

Attachment D

Local Health Department
Plan of Organization Checklist

Submitted	Description
	PLAN OF ORGANIZATION
	1. LEGAL RESPONSIBILITIES
<input type="checkbox"/>	A. Outline or list State and Local Statutory Authority for your LHD.
<input type="checkbox"/>	B. Brief description of the Governing Entity Relationship with the Local Health Department (LHD).
<input 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 type="checkbox"/>	D. Briefly describe, if applicable, Delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity or entities.
<input type="checkbox"/>	E. Exposure Plan for Blood Borne Pathogens. Chemical Hygiene Plan (Hazard Communication Plan).
	2. LHD ORGANIZATION
<input type="checkbox"/>	A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher level managers.
<input type="checkbox"/>	B. Documentation of board approval of Local Health Department Plan of Organization.
<input 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 type="checkbox"/>	D. 1. Responses to audit findings. 2. Sub-recipient monitoring issues and responses. 3. Corrective action regarding (1) and (2) above.
<input 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 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 type="checkbox"/>	A. Outline or list LHD-specific priorities.
<input type="checkbox"/>	B. Outline or list the LHD activities to plan or pursue priority projects with available resources.
<input type="checkbox"/>	C. Outline or list community partnerships and collaborative efforts.
	5. SERVICE DELIVERY
<input type="checkbox"/>	A. Outline or list the LHD's locations (including addresses), services, and hours of operation.
	6. REPORTING AND EVALUATION
<input type="checkbox"/>	A. Briefly describe the LHD's efforts to evaluate its activities.
<input type="checkbox"/>	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
<input type="checkbox"/>	A. Procedure for appointment of a Health Officer and Medical Director
	B. HEALTH OFFICER:
<input type="checkbox"/>	1. MDHHS Approval – Letter, memo, other.
	C. MEDICAL DIRECTOR:
<input type="checkbox"/>	1. MDHHS Approval – Letter, memo, other.
<input type="checkbox"/>	8. LHD Plan Of Organization Approval Form

Attachment E

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 Division of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced herein and re-filed with the MDHHS Division of Local Health Services.


I have reviewed the Plan of Organization for Mid-Michigan District Health Department. (Insert LHD)

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

Health Officer Name: Liz Braddock
Health Officer Signature: 
Date: 1/25/2023

Local Governing Entity Chairperson Name:
Adam Petersen

Local Governing Entity Name:
Mid-Michigan District Health Department Board of Health

Mailing Address:
615 N State St, Stanton, MI 8888
Chairperson Signature: 
Date: 1/25/2023