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| **LOCAL HEALTH DEPARTMENT**  
**PLAN OF ORGANIZATION**  
**CHECKLIST**  
**1. LEGAL RESPONSIBILITIES**  | A. Outline or list State and Local Statutory Authority for your LHD.  
B. Brief description of the Governing Entity Relationship with the Local Health Department (LHD).  
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).  
D. Briefly describe, if applicable, Delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity or entities.  
| **2. LHD ORGANIZATION**  | A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.  
B. Documentation of board approval of Local Health Department Plan of Organization.  
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.  
D. 1. Responses to audit findings.  
2. Sub-recipient monitoring issues and responses.  
3. Corrective action regarding (1) and (2) above.  
E. Briefly describe information technology capacity needed to access and distribute up-to-date public health information.  |
| **3. MISSIONS, VISION AND VALUES**  | 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**  | A. Outline or list LHD-specific priorities.  
B. Outline or list the LHD activities to plan or pursue priority projects with available resources.  
C. Outline or list community partnerships and collaborative efforts.  |
| **5. SERVICE DELIVERY**  | A. Outline or list the LHD’s locations (including addresses), services, and hours of operation.  |
| **6. REPORTING AND EVALUATION**  | A. Briefly describe the LHD’s efforts to evaluate its activities.  
B. Outline or list the LHD’s mechanism to report on its activities to the community and its governing entity. Provide copies of all annual reports that were disseminated publicly during the current MLPHAP accreditation cycle.  |
| **7. HEALTH OFFICER AND MEDICAL DIRECTOR**  | A. Procedure for appointment of a Health Officer and Medical Director  
B. HEALTH OFFICER:  
1. MDHHS Approval – Letter, memo, other.  
C. MEDICAL DIRECTOR:  
1. MDHHS Approval – Letter, memo, other.  |
| **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 your agency's local governing entity. Completion of this form is required and submitted to MDHHS with the LHD Plan of Organization. If this Plan of Organization or the Health Officer changes subsequent to submission to the MDHHS Office of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced herein and re-filed with the MDHHS Office of Local Health Services.

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: Mark W. (Marcus) Cheatham, Ph.D.

Health Officer Signature: [Signature]

Date: November 28, 2018

Local Governing Entity Chairperson Name: Bruce DeLong

Local Governing Entity Name: Mid-Michigan District Health Department

Mailing Address: 615 N. State St., Ste. 2, Stanton, MI 48888-9702

Chairperson Signature: [Signature]

Date: November 28, 2018