

LOCAL HEALTH DEPARTMENT
PLAN OF ORGANIZATION

CHECKLIST

Submitted	Description
	PLAN OF ORGANIZATION
	1. LEGAL RESPONSIBILITIES
<input checked="" type="checkbox"/>	A. Outline or list State and Local Statutory Authority for your LHD.
<input checked="" type="checkbox"/>	B. Brief description of the Governing Entity Relationship with the Local Health Department (LHD).
<input checked="" type="checkbox"/>	C. Brief description of the manner in which your LHD defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).
<input checked="" type="checkbox"/>	D. Briefly describe, if applicable, Delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity(ies).
<input checked="" type="checkbox"/>	E. Exposure Plan for Blood Borne Pathogens. Chemical Hygiene Plan (Hazard Communication Plan).
	2. LHD ORGANIZATION
<input checked="" type="checkbox"/>	A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.
<input checked="" type="checkbox"/>	B. Documentation of board approval of Local Health Department Plan of Organization.
<input checked="" type="checkbox"/>	C. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget and copy of most recent budget.
<input checked="" type="checkbox"/>	D. 1. Responses to audit findings. 2. Subrecipient monitoring issues and responses. 3. Corrective action regarding (1) and (2) above.
<input checked="" type="checkbox"/>	E. Briefly describe information technology capacity needed to access and distribute up-to-date public health information.
	3. MISSIONS, VISION AND VALUES
<input checked="" type="checkbox"/>	A. Contains a clear, formally written, publicized statement of the local health department's mission (may include the LHD's Vision, Values, Goals, Objectives).
	4. LOCAL PLANNING AND COLLABORATION INITIATIVES
<input checked="" type="checkbox"/>	A. Outline or list LHD-specific priorities.
<input checked="" type="checkbox"/>	B. Outline or list the LHD activities to plan or pursue priority projects with available resources.
<input checked="" type="checkbox"/>	C. Outline or list community partnerships and collaborative efforts.

	5. SERVICE DELIVERY
<input checked="" type="checkbox"/>	A. Outline or list the LHD's locations (including addresses), services, and hours of operation.
	6. REPORTING AND EVALUATION
<input checked="" type="checkbox"/>	A. Briefly describe the LHD's efforts to evaluate its activities.
<input checked="" type="checkbox"/>	B. Outline or list the LHD's mechanism to report on its activities to the community and its governing entity.
	7. HEALTH OFFICER AND MEDICAL DIRECTOR
<input checked="" type="checkbox"/>	A. Procedure for appointment of a Health Officer and Medical Director
	B. HEALTH OFFICER:
<input checked="" type="checkbox"/>	1. MDCH Approval – Letter, memo, other.
	C. MEDICAL DIRECTOR:
<input checked="" type="checkbox"/>	1. MDCH Approval – Letter, memo, other.
<input type="checkbox"/>	8. LHD Plan Of Organization Approval Form

LOCAL HEALTH DEPARTMENT (LHD)
PLAN OF ORGANIZATION

APPROVAL FORM

This approval form is to be signed by the health officer and the chairperson of either the board of commissioners or board of health. In the case of a city health department, the mayor or city council president shall sign. Completion of this form is required and submitted to MDCH with the LHD Plan of Organization.

I have reviewed the Plan of Organization for Mid-Michigan District Health Department

(insert local health department name)

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the local health department. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name: Marcus Cheatham

Health Officer Signature: Marcus Cheatham

Date: 11/25/2015

Board Chairperson Name: Bruce DeLong

Board Name: Mid-Michigan District Board of Health

Mailing Address: 615 N. State St., Suite 2, Stanton, MI 48888

Chairperson Signature: Bruce M DeLong

Date: 11/25/2015

Comments:

