start.
- b) Mandatory payroll deductions: City of Canton taxes, state and federal taxes, and OPERS (OPERS is deducted in lieu of Social Security).

**3) OPERS (Ohio Public Employees Retirement System) – Pension**

- a) Total of 24% of salary is contributed to the employees OPERS account each pay.
  - 10% is employee contribution.
  - 14% is employer contribution.

**4) Salary Raises**

- a) Upon completion of a 90 day probationary period, each employee shall receive a half step increase in salary upon the approval of the Board of Health, the value of which depends on salary pay range (Health Code 207.06 and Resolution 2014-15).
- b) Future raises based on merit (i.e. annual employee performance evaluation) and available funding (Health Code 207.09).

**5) Term Life Insurance (Health Code 207.21)**

- a) Effective after 90 days of work for new hires.
- b) Policy valued at \$20,000.00.
- c) Paid for by employer.

**6) Health Insurance (Health Code 207.21)**

- a) Medical, prescriptions, eye and dental.
- b) Effective after 60 days (minimum) of work for new hires, on the first of the month
- c) Employee can pay for single or family plan.
  - Spouse **must** take a single plan at their employment and can be secondary on ours.
- d) See below for details of medical coverage and deductibles supplied by City of Canton Human Resources and updated periodically.

7) **Paid Leave**

- a) Paid sick leave (Health Code 207.17)
  - Earned at 4.6 hours every 2 week pay period (80 hours worked).
  - Accumulate without limit.
  - Sick hours can be used for all qualified sick time.
  - Sick leave balance transfers from previous employment may be approved by the Board of Health per Health Code 207.17(b)
- b) Paid work holidays (Health Code 207.19)
  - Twelve work holidays per year.
  - One of the twelve days is a personal floating holiday.
  - New hires can use the personal holiday after 60 days.
- c) Paid jury duty leave (Health Code 207.16)
- d) Paid funeral leave (Health Code 207.30)
- e) Vacation (Health Code 207.18):
  - Zero vacation days for first year (12 months).
  - During second year, receive one day for each full month worked in previous current year.
  - In January following the one year anniversary, receive ten vacation days.
  - During sixth, receive an additional five vacation days. Additional vacation available per schedule thereafter.
  - Unused vacation days cannot be carried over each year.
  - Vacation credit for previous employment may be approved by the Board of Health per Health Code 207.18(h).



## **PART TIME POSITIONS**

### **1) Job classification**

- a) This is not subject to Civil Service laws and rules.
- b) This is either (check mark **only** one):
  - o An exempt salaried position (Health Code 207.10 and Resolution 2014-01).
  - o A non-exempt salaried position (Health Code 207.10 and Resolution 2014-01).
- c) Part time employment paid up to 8 hours a day with no paid lunch and works an annual average of 30 hours per week. (Health Code 207.10 & 207.01 and Resolution 2014-01).
- d) Ninety day probationary period (Health Code 207.06 and Resolution 2014-15).
  - An employee evaluation will be conducted every month to establish performance level during the probation period.

### **2) Pay period and deductions (Health Code 207.08)**

- a) Pay is every two weeks. One two-week pay period is held back at start.
- b) Mandatory payroll deductions: City of Canton taxes, state and federal taxes, and OPERS (OPERS is deducted in lieu of Social Security).

### **3) OPERS (Ohio Public Employees Retirement System) – Pension**

- a) Total of 24% of salary is contributed to the employees OPERS account each pay.
  - 10% is employee contribution.
  - 14% is employer contribution.

### **4) Salary Raises**

- a) Upon completion of a 90 day probationary period, each employee shall receive a half step increase in salary upon the approval of the Board of Health, the value of which depends on salary pay range (Health Code 207.06 and Resolution 2014-15).
- b) Future raises based on merit (i.e. annual employee performance evaluation) and available funding (Health Code 207.09).

### **5) Paid Leave**

- a) Paid sick leave (Health Code 207.17)
  - Earned at .0575 of every hour worked.
  - Accumulate without limit.
  - Sick hours can be used for all qualified sick time.
  - Sick leave balance transfers from previous employment may be approved by the Board of Health per Health Code 207.17(b)



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.aultcare.com](http://www.aultcare.com) or by calling 330-363-6360. For prescription detail call Caremark at 1-877-210-7006, or [www.caremark.com](http://www.caremark.com).

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<b>Network:</b> Ind: \$350 Fam: \$700; Does not apply to emergency care or preventive care. <b>Non Network:</b> Ind: \$350 Fam: \$700; Does not apply to emergency care.	You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> . Also, any expenses applied to <b>deductible</b> , in the last 3 months of a Calendar Year, will apply to <b>deductible</b> for the following Calendar Year.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <b>deductibles</b> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	<b>Yes. For network providers:</b> Ind: \$1,350 Fam: \$2,700 <b>For non network providers:</b> Ind: \$2,500 Fam: \$4,500	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Copayments, penalties, premiums, balance-billed charges, non-emergency care, mental health services, substance abuse services and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b> .
Does this plan use a <u>network of providers</u> ?	<b>Yes.</b> For a list of network providers, see <a href="http://www.aultcare.com">www.aultcare.com</a> or call 330-363-6360 or 1-800-344-8858.	If you use a network doctor or other health care <b>provider</b> , this plan will pay some or all of the costs of covered services. Be aware, your network doctor or hospital may use a non network <b>provider</b> for some services. Plans use the term network, preferred, or participating for <b>providers</b> in their network. See the chart starting on page 2 for how this plan pays different kinds of <b>providers</b> .
Do I need a referral to see a <u>specialist</u> ?	No.	You can see the <b>specialist</b> you choose without permission from this plan.
Are there services this plan doesn't cover?	<b>Yes.</b> Please refer to list of exclusion	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <b>excluded services</b> .

Integrated  
Embedded Deductibles



- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **network providers** by charging you lower **deductibles**, **co-payments**, and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Network Provider	Non-network Provider	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	20% coinsurance	30% coinsurance	--none--
	Specialist visit	20% coinsurance	30% coinsurance	--none--
	Other practitioner office visit	20% coinsurance for chiropractic and podiatry care	30% coinsurance for chiropractic and podiatry care	Coverage for chiropractic care is limited to 30 visits per calendar year.
	Preventive care/screening/immunization	No charge	30% coinsurance	Deductible Waived In-network; 1 Maximum Preventive exam per calendar year from age 2
<b>If you have a test</b>	Diagnostic test (x-ray, blood work)	20% coinsurance	30% coinsurance	--none--
	Imaging (CT/PET scans, MRIs)	20% coinsurance	30% coinsurance	--none--
<b>If you need drugs to treat your illness or condition</b>  More information about <b>prescription drug coverage</b> is available at <a href="http://www.caremark.com">www.caremark.com</a>	Generic drugs-Coverage offered through Caremark.	\$ 7.50 Copay Retail-(30 day supply) \$15.00 Copay Mail Order ( 90 day supply)		May utilize any pharmacy.
	Preferred Brand drugs- Coverage offered through Caremark.	\$25.00 Copay Retail -(30 day supply) \$50.00 Copay Mail Order( 90 day supply)		Retail prescriptions limited to 30 day supply
	Non-preferred Brand drugs- Coverage offered through Caremark.	\$40.00 Copay Retail -(30 day supply) \$80.00 Copay Mail Order( 90 day supply)		Mail Order prescriptions limited to 90 day supply.
	Specialty drugs- Coverage offered through Caremark.	Generic and Brand copays apply		Specialty drugs must be filled through Caremark Specialty Pharmacy
<b>If you have</b>	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	30% coinsurance	--none--

Questions: AultCare -Call 330-363-6360 or 1-800-344-8858 or visit us at [www.aultcare.com](http://www.aultcare.com).

UMR – Call 1-815-721-8386 or visit [www.umar.com](http://www.umar.com)

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Network Provider	Non-network Provider	
<b>outpatient surgery</b>	Physician/surgeon fees	20% coinsurance	30% coinsurance	--none--
<b>If you need immediate medical attention</b>	Emergency room services	\$50/visit; 20% Coinsurance Non-true ER	\$50/visit; 30% Coinsurance Non-true ER	Deductible Waived True ER; Copay may be waived if admitted
	Emergency medical transportation	20% coinsurance	20% coinsurance	Network deductible will apply.
	Urgent care	20% coinsurance	30% coinsurance	--none--
<b>If you have a hospital stay</b>	Facility fee (e.g, hospital room)	20% coinsurance	30% coinsurance	Precertification is required.
	Physician/surgeon fee	20% coinsurance	30% coinsurance	--none--
<b>If you have mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	20% coinsurance	30% coinsurance	Coverage is limited to 30 visits per calendar year.
	Mental/Behavioral health inpatient services	20% coinsurance	30% coinsurance	Precertification is required. Coverage is limited to 30 days per calendar year.
	Substance use disorder outpatient services	20% coinsurance	30% coinsurance	Coverage is limited to 15 visits per calendar year.
	Substance use disorder inpatient services	20% coinsurance	30% coinsurance	Precertification is required. Coverage is limited to 30 days per calendar year.
<b>If you are pregnant</b>	Prenatal and postnatal care	20% coinsurance	30% coinsurance	--none--
	Delivery and all inpatient services	20% coinsurance	30% coinsurance	Precertification is required.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Network Provider	Non-network Provider	
<b>If you need help recovering or have other special health needs</b>	Home health care	20% coinsurance	30% coinsurance	Utilization Management approval required. Coverage is limited to 100 visits per calendar year.
	Rehabilitation services	20% coinsurance	30% coinsurance	Must be illness/injury related.
	Habilitation services	Not covered	Not covered	
	Skilled nursing care	20% coinsurance	30% coinsurance	Utilization Management approval required. Coverage is limited to 120 days per calendar year.
	Durable medical equipment	20% coinsurance	20% coinsurance	Utilization Management approval required for a single item with a purchase price over \$1,000. Network deductible will apply.
	Hospice service	20% coinsurance	20% coinsurance	Utilization Management approval required.
<b>If you or your dependent needs dental or eye care</b>	Eye exam	Covered	Covered	Covered \$33.00 examination yearly
	Glasses- Coverage offered through AultCare	Covered	Covered	Frame & Lenses Once every 24 month-Frames Benefit \$50.00. Lenses-Single Vision \$42.00, Bifocal \$69.00, Trifocal \$100.00, Lenticular \$125.00 or Contract Lenses \$110.00
	Dental check-up- Coverage offered through AultCare	Covered	Covered	Calendar Year Deductible Amount; Individual \$25.00, Family \$50.00 Deductible waived for Preventive & Diagnostic Services. Copayments (%) Preventative & Diagnostic Services 100%, Basic Restorative Services 80%, Major Restorative Services 50%, Orthodontic Services 50%.
	Orthodontic Coverage – Dependent Child under age 19- Coverage offered through AultCare	1,000 Calendar Year Maximum	1,000 Calendar Year Maximum	Orthodontic Services are subject to a lifetime Deductible Amount of \$100 per Dependent Child.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Hearing Aids
- Private Duty Nursing
- Cosmetic Surgery
- Infertility Treatment
- Routine Foot Care
- Long Term Care
- Weight Loss Programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric Surgery
- Chiropractic Care – 30 visits per calendar year
- Non-Emergency Care when traveling outside the U.S

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 330-363-6360 or 1-800-344-8858. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: AultCare Customer Service Center at 330-363-6360 or 1-800-344-8858, or send your appeal or grievance in writing to our Grievance and Appeal Coordinator at P.O. Box 6029, Canton, Ohio 44706-0910, the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 330-363-6360 /1-800-344-8858.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 330-363-6360 /1-800-344-8858.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 330-363-6360 / 1-800-344-8858.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 330-363-6360 / 1-800-344-8858.

This is only a summary. It in no way modifies your benefits as described in your plan documents. Please refer to your plan documents provided by your employer for complete terms of this plan.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



### This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,870
- Patient pays \$1,670

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$500
Co-pays	\$40
Co-insurance	\$1,130
Limits or exclusions	\$0
<b>Total</b>	<b>\$1,670</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,470
- Patient pays \$930

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$250
Co-pays	\$200
Co-insurance	\$480
Limits or exclusions	\$0
<b>Total</b>	<b>\$930</b>



## Questions and answers about the Coverage Examples:

---

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Costs are based on individual coverage benefit levels.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.
- Prescription drug costs (Prescriptions) shown in the Coverage Examples reflect information provided by the Plan's Prescription Benefits Manager.

---

## What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles, co-payments, and co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

---

## Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

---

## Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

---

## Can I use Coverage Examples to compare plans?

✔ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

---

## Are there other costs I should consider when comparing plans?

✔ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments, deductibles, and co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs), or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.



**Public Health**  
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Canton City Health District

**Canton City Health District**  
420 Market Ave N • Canton, OH 44720  
(330) 489-3231

**PLEASE PRINT CLEARLY**

**Part Time Job Application**

**Name** \_\_\_\_\_ **Date Filed** \_\_\_\_\_

**Position Applying For** \_\_\_\_\_

**Present Address** \_\_\_\_\_ **Years at this Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Alternate Telephone Number** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

How long have you lived in Stark County? \_\_\_\_\_ How long have you lived in Canton? \_\_\_\_\_

Are you a US Citizen?  Yes  No Do you have a valid driver's license?  Yes  No

Type of School	Name	City/State	Dates Attended	Degree	Major/Minor
High School			XXXXXXXXXX XXXXXXXXXX		
Vocational or Trade			From: To:		
College			From: To:		
College			From: To:		
Other Training			From: To:		

Office Machines Operated \_\_\_\_\_

Factory, Construction or Street Equipment Operated \_\_\_\_\_

Describe any other Special Training and/or Skills which are related to the kind of work you want to do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Give three (3) references who are citizens of Stark County, not employers or relatives. These references may be called upon to furnish detailed information concerning your habits, character, job reference and ability.**

Name	Address and Telephone Number	Occupation

Would you object to the Health Department contacting your present employer for a reference?  Yes  No  
**(List your employment, starting with your most recent)**

<b>Years at job</b> (month/year) ____ to ____ <b>Salary:</b> Hours per week _____ Salary \$ _____ per _____ <b>Employer</b> _____ <b>Location</b> _____ <b>Telephone Number</b> _____ <b>Name of Supervisor</b> _____ <b>Title</b> _____ <b>Number of People You Supervised</b> _____ <b>Duties</b> _____ <b>Reason for Leaving</b> _____ <b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Years at job</b> (month/year) ____ to ____ <b>Salary:</b> Hours per week _____ Salary \$ _____ per _____ <b>Employer</b> _____ <b>Location</b> _____ <b>Telephone Number</b> _____ <b>Name of Supervisor</b> _____ <b>Title</b> _____ <b>Number of People You Supervised</b> _____ <b>Duties</b> _____ <b>Reason for Leaving</b> _____ <b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Years at job</b> (month/year) ____ to ____ <b>Salary:</b> Hours per week _____ Salary \$ _____ per _____ <b>Employer</b> _____ <b>Location</b> _____ <b>Telephone Number</b> _____ <b>Name of Supervisor</b> _____ <b>Title</b> _____ <b>Number of People You Supervised</b> _____ <b>Duties</b> _____ <b>Reason for Leaving</b> _____ <b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Years at job</b> (month/year) ____ to ____ <b>Salary:</b> Hours per week _____ Salary \$ _____ per _____ <b>Employer</b> _____ <b>Location</b> _____ <b>Telephone Number</b> _____ <b>Name of Supervisor</b> _____ <b>Title</b> _____ <b>Number of People You Supervised</b> _____ <b>Duties</b> _____ <b>Reason for Leaving</b> _____ <b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PLEASE READ CAREFULLY**

I hereby certify that the answers given and statements made on this application are true and correct. I am aware that a representative of the Canton City Health Department may conduct an investigation of my background to assist in determining suitability for this employment. I further understand that any applicant who intentionally makes a false statement or who practice fraud in filling out this application will be refused employment. If already appointed, subsequent evidence of misrepresentation will be considered adequate cause for termination of employment.

I hereby authorize all my previous employers and references to furnish any information concerning my personal character, health, reputation, habits and work records. I hereby release all such person and the Canton City Health Department from liability or damages as a result of furnishing or obtaining this information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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**Canton City Health District**  
420 Market Ave N • Canton, OH 44720  
(330) 489-3231

**Part Time Job Application**  
**WIC Peer Helper**

**Breastfeeding Peer Helpers provide basic information about breastfeeding to WIC mothers during their pregnancy and after the baby is born. They encourage mothers to breastfeed and help mothers find help if problems occur. Peer Helper qualifications include:**

- ✓ Have breastfed at least one baby (do not have to be currently breastfeeding).
- ✓ Are enthusiastic about breastfeeding and want to help other mothers enjoy a positive experience.
- ✓ Can work approximately ten hours a week.
- ✓ Have a telephone and are willing to make telephone calls from home.
- ✓ Have reliable transportation.
- ✓ Have a high school diploma or GED.
- ✓ Have a valid driver's license.

**PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ Date Filed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (home) \_\_\_\_\_ Telephone Number (cell) \_\_\_\_\_

E-mail Address (if applicable) \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Have you, or are you currently receiving WIC services? \_\_\_Yes \_\_\_No

If yes, where did you receive services? \_\_\_\_\_ WIC ID Number \_\_\_\_\_

Highest grade completed (circle): **High School** 9 10 11 12 **College** 1 2 3 4 Other

Tell us about your children.

Name	Age	How long did you breastfeed this child?

Why do you want to be a Peer Helper for the WIC program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you think you will be a good Peer Helper? Include any job experience or volunteer work you have done that will help you as a Peer Helper. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Check off all that you are able to do:**

\_\_\_\_\_ Attend the training program (four classes of four hours each, scheduled by supervisor)

\_\_\_\_\_ Talk to pregnant and breastfeeding moms from your telephone at home.

\_\_\_\_\_ Talk to WIC mothers in the clinic.

\_\_\_\_\_ Make home visits with new mothers.

\_\_\_\_\_ Visit new mothers in the hospital.

\_\_\_\_\_ Help with a breastfeeding class or a support group.

Do you have reliable transportation? \_\_\_Yes \_\_\_No

Do you have childcare available? \_\_\_Yes \_\_\_No

**References:** Include the name of a healthcare provider such as a WIC nutritionists, nurse, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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**Personnel Request**  
**(recruiting to fill a job position)**

Date of request \_\_\_\_\_

Requested by who (name and title) \_\_\_\_\_

Division \_\_\_\_\_

Job title position \_\_\_\_\_

Starting salary range \_\_\_\_\_ Ending salary range \_\_\_\_\_

Open or closed posting? \_\_\_\_\_  
(open = available to all employees and the public, closed = available to CCHD employees only)

Reason for posting \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By what date would you like this position filled \_\_\_\_\_

Source of funding \_\_\_\_\_

Is there sufficient funds? \_\_\_\_\_

\_\_\_\_\_  
Signature of division leader

\_\_\_\_\_  
Date

**Health Commissioner**

\_\_\_\_\_ Approve Request      \_\_\_\_\_ Deny Request

If request is denied, state the reason \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Commissioner signature

\_\_\_\_\_  
Date

*Attached the approved job description to this form.*



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## Part Time Job Posting

<b><u>Job Information</u></b>			
<b>Job Title</b>			
<b>Job Description</b>			
<b>Job Location</b>			
<b>Salary</b>		<b>Type of Job</b>	
<b>Posting Date</b>		<b>Expiration Date</b>	
<b><u>Job Requirements</u></b>			
<b>Education</b>	High school diploma	<b>Job Targets Wanted</b>	
<b>Job functions</b>			
<b>Special Skills Wanted</b>			
<b>Experience Wanted</b>			
<b><u>Company Information</u></b>			
<b>Company Name</b>	Canton City Health Department	<b>Web Site</b>	www.cantonhealth.org
<b>Company Description</b>	Local public health department	<b>Equal Opportunity Employer</b>	Yes
<b><u>Contact Information</u></b>			
<b>Contact</b>	<b>Name:</b> <b>Title:</b> <b>Address:</b> <b>Phone:</b> <b>Fax:</b>		
<b>Application Instructions</b>	Submit resume either via email to EMAIL or fax to FAX #. Review of applicants will begin immediately.		





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**Employment Offer**  
**(This is made to the prospective applicant)**

Date completed \_\_\_\_\_ Division \_\_\_\_\_

Requested by who (name and title) \_\_\_\_\_

Name of prospective applicant \_\_\_\_\_

Proposed starting date \_\_\_\_\_

Proposed starting salary \_\_\_\_\_

Salary after 90 probationary period \_\_\_\_\_

Normal working hours \_\_\_\_\_

Is there any sick time credit carry over balance from a previous employer (see Canton City Health Code 207.16(b) listed on the back?  Yes (Number of hours \_\_\_\_\_)  No

\*\*If yes, attach a letter from the previous employer(s) stating as such. (Change wording – within 90 days)

Is there any vacation credit from a previous employer (see Canton City Health Code 207.18 (h) listed on the back?  Yes (Number of years \_\_\_\_\_)  No

\*\*If yes, attach a letter from the previous employer(s) stating as such. (Change wording – within 90 days)

Date vacation time starts (one year after employment) \_\_\_\_\_

After one year of employment, you will receive \_ vacation days for the remainder of \_\_\_\_\_

Starting \_\_\_\_\_, you will receive 10 days of vacation.

Dates of prescheduled personal time off within 1<sup>st</sup> year (potentially unpaid): \_\_\_\_\_ (include letter)

The earliest date health insurance can start \_\_\_\_\_

List any other employee benefits \_\_\_\_\_

**1) Approval by Health Commissioner and division leader**

\_\_\_\_\_  
Health Commissioner Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal Officer Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Division Leader Signature \_\_\_\_\_  
Date

**2) Board of Health approval on \_\_\_\_\_**

**3) Approval by applicant** – By signing this employment officer, I agree to the terms of this employment at the Canton City Health Department.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

**\*\*\*Attached the most current job description to this employment offer.**

**Canton City Health Code**

**Sick Leave Balance Carry Over**

207.16 (b)

The previously accumulated sick leave of an employee who has separated from other public service shall be placed to his credit upon his employment with the Health Department, provided that such employment takes place within ten years of the date on which the employee was last terminated from public service. However, transferred accumulated leave will not be used to determine terminal pay provided for in Section 207.24.

**Vacation Credit**

207.18 (h)

Rehired employees and full-time employees with previous full-time or part-time Health Department service shall receive vacation credit for such previous work, except as provided in subsection (f) hereof, and employees with other public service may receive vacation credit for previous work subject to Board approval. (Res. 1-98. Passed 2-23-98.)



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Canton City Health District

**LexisNexis Search Request  
for New Employees**

Date of request \_\_\_\_\_

Requested by who (name and title) \_\_\_\_\_

For which division \_\_\_\_\_

**New employee information**

Last name \_\_\_\_\_

First name \_\_\_\_\_

Date of birth (if known) or approximate age \_\_\_\_\_

Additional information if known (to verify correct individual)

\_\_\_\_\_  
\_\_\_\_\_

**Information needed (check mark all that apply)**

- Professional license
- Vehicle information
- Legal information
- Other (specify) \_\_\_\_\_

**Reason for request (check mark one)**

- Investigation – confidential
- Investigation – public knowledge
- Other (specify) \_\_\_\_\_

Request completed by (name and title) \_\_\_\_\_

Date \_\_\_\_\_

*Give completed form to Fiscal Officer.*



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Canton City Health District

**Board of Health Meeting**  
Monday, March 13, 2017 @ 12:00pm – Board Room  
**Miscellaneous Items**

1. Aultman Hospital Maternity Licensure Application

# Maternity Licensure Application

As defined in Chapter 3701-7 of the Ohio Administrative Code

2,250

4/1/17

ID # 0063 MAT

Application Type	Application Fee
<input type="checkbox"/> Initial	
<input checked="" type="checkbox"/> Renewal	
<input type="checkbox"/> Level I Obstetrical/Neonatal Care Services	\$1250
<input type="checkbox"/> Level II Obstetrical/Neonatal Care Services	\$1750
<input type="checkbox"/> Sub Level II A <input type="checkbox"/> Sub Level II B	
<input checked="" type="checkbox"/> Level III Obstetrical/Neonatal Care Services	\$2250
<input type="checkbox"/> Sub Level III A <input checked="" type="checkbox"/> Sub Level III B <input type="checkbox"/> Sub Level III C	
<input type="checkbox"/> Freestanding Children's Hospital - Level III Neonatal Care Service	\$2250
<input type="checkbox"/> Maternity Home	\$750

2017 FEB 23 AM 11:58  
716932  
FEB 17 11  
ODH/OHAL  
LICENSURE OPERATIONS

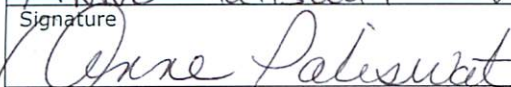
Hospital/Home Name Aultman Hospital		
Address 2600 Sixth Street SW		
City Canton	Zip 44710	County Stark
Telephone Number 330-363-9911	Unit/Home Contact Person E-mail Address anne.paliswat@aultman.com	

Mailing Address		
Name Aultman Birth Center		
Address 2600 Sixth Street SW		
City Canton	State OH	Zip 44710

Obstetrical Capacity	<u>40</u>	Floor Location	<u>4<sup>th</sup> floor Bedford</u>
Neonatal Care Capacity	<u>79</u>	Floor Location	<u>4<sup>th</sup> floor Bedford</u>
Neonatal intensive care unit	<u>25</u>		
Special care unit	<u>-</u>		
Well-baby/holding nursery	<u>16 NSU / 6 Baby Lounge / 32 LDRP</u>		

Name of Local Health Department with Jurisdiction Canton City Health Department
--

I hereby certify that the provisions of the Ohio Revised Code and the rules adopted under the Ohio Administrative Code relating to licensed maternity units, newborn care nurseries or maternity homes will be faithfully observed, and that this unit or home will be maintained with due regard for the health, safety, and welfare of its respective patients or residents.

Print/Type Authorized Representative Name Anne Paliswat V.P. Women & Childrens Program	
Signature 	Date 2-8-17

Ohio Department of Health, DQA/BIOS - Licensure Program, 246 N. High Street, Columbus, OH 43215  
(614) 466-7713

HEA 7739  
1/1/12

17-8250



**Public Health**  
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Canton City Health District

**Board of Health Meeting**  
Monday, March 13, 2017 @ 12:00pm – Board Room  
**Division Reports**

1. Medical Director – **No report**
2. Nursing/WIC
3. Laboratory
4. OPHI/Surveillance – **No report**
5. Environmental Health – **No report**
6. Air Pollution Control
7. Vital Statistics – **No report**
8. Fiscal
9. Health Commissioner – **No report**
10. Accreditation Team – **No report**
11. Quality Improvement Team – **No report**

# Canton City Health Department

February 2017 Report (Meeting 3/13/17)

**NURSING DIVISION**

Jon Elias, M.D.  
Medical Director

Diane Thompson, R.N., M.S.N., DON  
Nursing Division

## CLINIC SERVICES

	# of Clinics	# Attending	YTD
Immunization Clinic	8	29	59
Tuberculosis (TB) Mantoux	7	19	28
Travel	4	16	38
S.T.I.	8	69	176
C.T.S.	5	14	24
Field/Outreach Testing		1	1
Crew Testing	0	0	0

## DENTAL SEALANT PROGRAM

	Students Screened	YTD Screened	Students Sealed	YTD Sealed
Dental Sealants	386	754	217	458

## HIV TESTING

	Month	YTD	HIV+ Month	HIV+ YTD
Tests Performed	60	136	1	3
Results Given	60	136	1	3

## HIV INFECTION

	Month	YTD	Total HIV Infected	Deaths for Month	Deaths for Year	Total Living with HIV Infection
Canton City	5	11	413	0	0	398
Stark County *	1	2	580	0	0**	575

\* excludes Canton City Residents

\*\* corrected

**HIV Infection includes all persons infected with HIV and/or symptomatic of HIV related disease. AIDS reports include only those who meet the CDC AIDS definition.**

**SPECIAL PROGRAMS**

	SESSIONS/VISITS/ CONTACTS		# ATTENDING	
	Month	YTD	Month	YTD
Nursing School Students/Physician Affiliations			6	13
Communicable Disease Programs	0	0	0	0
Health Promotions / Fairs (Goodwill Parenting talks)	2	3	72	77
Immunization Action Plan – Assessment, Feedback, Incentives, and Exchange (AFIX) – Goal 7 per year	0	0		
Immunization Action Plan – Maximizing Office Based Immunization Programs (MOBI) – Goal 10 per year	0	0		
Immunization Action Plan – Teen Immunization Education Sessions (TIES) – Goal 5 per year	0	0		
DIS Interviews and/or Visits	7	13		
Bureau for Children with Medical Handicaps (BCMH) and PHN Consultative Service Home Visits/Contacts [Goal – 90% of caseload will be contacted annually July 1st-June 30th]	0	4		

**WIC Division  
Monthly Caseload Report**

Assigned Caseload for Canton WIC FY16: 2, 740

Assigned Stark Project Caseload FY16: 6,852

WIC Fiscal Year 2016 October 2015 – September 2016		
	Canton City	Total for Stark Project
July 2016	2,378	6,306
August 2016	2,398	6,361
September 2016	2,400	6,344

Assigned Caseload for Canton WIC FY17: 2, 496

Assigned Stark Project Caseload FY16: 6,547

WIC Fiscal Year 2017 October 2016 – September 2017		
	Canton City	Total for Stark Project
October 2016	2,371	6,322
November 2016	2,362	6,286
December 2016	2,252	6,113
January 2017	2,246	6,085
February 2017	*Caseload Data currently not available in State WIC Reporting System.	



# Canton City Health Department

February 2017 (Meeting 3/13/2017)

**LABORATORY**

Program	MTD Samples Tested	MTD Samples Positive	Proficiency Testing	YTD Samples Tested	YTD Samples Positive	YTD Proficiency Testing
<b>WATER:</b>						
Private	97	37	0	181	61	0
Public	37	3	0	80	9	0
Commercial	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>FOOD SERVICES:</b>						
Frozen Desserts	14	1	0	62	4	0
Other Exams	0	0	0	0	0	0
<b>CLINICAL:</b>						
Gonorrhea-smear	13	2	5	36	4	5
N.G.U.	13	9	0	36	26	0
Gonorrhea-culture	39	1	5	108	4	5
Oxidase Reflex	24	1	2	87	6	2
Culture Gram Stain Reflex	1	1	2	6	6	2
Sugar Confirmation Reflex	1	1	2	6	4	2
Gonorrhea-Gene amp.	49	5	5	122	8	5
Chlamydia-Gene amp.	49	0	5	122	9	5
Syphilis Serology Qualitative	53	1	0	136	4	0
Syphilis Serology Quantitative	1	1	0	4	4	0
Candida	18	6	0	48	9	0
Gardnerella	18	7	0	48	22	0
Trichomonas	18	1	0	48	8	0
Pregnancy-urine	3	0	0	5	0	0
HIV screen	60	1	0	136	3	0
Blood Lead	6	1	0	6	1	2
<b>MISCELLANEOUS:</b>						
Pollen counts	0	0	0	0	0	0
Other Exams	0	0	0	0	0	0
Misc. (insects, etc.)	1	0	0	1	0	0

# Canton City Health Department

January Report (Meeting 2/27/2017)

ENVIRONMENTAL HEALTH

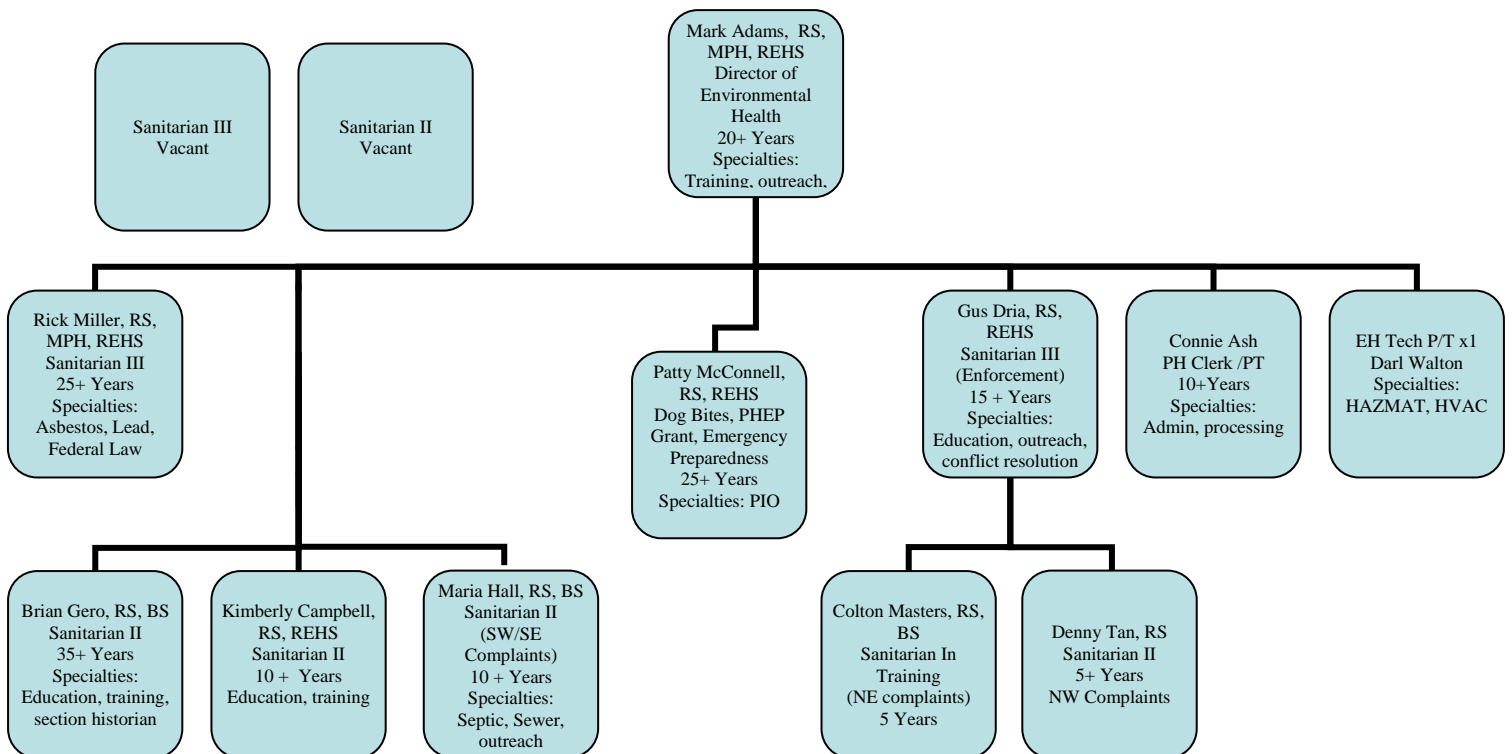
## Environmental Summary Numbers (Activity Comparison)

Summary Statistics	2017	2016	2015	2014	2013
Nuisance Activities	357	464	466	229	426
Food Service Activities	186	77	174	95	193
Animal Bite Activities	56	43	54	96	63

Nuisance Section (Community Services) – As of January 28, 2017, the center no longer will accept CRT televisions. At first we thought this might reduce the amount of material coming in but there has only been an increase in business rather than a decrease. More and more people continue to recycle. Big NEWS....it cost the district 13,200 dollars in disposal costs for the materials we collected at the center in 6 months. This doubled would still be a far cry from the 2.1 million dollars that the district used to spend.

Food Protection (Consumer Services and Licensing Activities) – All food service inspections are caught up for the year. We've seen SIGNIFICANT increase in the number of plan reviews. The majority from the Hall of Fame village project.

Indoor Environmental Protection (Special Services) – Rick is back from leave and on the job.



# Canton City Health Department

February 2017 Report (Meeting 03/13/17)

AIR POLLUTION CONTROL

## AIR MONITORING:

### Summary of Air Monitoring Network

MONITORING TYPE	ATTAINMENT STATUS	# OF REQUIRED MONITORS	# OF OPERATING MONITORS	MONITORING LOCATION
Ozone	Attainment	3	0*	Malone College; Brewster; Alliance
Carbon Monoxide	Attainment	1	1	Canton Health Department
PM2.5	1997/2006-Attainment 2012-Attainment	4	4	Canton Fire Station #8; Canton Health Department
PM2.5 Speciation	n/a	2	2	Canton Fire Station #8

- *Monitoring Network Details:*

- \*The ozone season ended 10/31/2016 and will restart 03/01/2017. The monitoring staff has completed setup and startup of ozone equipment at the sites, so the monitors are already operating by the end of February in order to meet the 03/01/2017 start date. Please note this season start date is 1 month earlier than in previous years due to change in the regulations that went into effect in 2016.

### Air Pollution Laboratory Report

#### *Suspended Particulates PM2.5- Comparison of Monthly Averages\** (in micrograms per cubic meter of air)

Primary Standard Limits: Annual Arithmetic Mean = 12; Daily 24-hr Average = 35

\*Note: Due to data availability averages are reported for previous month

Location	January 2013	January 2014	January 2015	January 2016	January 2017
#1 Health Department	13.5	9.8	12.0	9.8	9.6
#15 Fire Station #8	14.7	10.6	12.9	10.9	10.3

#### *Air Quality Index (AQI) - Comparison of Monthly Data*

AQI Value Ranges Per Category of Air Quality Conditions:

Good = 0-50; Moderate = 51-100; Unhealthy for Sensitive Groups = 101-150; Unhealthy = 151-200

Data Type	February 2013	February 2014	February 2015	February 2016	February 2017
# of AQI Reporting Days	19	19	19	20	20
Highest AQI Value	30	47	28	30	75
# of Days in Good Category	19	19	19	20	18
# of Days in Moderate Category	0	0	0	0	2
# of Days in Unhealthy For Sensitive Groups Category	0	0	0	0	0
# of Days in Unhealthy Category	0	0	0	0	0

# APC Compliance Monitoring Activities

January 2017

Activity	Month Totals					Quarter Goal	Quarter Totals		CYTD Totals	
	OB	Asb	Fac	Ot	Total		Recd	Inv	Recd	Inv
<i>INSPECTIONS</i>										
1. High Priority facilities inspected (FCE)	3					3	3		3	
2. High Priority facility Site Visits conducted	1						3		3	
3. Non-High Priority facilities inspected	0					0	0		0	
4. Non-High Priority facility Site Visits conducted	2						2		2	
5. Site Visits conducted at Non-Facilities	0						1		1	
6. Performance tests observed	0						0		0	
7. Opacity observations made	0						0		0	
8. Anti-tampering inspections	0					1	1		1	
<i>COMPLAINTS</i>										
	Received		Investigated				Recd	Inv	Recd	Inv
9. Complaints received & investigated (total of a-e)	11		9				22	20	22	20
a. Open burning	7		5				13	11	13	11
b. Related to a High Priority Facility	1		1				1	1	1	1
c. Related to a Non-High Priority Facility	2		2				2	2	2	2
d. Asbestos	0		0				2	2	2	2
e. Other	1		1				4	4	4	4
<i>ASBESTOS</i>										
10. Demo/Renovation notifications received	15						23		23	
11. Demo/Renovation inspections performed	4					15%	5		5	
12. Non-Notifier inspections performed	0						1		1	
13. Asbestos Landfill inspection performed	0					0	0		0	
<i>OPEN BURNING ISSUANCE</i>										
	Received		Issued				Recd	Issd	Recd	Issd
14. Open Burning Notifications	0		0				1	1	1	1
15. Open Burning Permissions	3		2				3	2	3	2
<i>ENFORCEMENT</i>										
16. Warning actions taken	0	0	0	0	0		2		2	
17. General NC enforcement actions taken	2	2	0	0	4		8		8	
18. Significant NC enforcement actions taken	0	0	1	0	1		3		3	
19. GNC Resolved without further action – Local	2	2	0	0	4		9		9	
20. SNC Resolved without further action – Local/OEPA	0	0	0	0	0		1		1	
21. Enforcement Action Referral to Ohio EPA	0	0	2	0	2		3		3	
22. Final Enforcement Action Issued by OEPA/AGO	1	0	0	0	1		3		3	

Abbreviations: OB = open burning; Asb = asbestos; Fac = facility; Ot = Other; NC = Non-compliance, S = Significant, G = General

## **SIGNIFICANT COMPLIANCE MONITORING DETAILS:**

Please see the APC Compliance Monitoring Activities table on the previous page for the quantities of conducted activities. Below are details of any compliance monitoring activities with significant importance or impact.

- 02/14/17: Ohio EPA Director's Final Findings and Orders were issued to Karen Jolly and Dwight Griffin to resolve open burning violations that occurred in December 2015 and September 2016, as discussed in the October 2016 Board Report. The F&Os included a \$125 civil penalty, of which \$31.25 will be paid to Canton during FFY2019 (two years from now).
- 02/23/17: Carl Safreed sent a significant non-compliance Notice of Violation (NOV) letter to FEPTIO facility, SRT Sales and Service, located at 4936 Southway St SW, Canton. SRT preps and paints large structures such as tanks and structural steel. The NOV was for exceedance of their volatile organic compound (VOC) lb/gal emission limitation, failure to notifying Canton APC of the exceedance within 45 days, and failure to update coating usage and VOC records every day. A compliance plan and other records were requested in the NOV to be submitted by 3/23/2017.

## **PERMITTING:**

### **Summary of Permit Activity for February 2017**

	<b>Incoming</b>	<b>Outgoing</b>	
	<b>Applications Received</b>	<b>Draft Issued Permits</b>	<b>Final Issued*</b>
TVPTI-Initial Installation	0	0	0
TVPTI-Ch31 Modification	0	0	0
FEPTIO-Initial Installation	0	0	0
FEPTIO-Ch31 Modification	0	0	0
NTVPTIO-Initial Installation	0	0	0
NTVPTIO-Ch31 Modification	0	0	0
<b>Total Installation Permits</b>	<b>0</b>	<b>0</b>	<b>0</b>
TVPTO-renewal	0	1	0
FEPTIO-renewal	0	0	1
PTIO-renewal	0	0	0
<b>Total-Renewals</b>	<b>0</b>	<b>1</b>	<b>1</b>
TVPTI - Admin Modification	0	0	1
TVPTO-APA/MPM/SPM	0	0	0
TVPTO-Initial	0	0	0
FEPTIO-Admin Modification	0	0	0
NTVPTIO-Admin Modification	0	0	0
<b>Total other permits</b>	<b>0</b>	<b>0</b>	<b>1</b>
PBR-Initial Installation	0	n/a	0
PBR-Replace Renewal	0	n/a	0
<b>Total PBRs</b>	<b>0</b>	<b>n/a</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>0</b>	<b>1</b>	<b>2</b>

\*Value of both final issued permits and canceled permits (permits no longer needed) combined.

## Summary of Permit Goals and Status for CYTD 2017

	CYTD Final Issued* Permits	DAPC Yearly Issuance Goals
FEPTIO-Renewal (backlogged)~	1	6
NTVPTIO-Renewal (backlogged)~	1	15

\*Value of both final issued permits and canceled permits (permits no longer needed) combined.

~Only includes Backlogged permits, which means older than 6 months for FEPTIO/NTVPTIO-Renewals

	Processing complete; waiting for CO to issue	CYTD TVPTO Issuance Details				DAPC Yearly Issuance Goal
		Draft	PPP	PP	Final*	
TVPTO-Renewal~	0	1	0	0	0	6

\*Value of both final issued permits and canceled permits (permits no longer needed) combined.

~Only includes Backlogged permits, which means older than 18 months for TVPTO-Renewals

	CYTD permits issued final*	CYTD permits issued on time	% of permits issued on time	Goal
% of Installation Permits issued final within 180 days	0	0	n/a	<b>100%</b>
% of Admin Mod Permits issued final within 180 days	4	4	100%	<b>100%</b>

\*Value of both final issued permits and canceled permits (permits no longer needed) combined. This value does not include permits that were already older than 180 days as of 01/01/2017.

- Permit Issuance Goals and Status:** The quantity of installation permit applications is reduced, so we have been able to focus on processing the renewal permits in the month of February. 1 TVPTO for Timken Gambrinus Steel Plant was issued Draft in February; we are waiting the completion of the 30 day public comment period and anticipate its PPP issuance in end of March or early April. All staff members are working very hard toward achieving their goals.

## Facility Universe in Stark County (APC Jurisdiction)

	January 2017 End Balance	Facilities shutdown in February 2017	New Facilities in February 2017	Facilities changed type in February 2017	February 2017 End Balance
# of Title V Facilities	20	0	0	0	20
# of FEPTIO Facilities	20	0	0	0	20
# of NTV Facilities	180	0	0	0	180
# of PBR Facilities	277	0	0	0	277

# Canton City Health Department

February 2017 Report (Meeting 03/13/17)

FISCAL

## 2017 Board of Health Budget

City Council approved the Health Department's 2017 Budget at their February 27, 2017 meeting and all money has been appropriated into our accounts. Great job to everyone for their help!

## 2016 Annual Report

Below are our final revenues and expenditures for 2016:

<b>Revenues</b>	<b>2016</b>
<b><u>Local Sources</u></b>	
Permits & Fees	\$ 677,914.59
Nursing Clinic Fees	\$ 82,030.39
Other	\$ 233,477.89
Advances/Transfer In	\$ -
<b><u>State Sources</u></b>	
State Subsidy	\$ 28,696.49
State Grants	\$ 4,308,249.38
Other	\$ 139,141.81
<b><u>Federal Sources</u></b>	
Contracts	\$ 286,638.00
<b>Total Revenues</b>	<b>\$ 5,756,148.55</b>
<b><u>Expenditures</u></b>	
Salaries	\$ 2,786,707.34
Benefits	\$ 1,239,555.91
Purchased Services	\$ 612,157.93
Program Contracts	\$ 876,802.89
Supplies	\$ 191,454.88
Equipment	\$ 40,309.79
State Remittances	\$ 230,704.00
Other	\$ 127,630.40
Advances/Transfers Out	\$ -
Prior year commitments pd	\$ 74,106.65
<b>Total Expenditures</b>	<b>\$ 6,179,429.79</b>
Net Loss	\$ (423,281.24)

The Health Department received General Fund revenues of \$480,628.86 and paid expenses out from the General Fund of \$2,044,728.43. This is a difference of \$1,564,099.57.

State Grant revenues increased 49% from 2015 to 2016 due to the Medicaid funding received for the THRIVE (Infant Mortality) program of \$1,626,245.48.

Overall revenue increased by 38% and expenses decreased by less than 1%.

**City of Canton**  
**Statement Of Cash Position**

Report Date: 02/28/2017

Fund	Beginning Balance	M-T-D Revenues	Y-T-D Revenues	M-T-D Expenses	Y-T-D Expenses	Unexpended Balance	Outstanding Encumbrances	Ending Balance
Fund Category: 1 - Governmental Funds								
Fund Type: 12 - Special Revenue Funds								
2312 - V.D. - I03 Gonorrhea (VD)	\$149,482.63	\$6,264.42	\$6,264.42	\$1,995.49	\$3,347.68	\$152,399.37	\$9,246.98	\$143,152.39
2313 - Local Health Dept Prev Support	\$176,731.04	\$28,666.39	\$28,666.39	\$2,831.63	\$5,334.03	\$200,063.40	\$13,040.88	\$187,022.52
2314 - Family Health (476)	\$1,328,616.75	\$233,134.72	\$306,306.74	\$57,581.92	\$76,644.77	\$1,558,278.72	\$486,442.09	\$1,071,836.63
2315 - HTLV Antibody (Aids)	\$5,572.32	\$0.00	\$0.00	\$0.00	\$0.00	\$5,572.32	\$0.00	\$5,572.32
2316 - WIC Supplemental Health - FY 77	\$345,341.41	\$107,042.58	\$211,899.35	\$94,816.47	\$186,850.93	\$370,389.83	\$163,759.69	\$206,630.14
2317 - Local Health Assess & Accred Fnd	\$19,192.82	\$0.00	\$0.00	\$0.00	\$0.00	\$19,192.82	\$0.00	\$19,192.82
2318 - Local Aids Prevention	\$352,968.27	\$59,360.82	\$59,360.82	\$28,716.47	\$47,595.17	\$364,733.92	\$122,177.13	\$242,556.79
2319 - Aids Home Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2320 - Nursing Clinic Activity Fund	\$296,056.83	\$25,152.31	\$36,008.05	\$5,384.43	\$8,473.64	\$323,591.24	\$17,980.71	\$305,610.53
2321 - Immunization Action Grant	\$141,993.06	\$6,736.58	\$11,048.08	\$9,597.43	\$18,569.00	\$134,472.14	\$5,597.38	\$128,874.76
2322 - Dental Sealant 132T Grant	\$149,358.44	\$13,803.03	\$13,803.03	\$6,236.91	\$9,614.52	\$153,546.95	\$25,996.17	\$127,550.78
2323 - Personal Responsibility Ed Pr Fd	\$27,746.81	\$26,604.56	\$37,278.24	\$11,965.88	\$21,044.87	\$43,980.18	\$5,290.41	\$38,689.77
2324 - STD Seroprevalence Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2325 - Ohio Early Start	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2326 - Healthy Start	\$12,174.31	\$0.00	\$0.00	\$0.00	\$0.00	\$12,174.31	\$0.00	\$12,174.31
2327 - Lead Assessment Fund	\$17,737.42	\$2,400.00	\$2,663.21	\$573.92	\$757.15	\$19,643.48	\$2,124.00	\$17,519.48
2328 - Public Health Infrastructure	\$46,923.04	\$27,385.49	\$37,889.92	\$25,215.75	\$40,165.54	\$44,647.42	\$60,958.24	(\$16,310.82)
2329 - Smoke Free Ohio	\$23,611.59	\$0.00	\$0.00	\$286.98	\$378.59	\$23,233.00	\$0.00	\$23,233.00
2331 - Air Pollution (134)	\$592,653.57	\$144,880.00	\$228,892.00	\$51,711.45	\$107,918.95	\$713,626.62	\$59,102.46	\$654,524.16
2332 - Air Pollution (135)	\$40,258.25	\$0.00	\$0.00	\$3,372.46	\$6,594.41	\$33,663.84	\$0.00	\$33,663.84
2335 - EARLY HEAD START	\$15,797.67	\$720.20	\$902.42	\$1,595.10	\$3,300.36	\$13,399.73	\$4,826.61	\$8,573.12
2351 - Food Service (055)	\$62,873.52	\$153,538.00	\$161,715.00	\$14,216.71	\$27,976.78	\$196,611.74	\$107.80	\$196,503.94
2352 - Private Water Supply	\$336.50	\$0.00	\$0.00	\$0.00	\$0.00	\$336.50	\$0.00	\$336.50
2353 - Swimming Pool	\$34,502.34	\$0.00	\$0.00	\$305.62	\$610.99	\$33,891.35	\$0.00	\$33,891.35
2354 - Solid Waste Disposal License	\$118,186.61	\$17,936.66	\$19,115.36	\$7,433.92	\$16,668.70	\$120,633.27	\$4,000.00	\$116,633.27
2355 - Infectious Waste Registration	\$5,172.40	\$0.00	\$0.00	\$0.00	\$0.00	\$5,172.40	\$0.00	\$5,172.40



City of Canton  
**Statement Of Cash Position**

Report Date: 02/28/2017

Fund	Beginning Balance	M-T-D Revenues	Y-T-D Revenues	M-T-D Expenses	Y-T-D Expenses	Unexpended Balance	Outstanding Encumbrances	Ending Balance
2356 - Tattoo Parlors	\$18,888.12	\$0.00	\$520.00	\$258.79	\$511.73	\$18,896.39	\$0.00	\$18,896.39
Fund Type 12 - Special Revenue Funds Subtotal:	\$3,982,175.72	\$853,625.76	\$1,162,333.03	\$324,097.33	\$582,357.81	\$4,562,150.94	\$980,650.55	\$3,581,500.39
Fund Category 1 - Governmental Funds Subtotal:	\$3,982,175.72	\$853,625.76	\$1,162,333.03	\$324,097.33	\$582,357.81	\$4,562,150.94	\$980,650.55	\$3,581,500.39
<b>Grand Total:</b>	<b>\$3,982,175.72</b>	<b>\$853,625.76</b>	<b>\$1,162,333.03</b>	<b>\$324,097.33</b>	<b>\$582,357.81</b>	<b>\$4,562,150.94</b>	<b>\$980,650.55</b>	<b>\$3,581,500.39</b>

City of Canton  
**Budget by Fund Category Report**  
 02/28/2017

Prior Fiscal Year Activity Included

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>1 - Governmental Funds</b>									
<b>Revenue</b>									
52 - Licenses and permits	\$237,100.00	\$0.00	\$237,100.00	\$162,288.00	\$0.00	\$170,985.00	\$66,115.00	72%	\$252,525.89
53 - Intergovernmental revenue	\$4,950,033.00	\$0.00	\$4,950,033.00	\$665,748.79	\$0.00	\$954,071.41	\$3,995,961.59	19%	\$4,759,197.21
54 - Charges for services	\$273,100.00	\$0.00	\$273,100.00	\$25,580.51	\$0.00	\$37,212.86	\$235,887.14	14%	\$219,105.85
56 - Other misc revenue	\$0.00	\$0.00	\$0.00	\$8.46	\$0.00	\$63.76	(\$63.76)	+++	\$4,690.74
83 - Transfer in - from other fund	\$40,000.00	\$0.00	\$40,000.00	\$0.00	\$0.00	\$0.00	\$40,000.00	0%	\$40,000.00
84 - Advance in - from other fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>Revenue Totals</b>	<b>\$5,500,233.00</b>	<b>\$0.00</b>	<b>\$5,500,233.00</b>	<b>\$853,625.76</b>	<b>\$0.00</b>	<b>\$1,162,333.03</b>	<b>\$4,337,899.97</b>	<b>21%</b>	<b>\$5,275,519.69</b>
<b>Expense</b>									
61 - Salary and benefits	\$1,950,889.00	\$0.00	\$1,950,889.00	\$141,765.16	\$0.00	\$283,712.41	\$1,667,176.59	15%	\$1,731,961.68
62 - Payroll fringes	\$862,285.00	\$0.00	\$862,285.00	\$32,419.53	\$0.00	\$64,679.13	\$797,605.87	8%	\$730,079.08
70 - Services	\$2,128,071.00	\$632,267.63	\$2,760,338.63	\$137,950.67	\$874,961.64	\$213,350.13	\$1,672,026.86	39%	\$1,410,151.02
71 - Utilities	\$7,944.00	\$4,735.03	\$12,679.03	\$442.10	\$6,930.76	\$842.27	\$4,906.00	61%	\$5,392.18
73 - Supplies	\$330,799.00	\$10,133.19	\$340,932.19	\$9,512.02	\$72,353.07	\$13,396.48	\$255,182.64	25%	\$149,896.67
74 - Refunds, claims and reimbursements	\$16,400.00	\$985.61	\$17,385.61	\$741.05	\$736.32	\$1,243.03	\$15,406.26	11%	\$14,879.19
75 - Capital Outlay	\$89,407.00	\$4,156.98	\$93,563.98	\$1,011.98	\$1,700.00	\$4,156.98	\$87,707.00	6%	\$14,283.46
77 - Other	\$86,831.00	\$3,232.79	\$90,063.79	\$254.82	\$23,968.76	\$977.38	\$65,117.65	28%	\$23,715.09
<b>Revenue Totals:</b>	<b>\$5,500,233.00</b>	<b>\$0.00</b>	<b>\$5,500,233.00</b>	<b>\$853,625.76</b>	<b>\$0.00</b>	<b>\$1,162,333.03</b>	<b>\$4,337,899.97</b>	<b>21%</b>	<b>\$5,275,519.69</b>
<b>Expenditure Totals:</b>	<b>\$5,472,626.00</b>	<b>\$655,511.23</b>	<b>\$6,128,137.23</b>	<b>\$324,097.33</b>	<b>\$980,650.55</b>	<b>\$582,357.81</b>	<b>\$4,565,128.87</b>	<b>26%</b>	<b>\$4,080,358.37</b>
<b>1 - Governmental Funds Net Totals:</b>	<b>\$27,607.00</b>	<b>(\$655,511.23)</b>	<b>(\$627,904.23)</b>	<b>\$529,528.43</b>	<b>(\$980,650.55)</b>	<b>\$579,975.22</b>	<b>(\$227,228.90)</b>		<b>\$1,195,161.32</b>
<b>Revenue Grand Totals:</b>	<b>\$5,500,233.00</b>	<b>\$0.00</b>	<b>\$5,500,233.00</b>	<b>\$853,625.76</b>	<b>\$0.00</b>	<b>\$1,162,333.03</b>	<b>\$4,337,899.97</b>	<b>21%</b>	<b>\$5,275,519.69</b>
<b>Expenditure Grand Totals:</b>	<b>\$5,472,626.00</b>	<b>\$655,511.23</b>	<b>\$6,128,137.23</b>	<b>\$324,097.33</b>	<b>\$980,650.55</b>	<b>\$582,357.81</b>	<b>\$4,565,128.87</b>	<b>26%</b>	<b>\$4,080,358.37</b>
<b>Grand Totals:</b>	<b>\$27,607.00</b>	<b>(\$655,511.23)</b>	<b>(\$627,904.23)</b>	<b>\$529,528.43</b>	<b>(\$980,650.55)</b>	<b>\$579,975.22</b>	<b>(\$227,228.90)</b>		<b>\$1,195,161.32</b>



# Budget by Account Classification Report

Through 02/28/17  
 Prior Fiscal Year Activity Included  
 Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Fund 1001 - General Operating</b>									
<b>REVENUE</b>									
Licenses and permits	.00	.00	.00	.00	.00	.00	.00	+++	.00
Intergovernmental revenue	23,000.00	.00	23,000.00	.00	.00	.00	23,000.00	0	24,674.31
Charges for services	440,850.00	.00	440,850.00	41,604.50	.00	83,950.00	356,900.00	19	446,796.95
Fines and forfeitures	.00	.00	.00	.00	.00	.00	.00	+++	.00
Other misc revenue	7,500.00	.00	7,500.00	844.43	.00	1,850.13	5,649.87	25	9,157.60
<b>REVENUE TOTALS</b>	<b>\$471,350.00</b>	<b>\$0.00</b>	<b>\$471,350.00</b>	<b>\$42,448.93</b>	<b>\$0.00</b>	<b>\$85,800.13</b>	<b>\$385,549.87</b>	<b>18%</b>	<b>\$480,628.86</b>
<b>EXPENSE</b>									
Salary and benefits	1,021,770.00	.00	1,021,770.00	73,909.24	.00	148,924.17	872,845.83	15	1,054,745.66
Payroll fringes	442,390.00	.00	442,390.00	16,976.12	.00	34,074.20	408,315.80	8	509,476.83
Services	114,857.00	6,734.09	121,591.09	11,809.98	33,727.89	16,001.52	71,861.68	41	138,263.42
Utilities	39,896.00	1,484.26	41,380.26	3,646.11	35,751.44	4,643.15	985.67	98	36,196.24
Inter-departmental charges	2,009.00	.00	2,009.00	.00	.00	.00	2,009.00	0	2,009.00
Supplies	59,942.00	2,375.84	62,317.84	1,441.52	19,487.77	3,632.88	39,197.19	37	52,373.58
Refunds, claims and reimbursements	290,000.00	1,774.60	291,774.60	550.00	3,400.00	50,784.06	237,590.54	19	262,838.42
Capital Outlay	.00	.00	.00	.00	.00	.00	.00	+++	.00
Other	10,371.00	454.74	10,825.74	1,314.00	2,285.00	1,823.74	6,717.00	38	5,942.05
Advance out - due to other fund	54,335.00	.00	54,335.00	.00	.00	.00	54,335.00	0	.00
<b>EXPENSE TOTALS</b>	<b>\$2,035,570.00</b>	<b>\$12,823.53</b>	<b>\$2,048,393.53</b>	<b>\$109,646.97</b>	<b>\$94,652.10</b>	<b>\$259,883.72</b>	<b>\$1,693,857.71</b>	<b>17%</b>	<b>\$2,061,845.20</b>
<b>Fund 1001 - General Operating Totals</b>									
<b>REVENUE TOTALS</b>	<b>471,350.00</b>	<b>.00</b>	<b>471,350.00</b>	<b>42,448.93</b>	<b>.00</b>	<b>85,800.13</b>	<b>385,549.87</b>	<b>18%</b>	<b>480,628.86</b>
<b>EXPENSE TOTALS</b>	<b>2,035,570.00</b>	<b>12,823.53</b>	<b>2,048,393.53</b>	<b>109,646.97</b>	<b>94,652.10</b>	<b>259,883.72</b>	<b>1,693,857.71</b>	<b>17%</b>	<b>2,061,845.20</b>
<b>Fund 1001 - General Operating Totals</b>	<b>(\$1,564,220.00)</b>	<b>(\$12,823.53)</b>	<b>(\$1,577,043.53)</b>	<b>(\$67,198.04)</b>	<b>(\$94,652.10)</b>	<b>(\$174,083.59)</b>	<b>(\$1,308,307.84)</b>		<b>(\$1,581,216.34)</b>
<b>Grand Totals</b>									
<b>REVENUE TOTALS</b>	<b>471,350.00</b>	<b>.00</b>	<b>471,350.00</b>	<b>42,448.93</b>	<b>.00</b>	<b>85,800.13</b>	<b>385,549.87</b>	<b>18%</b>	<b>480,628.86</b>
<b>EXPENSE TOTALS</b>	<b>2,035,570.00</b>	<b>12,823.53</b>	<b>2,048,393.53</b>	<b>109,646.97</b>	<b>94,652.10</b>	<b>259,883.72</b>	<b>1,693,857.71</b>	<b>17%</b>	<b>2,061,845.20</b>
<b>Grand Totals</b>	<b>(\$1,564,220.00)</b>	<b>(\$12,823.53)</b>	<b>(\$1,577,043.53)</b>	<b>(\$67,198.04)</b>	<b>(\$94,652.10)</b>	<b>(\$174,083.59)</b>	<b>(\$1,308,307.84)</b>		<b>(\$1,581,216.34)</b>



**Public Health**  
Prevent. Promote. Protect.

Canton City Health District

## February 2017 Travel

### Travel (NO expenses)

Name	Meeting description	Location	Date of meeting
Adams, Jim	NEAOHC District Meeting & Infant Mortality Meeting	Roots/Youngstown	2/3/2017
Archer, Amanda	Ohio Department of Health EPI Lunch & Learn	Columbus	2/1/2017
Butusov, Annie	Ohio Department of Health EPI Lunch & Learn	Columbus	2/1/2017
Catrone, Frank	Attend MOBI-Train-the-Trainer	Columbus	2/21/2017
Dria, Gus	Solid Waste Transfer Facility Rule Update training	Twinsburg	2/7/2017
Masters, Colton	OEHA Planning Committee	Twinsburg	2/23/2017
McConnell, Patty	Solid Waste Transfer Facility Rule Update training	Twinsburg	2/7/2017
Miller, Dawn	Ohio Department of Health EPI Lunch & Learn	Columbus	2/1/2017
Miller, Dawn	Meeting to partner with Mahoning Co. Pathways HUB	Youngstown	2/3/2017
Miller, Marsha	Attend MOBI-Train-the-Trainer	Columbus	2/21/2017
Morckel, Linda	TSO Meeting	Groveport	2/21/2017
Pabin, Ed	Meeting @ NEDO with Timken Steel and OEPA	Twinsburg	2/9/2017
Reamy, Rochelle	Meeting to partner with Mahoning Co. Pathways HUB	Youngstown	2/3/2017
Roach, Laura	One Call' Training	Medina	2/14/2017
Rusnak, Courtney	TSO Meeting	Groveport	2/21/2017

### Travel (WITH expenses)

Name	Meeting description	Location	Date of meeting	Fund and account
Dria, Gus	OEHA - EH Leadership Class	Columbus	42788	1001 307001 77220