

New Employee Orientation:

**Welcome to the Madera
County Public Health
Department**



PUBLIC HEALTH

Madera County Public Health Department

New Employee Orientation:

**Welcome to the Madera
County Public Health
Department**



PUBLIC HEALTH

Revisions:

08/11/17 - Replaced Travel Flow (pg. 5.5), Travel Request Analyst Cover (pg.5.6), & Travel Request Instructions (pg. 5.17) with revisions from MGS
10/09/17 - Corrected dropped letters in First Day Schedule, Who we are and who we serve by re-importing documents; removed "OPP" from pg. 2.7 MA
10/18/17 - Replaced old Madera County logo with new Madera County logo on multiple pages JAG
11/13/17 - Multiple changes from Program Managers
11/15/17 - Per SB, added EP floor layout behind tour map
12/14/17 - Added updated phone list, organizational chart & 2018 holiday schedule
01/30/18 - CAHAN registration form; corrected "ste up" to "set up"
02/21/18 - Added new phone extension list updated 2/20/18
05/18/18 - Added new PH logo
06/01/18 - Replaced I CARE values page per SB (IT)
06/06/18 - Updated Director's Name on page 2.6, per SB

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Room to store: Acknowledgment of Policy & Procedures Receipt, Department Standards, Use of Vehicle, Identification Badge, Alterations to Standard Work Hours, Cell Phone Usage, Cell Phone Usage in County Vehicle, Fundraising Policy, Travel Policy (County), Drug and Alcohol Policy (County)





PUBLIC HEALTH

First Day Schedule

New Employee Orientation First Day Schedule

8:00 - New Employee arrives; escorted to Director's Office

8:00 – 8:15 – Administrative Assistant to the Director or Human Resources Analyst

1. Receive & review Orientation Binder
2. Go to designated area to await start of orientation

8:15 – 10:45 - New Employee Orientation, Large Conference Room

8:15 – 9:00 – Foundations in Public Health – Director or Deputy Director

9:00 – 9:15 – Emergency Preparedness – Emergency Preparedness Specialist

1. FEMA ICS.100 & 1CS.200
2. CAHAN
3. Building Evacuation
4. Emergency Contact Information

9:15 – 9:45 – Fiscal

1. Travel
2. Car check out
3. Supplies Order

9:45 – 10:30 – Accreditation – Accreditation Coordinator

10:30 – 10:45 – Break

10:45 – 11:15 – County Policy Review - Human Resources Analyst

11:15 – 12:00 - Public Health Department Tour

Tour Madera County Public Health and meet your new colleagues.

12:00 – 1:00 Lunch

On your own; options include break room, Taco truck outside or several restaurants at Tozer & Yosemite

1:00 – 5:00 Release to New Section

After lunch, report to your new section.



Foundations in Public Health

SOCIAL DETERMINANTS OF HEALTH (SDOH)

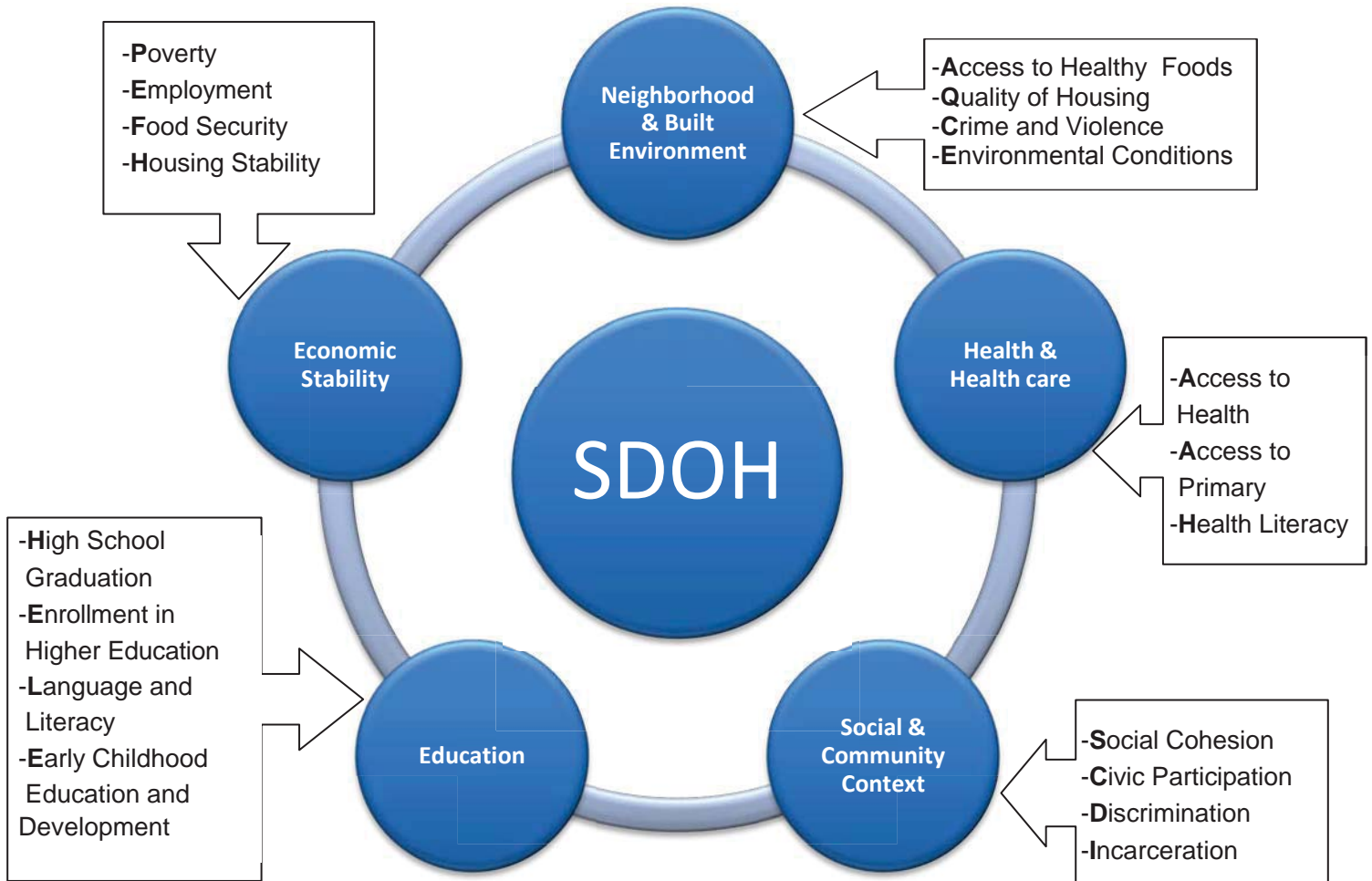
Conditions in the places where people live, learn, work, play, and worship affect a wide range of health risks and outcomes!

The foundation for good health begins at homes, schools, neighborhoods, workplaces, and communities.

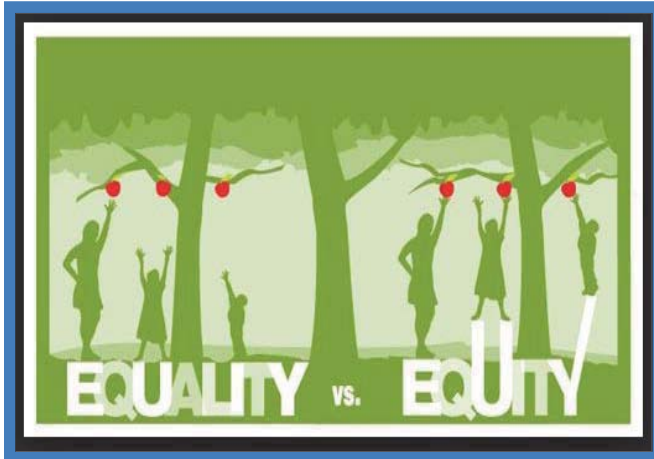
- Our health is also determined in part by having access to social and economic opportunities.
- Access to resources and support available in our homes, neighborhoods, and communities.
- Having educational opportunities with high quality of schooling.
- Working in diversified and safe workplaces.
- The cleanliness of our water, food, and air.
- The nature of our social interactions and relationships.

“The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be”.

The Goal: To create social and physical environments that promote good health for all.



HEALTH EQUITY



“The attainment of the highest level of health for all people”

Everyone deserves a fair chance to lead a healthy life. No one should be denied this chance because of who they are or their socio-economic opportunities. Promotion of equal opportunities for all people to be healthy and to seek the highest level of health possible. Distribution of socio-economic resources needed to be healthy in a manner that progressively reduces health disparities and improves health for all.

RACIAL EQUITY

Racial equity is the condition that would be achieved if one's racial identity is no longer predicted. When we use the term, we are thinking about racial equity as one part of racial justice. This includes the elimination of policies, practices, attitudes and cultural messages that reinforce differential outcomes by race or fail to eliminate them. Racial Justice is defined as the proactive reinforcement of policies, practices, attitudes and actions that produce equitable power, access, opportunities, treatment, impacts, and outcomes for all.



References

- 1- Secretary's Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020. <http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm>
- 2- World Health Organization, Commission on Social Determinants of Health. *Closing the Gap in a Generation: Health equity through action on the social determinants of health*. http://www.who.int/social_determinants/en External Web Site Policy
- 3- National Partnership for Action: HHS Action Plan to Reduce Racial and Ethnic Health Disparities, 2011; and the National Stakeholder Strategy for Achieving Health Equity, 2011. <http://minorityhealth.hhs.gov/npa>
- 4- The National Prevention and Health Promotion Strategy. *The National Prevention Strategy: America's Plan for Better Health and Wellness*, June 2011. <http://www.surgeongeneral.gov/initiatives/prevention/strategy/>
- 5- The Institute of Medicine. *Methods for Studying the Effects of Race, Ethnicity, and SES on Access, Use, and Quality of health care, 2002*. <http://www.iom.edu/~media/Files/Activity%20Files/Quality/NHDRGuidance/DisparitiesGornick.pdf> [PDF - 108 KB] External Web Site Policy
- 6- *Health Impact Assessment: A Tool to Help Policy Makers Understand Health Beyond Health Care*. <http://www.annualreviews.org/doi/abs/10.1146/annurev.publhealth.28.083006.131942> External Web Site Policy
- 7- European Observatory on Health Systems and Policies. *Health in All Policies: Prospects and potentials, 2006*. http://www.euro.who.int/__data/assets/pdf_file/0003/109146/E89260.pdf [PDF - 1.23 MB] External Web Site Policy
- 8- Center for Assessment and Policy Development. *Catalytic Change: Lessons learned from the Racial Justice Grantmaking Assessment Report, Philanthropic Initiative for Racial Equity and Applied Researcher Center, 2009*.

MADERA COUNTY COMMUNITY HEALTH PROFILE

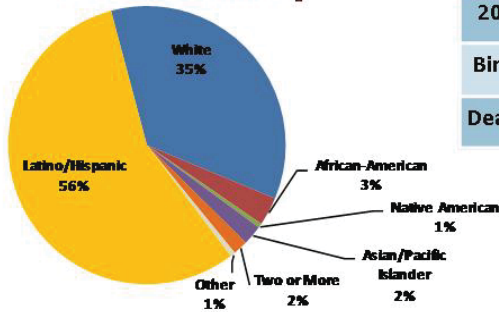


PUBLIC HEALTH

Public Health Director: Sara Bosse
Public Health Officer: Thomas Cole, MD
<https://www.maderacounty.com/government/public-health>

Total Population in 2014	154,548
County Population change from 2000	+25%
State Population change from 2000	+14%

Race and Ethnicity



	2015	Total
Births		2,225
Deaths		1,122

Madera County Public Health Department

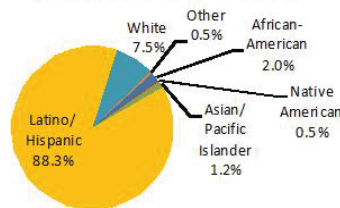
14215 Road 28
Madera CA 93638
Tel. (559) 675-7893
Fax (559) 662-1568

Leading Indicators	Madera County	State
Median Age	33.8	36.0
Veterans	5.2%	4.4%
Speak a language other than English at home	46.6%	43.9%
Residents ≥25 years of age with Bachelor's or Higher	12.2%	31.7%
Per Capita Income	\$17,601	\$30,441
Poverty Rate (All Residents)	22.2%	16.4%
Child Poverty Rate	30.7%	22.7%
Unemployment Rate	11.0%	7.5%
Medi-Cal Beneficiaries	36.0%	23.2%
CalFRESH (Food Stamps) Beneficiaries	20.3%	9.5%

Top Leading Causes of Death (2011-2013)	Percent
All Cancers	19.5%
Heart Disease	19.1%
Stroke	6.2%
Chronic Respiratory Disease	5.9%
Alzheimer's	5.8%
Accidents (unintentional)	5.5%
Influenza/Pneumonia	2.3%
Suicide	2.3%
Diabetes	2.3%
Drug-related	2.2%
Liver Disease/Cirrhosis	2.1%
Motor Vehicle Crashes	2.0%

School Age Children Indicators	Madera 2014/2015
Kids who qualify for free or reduced price school meals	88.7%
Kids who are English Learners	31.7%
Main languages spoken by English Learners	Spanish Mixteco

Children Enrolled in Madera Unified School District



Selected Local Communicable Diseases	2014 Total Cases	2015 Total Cases
Chlamydia	836	654
Gonorrhea	164	116
Hepatitis C Chronic	206	260
Tuberculosis	7	4
Valley Fever	64	66

Sources: U.S. Census, U.S. Bureau of Labor Statistics, Education Data Partnership, USDA, California HealthCare Almanac, KidsData.org, AVSS, EDRS, CalREDIE, California Department of Public Health. Revised: 2/25/2016 SK & G2G



Madera County Public Health Department

Public Health Core Functions and Ten Essential Services

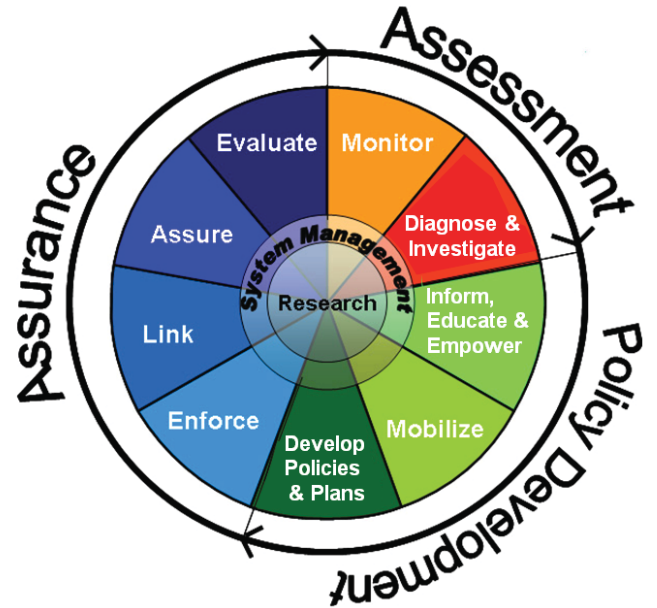
The following core functions of public health and ten essential services provide the framework for all activities of the Department:

Core Function 1 – Assessment

Assessment, monitoring, and surveillance of local health problems and needs, and of Resources for dealing with them.

Essential Service #1 Monitor: Monitor health status and understand health issues facing the community

Essential Service #2 Diagnose & Investigate: Protect people from Health problems and health hazards



Core Function 2 – Policy Development

Policy development and leadership fostering local involvement and a sense of ownership that emphasizes local needs, advocates for equitable distribution of public resources and complementary private activities commensurate with community needs.

Essential Service #3 Inform, Educate & Empower: Give people the information they need to make healthy choices

Essential Service #4 Mobilize: Engage the community to identify and solve health problems

Essential Service #5 Develop Policies & Plans: Develop public health policies and plans

Core Function 3 – Assurance

Assurance that high-quality services, including personal health services, needed for protection of public health in the community are available and accessible to all persons; that the community receives proper consideration in the allocation of federal, state and local resources for public health; and that the community is informed about how to obtain public health, including personal health services, or how to comply with public health requirements.

Essential Service #6 Enforce: Enforce public health law and regulations

Essential Service #7 Link: Help people receive health services

Essential Service #8 Assure: Maintain a competent public health workforce

Essential Service #9 Evaluate: Evaluate and improve programs

System Management

Essential Service #10 Research: Contribute to and apply the evidence base of public health



MADERA COUNTY DEPARTMENT OF PUBLIC HEALTH

VISION

Valid and Reliable Public Health Data

- Meaningful use
- Strong, well-communicated data

Minimal Communicable Disease

- Early, accurate detection
- Effective investigation and mitigation
- All vaccinated

Accessible and Affordable Quality Healthcare

- Healthcare is accessible and affordable (Medical/ Dental/ Vision/ Nutrition/ Mental/ Homeless)
- Preventive healthcare services are prioritized: reproductive health, prenatal care, substance abuse treatment, chronic diseases well-managed

Healthy Behavior at Every Age

- Accessible and quality health education
- Residents are aware of health issues
- Families have healthy support systems and services: parenting, healthy relationships, conflict resolution, and resiliency
- Meaningful youth engagement

Healthy Community Design

- Access to active, green living environments: open spaces, parks, trails, and gardens
- Gathering spaces in neighborhoods
- Affordable recreation services
- Adequate, accessible, and affordable transportation
- Active transportation infrastructure
- Affordable, safe and adequate housing

Accessible and Affordable Healthy Food

- Accessible, affordable healthy food
- Viable farmers markets

Safe Neighborhoods

- Free from crime and violence
- Partnerships with law enforcement
- Gang prevention and intervention
- Safe home environments

Clean Environment

- Clean air
- Access to clean, free water
- Clean soil to grow healthy food
- Clean power infrastructure

Economic Vitality

- Livable family wages/ jobs
- Incomes support families
- Vibrant economic hubs
- Healthy worksites and workforce

Engaged and Collaborative Leadership

- Public health is adequately funded
- Public health in all policies
- Strong health workforce
- Shared values and vision with partners
- Positive and active collaboration among all public and private sectors

Commitment to Community

- Community engagement, pride, cohesion, and accountability
- Racial equity
- Partnerships with business
- Active philanthropy
- Inclusive and respectful of faith
- Passionate about health



MADERA COUNTY DEPARTMENT OF PUBLIC HEALTH

MISSION

Lead. Protect. Empower.

GUIDING PRINCIPLES

Culture of Honor

Shared Values: I CARE

- ◆ Integrity
- ◆ Collaboration
- ◆ Accountability
- ◆ Respect
- ◆ Equity

Service

Innovation

Quality Improvement

Equity and Health in All Policies

Partnerships and Collaboration

STRATEGIC PRIORITIES

Community Health Improvement

Data-driven Action and Quality Improvement

Department Efficiency

Funding Stability

Adequate, Qualified and Motivated Workforce

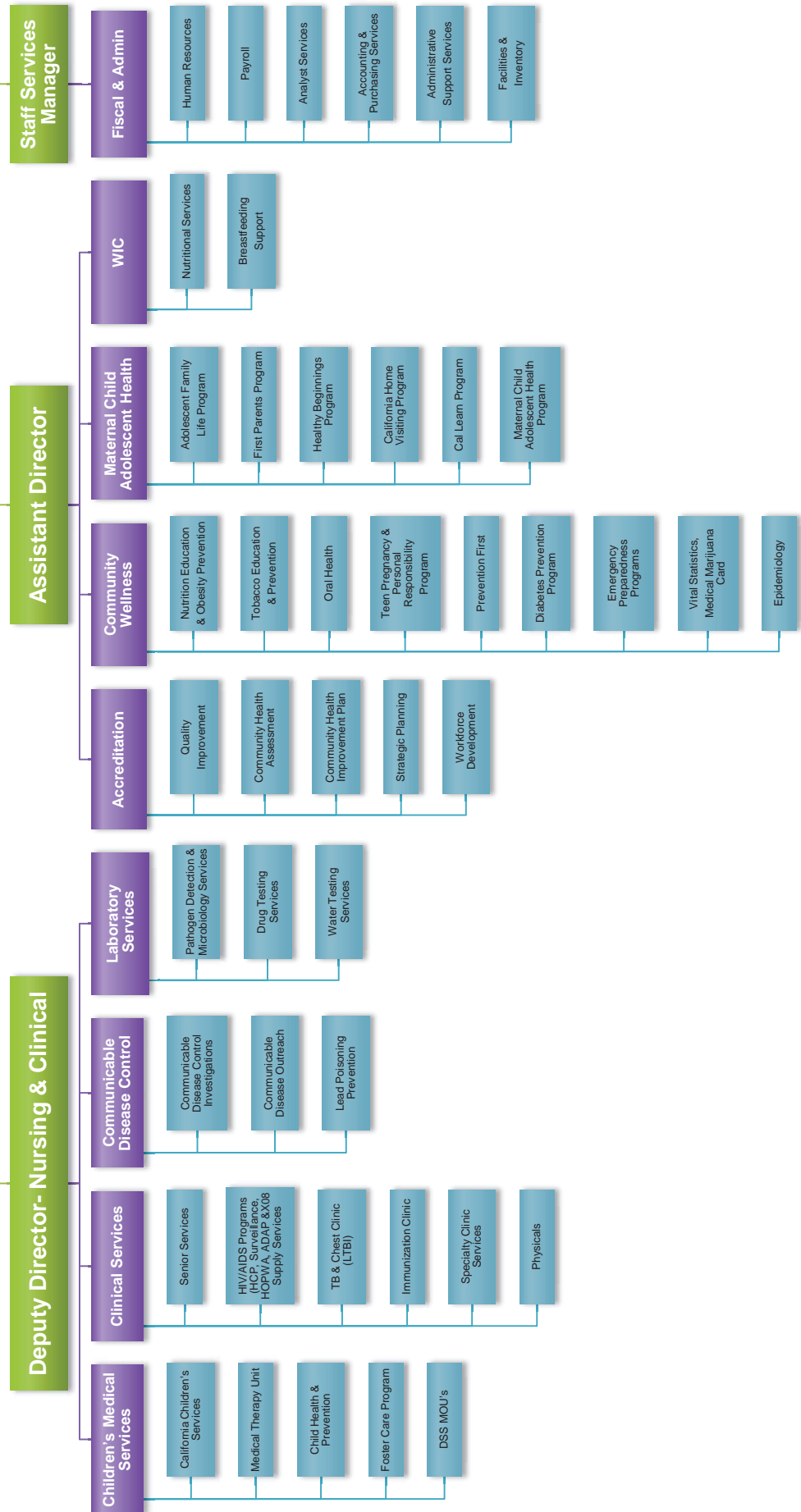
Madera Public Health Brand



Madera County Public Health Department

Public Health Director

Health Officer - Contractor





MADERA COUNTY PUBLIC HEALTH DEPARTMENT

List of Programs & Services

Call Toll-free: 1-(800) 427-6897

Madera (559) 675-7893
14215 Road 28, Madera 93638

Chowchilla (559) 675-7893
405 Trinity Ave, Chowchilla 93610

Oakhurst (559) 675-7893
40325 Hwy. 41, Oakhurst 93644

CLINICAL SERVICES

MADERA

Immunizations and Tuberculin (TB) Skin Testing

- Monday-Tuesday & Thursday-Friday: 1:30 – 4:30 pm (*Appointment needed, please call*)
- Wednesday: 9:00 – 11:30 & 1:30 – 4:30 (*No appointment needed, walk-in clinic*)

Specialty Clinic (Sexually Transmitted Infections and HIV)

- Tuesday: 9:00 – 11:00 am (*No appointment needed, walk-in clinic*)

Chest X-Rays and EKGs

- By appointment (*Appointment needed, please call*)

Senior Labs (Age 55 and older) at Discounted Fees

- Friday: 8:00 – 11:30 am (*Appointment needed, please call*)

Laboratory Water Testing (\$15 fee per sample for coliforms/E. coli test)

- Monday-Wednesday: 8:00 – 11:30 & 1:00 – 4:30 pm, (*No appointment needed*)
- Thursday: 8:00 – 11:30 am, (*No appointment needed*)

CHOWCHILLA (BY APPOINTMENT ONLY)

Immunizations

- Tuesday before the 3rd Friday of the month: 9:00 – 12:00 pm

TB Tests

- Tuesday before the 3rd Friday of the month: 9:00 – 12:00 pm
- TB test reading is the 3rd Friday of the month, 9:00 – 12:00 pm

OAKHURST (BY APPOINTMENT ONLY)

Immunizations

- Friday: 9:00 – 12:00 pm
- Tuesday before the 4th Friday of the month: 9:00 – 12:00 pm

TB Tests

- Tuesday before the 4th Friday of the month: 9:00 – 12:00 pm
- TB test reading is the 4th Friday of the month, 9:00 – 12:00 pm

Laboratory Water Testing (NO APPOINTMENT NEEDED TO DROP OFF WATER SAMPLE)

- Monday: 8:00 – 12:00 pm, \$15 fee per sample for coliforms/E. Coli test

OFFICE OF POLICY AND PLANNING

(Madera Office Mon- Fri: 8:00 – 12:00 & 1:00 – 5:00 pm)

VITAL STATISTICS

- | | | |
|--|---|------------|
| • Birth Certificates, Home Birth Registration: | Copies or request for changes | \$25 |
| • Death Certificates: | Copies or request for changes | \$21 |
| • Medical Marijuana Cards: | (50% discount for Medi-Cal Beneficiaries) | \$100/\$50 |
| • Burial Disposition permits and other Funeral Home Services | | |
| • Request for health data and statistics (Birth, Mortality and/or Morbidity) | | |

OUTREACH, ENROLLMENT AND RENEWAL ASSISTANCE PROGRAM

- Apply & renewal services for Medi-Cal – choose Medi-Cal health plan and health home
- Apply for Covered California
- Application assistance in English, Español, Mixteco & Triqui , in partnership with Binacional Center for Development





WOMEN, INFANTS AND CHILDREN (WIC)

WIC is a supplemental nutrition program designed for women, infants & children.

MADERA PUBLIC HEALTH DEPARTMENT

- Monday – Friday, 8:00 am to 5:00 pm; **closed the first Tuesday of the month**
- Wednesdays and Thursdays open until 6:00 pm

CHOWCHILLA

- Monday – Friday, 8:00 – 12:00 and 1:00 – 5:00 pm, **closed the first Tuesday of the month**

OAKHURST

- Monday – Friday, 9:00 – 12:00 and 1:00 – 4:00 pm; **closed the first Tuesday of the month**

OTHER MADERA BASED PROGRAMS – Please call for more information

COMMUNICABLE DISEASE AND TUBERCULOSIS

Investigates the transmission of communicable diseases, provides medical consultation, treatment, linkages to the medical community, community education, and monitors unusual numbers of diseases.

COMMUNITY HEALTH

The Community Health Section provides health education on a variety of health related issues. School and community-based presentations may be arranged on topics related to the following:

- Nutrition and Physical Activity
- Tobacco Cessation
- Teen Pregnancy Prevention

CHILDREN’S MEDICAL SERVICES PROGRAM

- Child Health Disability Prevention Programs (CHDP) (559) 675-7608
- Health Care Program for Children in Foster Care (HCPCFC) (559) 675-7608
- California Children’s Services Program (CCS) (559) 675-4945
- Medical Therapy Unit (MTU) (559) 662-4817

EMERGENCY PREPAREDNESS

The Emergency Preparedness (EP) works with community partners regarding disaster preparedness and response services, and also offers CPR and First Aid classes.

PERINATAL PROGRAMS – MATERNAL CHILD & ADOLESCENT HEALTH (MCAH)

- First Parents Program (FPP)
- California Home Visiting Program (CHVP)
- Healthy Beginnings Program (HBP)
- Adolescent Family Life Plan (AFLP) & Cal-Learn

MCAH Home Visiting program provides outreach, education, access to care, information and resource referrals for women who are pregnant, families parenting for the first time, and families with pregnancy and infant concerns.

CALL FOR REFERRAL OR AN APPOINTMENT AT (559) 675-7893 OR (800) 427-6897

PREVENTION FIRST PROGRAM (PFP)

- Are you a health care provider that treats patients with type 2 diabetes and high blood pressure? Call us for assistance with patient education and management
- Type 2 diabetes & high blood pressure peer educator training and resources
- “Health On Wheels” can come to community events at schools/work to provide diabetes and high blood pressure education and conduct free blood pressure checks, and blood sugar readings



PUBLIC HEALTH

Emergency Preparedness



FEMA CLASSES



Required FEMA Classes for MCPHD Employees: ICS.100 and ICS.200



County Public Health Employees are state mandated emergency responders for Public Health related incidents.

FEMA ICS.100 and ICS.200 cover basic incident management, and are required by Madera County Public Health to complete and pass within two weeks from the date of orientation with the Emergency Preparedness (EP) Health Education Specialist. EP Orientation usually occurs during first day of employment.

The Administrative Assistant to the Director will send links for both classes. ICS. 100 is about 2 to 3 hours long; ICS. 200 is 6 to 8 hours. In order to take the classes, FEMA requires registration for a student number. There is a link from the class site, and only takes a few minutes to complete & receive via email.

After taking the course, there will be instructions for taking the tests. When the tests are passed, a certificate is emailed to you within a day (usually about an hour). Please either print & scan the certificate or email the link to the Director's Administrative Assistant and either the EP Health Education Specialist or EP Program Manager.

FEMA classes require re-certification every three years; a reminder will be sent prior to the due date.

IS-100.B: Introduction to Incident Command System, ICS-100

Course Date	Course Length
10/31/2013	2 – 3 hours

Course Overview

EMI has revised the ICS 100 course to reflect lessons learned since its release in 2006. This course is NIMS compliant and uses the objectives developed collaboratively by the National Wildfire Coordinating Group, the United States Fire Administration, the United States Department of Agriculture and the Emergency Management Institute.

Note: IS-100.b is an updated version of the IS-100.a course. If you have successfully completed IS-100 or IS-100.a, you may want to review the new version of the course. For credentialing purposes, the courses are equivalent.

ICS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS).

Link: <http://training.fema.gov/is/courseoverview.aspx?code=IS-100.b>

TAKE THIS COURSE

[Interactive Web Based Course](#)

CLASSROOM MATERIALS

[Download Classroom Materials](#)

TAKE FINAL EXAM

Please note that the IS Program now requires a FEMA SID to be used instead of your SSN. If you do not have a SID, [register for one here](#).

[Take Final Exam Online](#)

NOTICES

Test questions are scrambled to

IS-200.B: ICS for Single Resources and Initial Action Incidents

Course Date	Course Length
10/31/2013	4 – 6 hours

Course Overview

ICS 200 is designed to enable personnel to operate efficiently during an incident or event within the Incident Command System (ICS). ICS-200 provides training on and resources for personnel who are likely to assume a supervisory position within the ICS.

The Emergency Management Institute developed ICS its ICS courses collaboratively with:

- National Wildfire Coordinating Group (NWCG)
- U.S. Department of Agriculture
- United State Fire Administration's National Fire Programs Branch

Note: IS-200.b is an updated version of the IS-200 course. If you have successfully completed IS-200 or IS-200.a, you may want to review the new version of the course. For credentialing purposes, the courses are equivalent.

Link: <http://training.fema.gov/is/courseoverview.aspx?code=IS-200.b>

TAKE THIS COURSE

[Interactive Web Based Course](#)

CLASSROOM MATERIALS

[Download Classroom Materials](#)

TAKE FINAL EXAM

Please note that the IS Program now requires a FEMA SID to be used instead of your SSN. If you do not have a SID, [register for one here](#).

[Take Final Exam Online](#)



CAHAN REGISTRATION



California Health Alert Network: CAHAN Test Alerts



Madera County Public Health Department (MCPHD) uses the CAHAN system to alert Public Health Employees when there is an incident involving MCPHD as the lead agency.

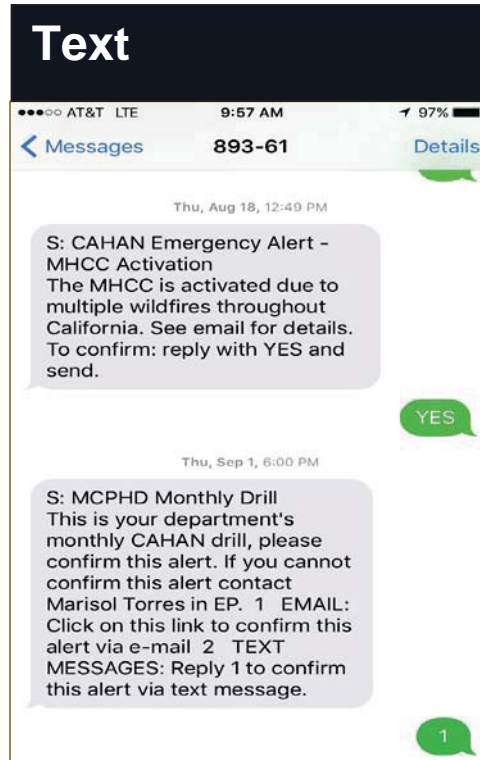
Please complete the CAHAN registration form on the following page, and return it to the EP Specialist. An account will be set up; you will receive an e-mail shortly thereafter with instructions on how to enter your contact information.

The Emergency Preparedness (EP) Program sends monthly test alerts to employees during off-hours. As state-mandated emergency responders, employees are expected to respond to alerts within two hours of receipt.

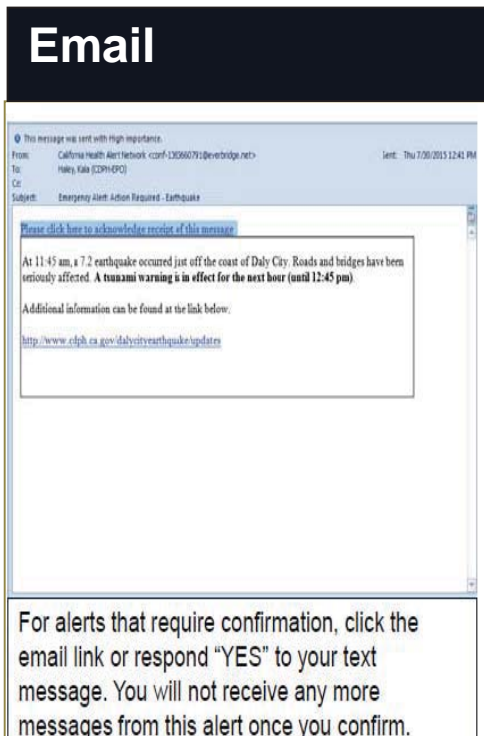
The system will first phone, then text, then email alerts, with screens looking similar to the illustrations at the right. Follow the instructions for response (usually a "Yes" or "1" text or email reply).

If any contact information becomes outdated, please e-mail the EP Specialist or EP Program Manager to update the information.

Text Alert example:

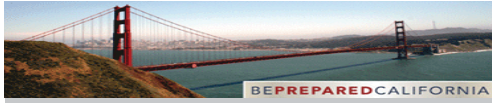


Email Alert example:





MADERA COUNTY PUBLIC HEALTH DEPARTMENT
 EMERGENCY PREPAREDNESS PROGRAM
 CAHAN REQUEST TO ADD FORM



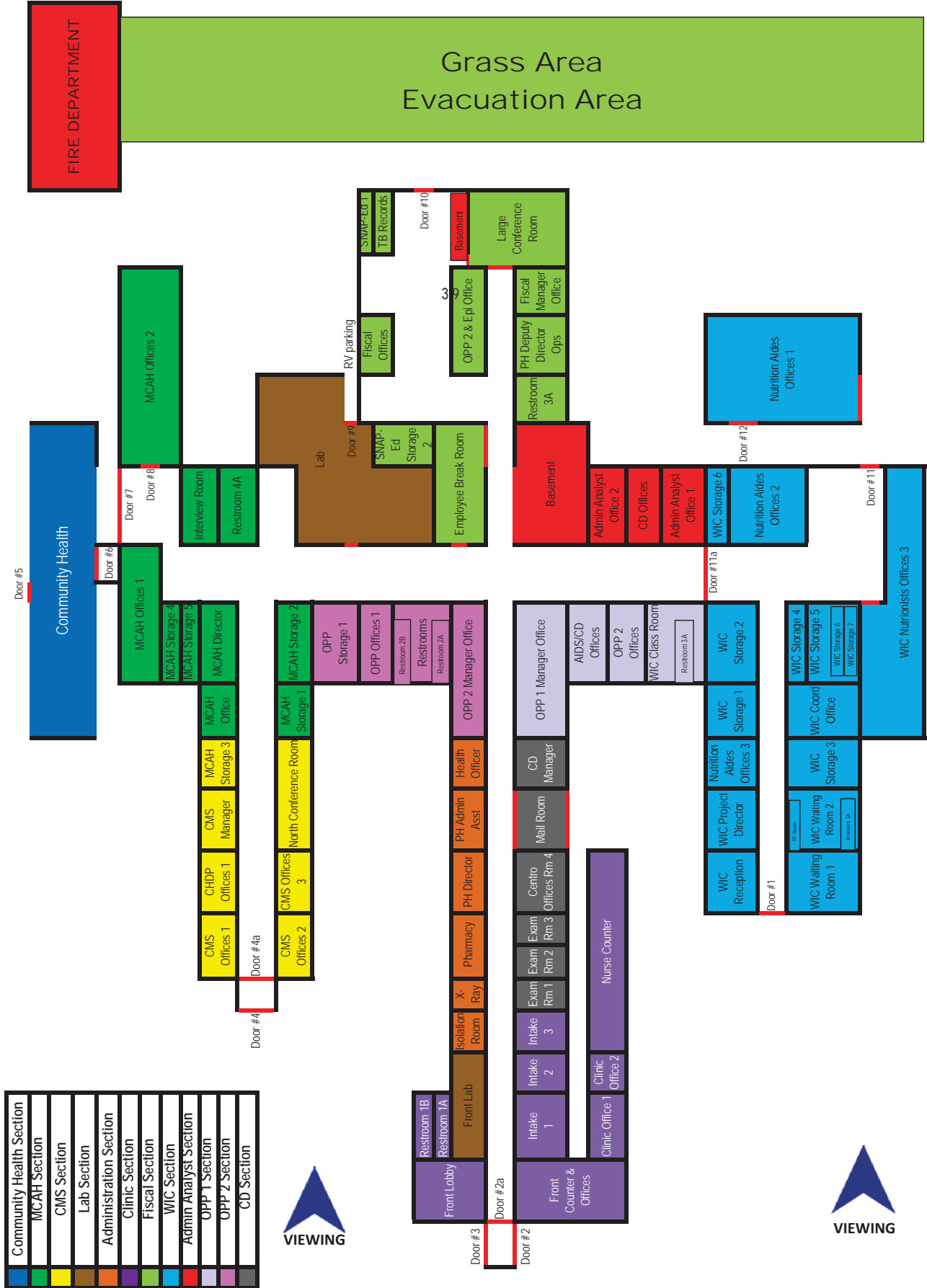
Instructions: Complete form & return to the EP Health Education Specialist. A CAHAN account will be set up; you will receive a system generated e-mail from Everbridge/CAHAN with instructions on how to complete your registration. If the email is not received within two weeks of form submission, or you have problems registering, contact the EP Team.

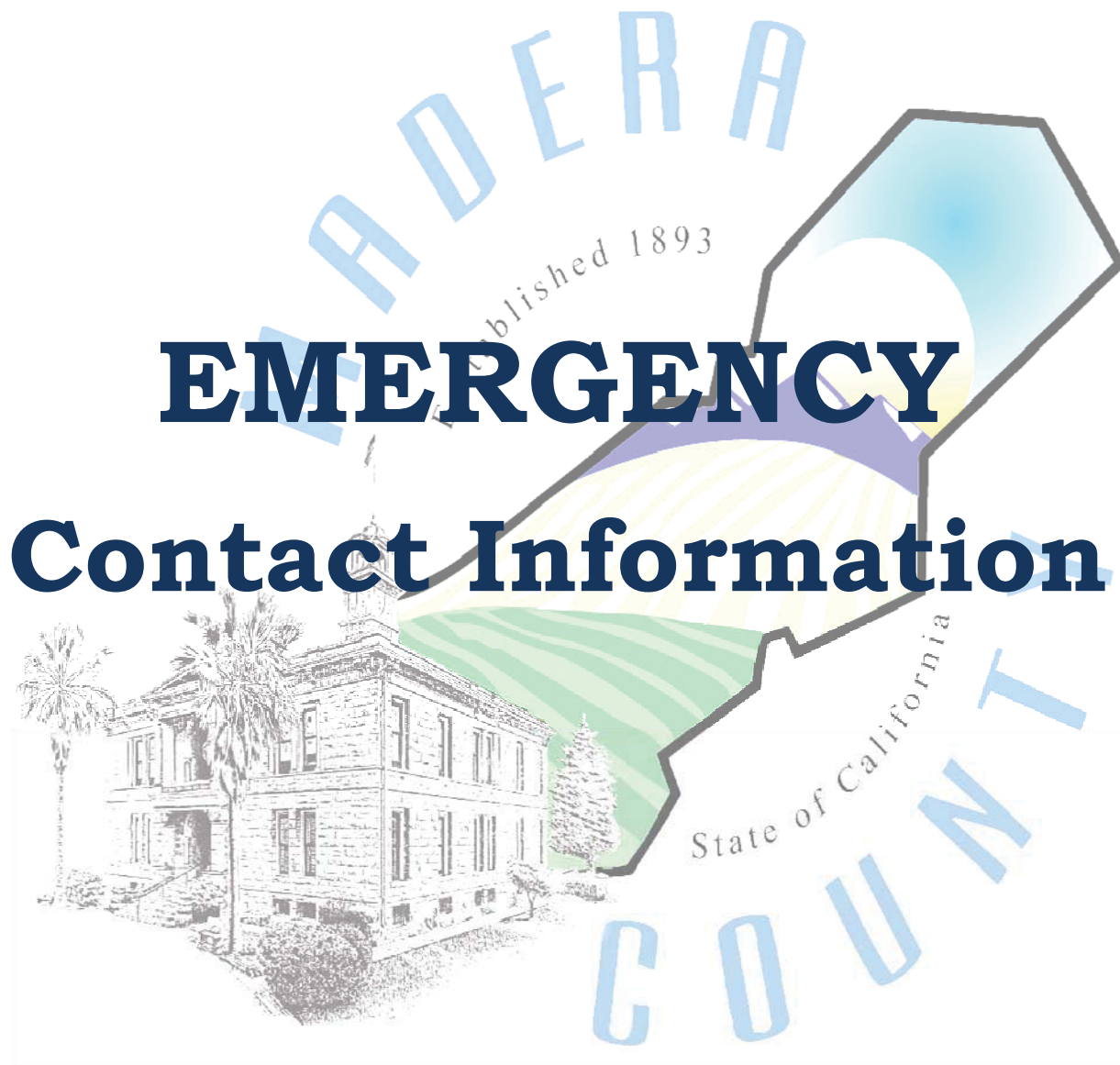
My Profile			
First Name:		Last Name:	
Work Contact			
Work Location:			
Work Address:		Work City:	
Work State:		Work Zip Code:	
Work Phone:		Work Cell:	
Work Fax:		Work Email:	
Home Contact		Alternate Contact	
Home Address:		Alternate Cell:	
Home City:		Alternate Phone:	
Home State:		Alternate Email:	
Home Zip Code:		Other:	
Home Phone:			
Home Cell:			
Misc			
Spoken Languages:			
CPR Certified:			

10/9/2017 12:53 MT



Madera County Public Health Department







Madera County Public Health Department Emergency Preparedness Program Emergency Contact Information

NAME

LAST NAME

TITLE

HOME PHONE NUMBER

CELL PHONE NUMBER

SECTION NAME

EMERGENCY CONTACT: IN THE MADERA COUNTY AREA

NAME

LAST NAME

HOME PHONE NUMBER

CELL PHONE NUMBER

RELATIONSHIP

EMERGENCY CONTACT: OUT OF THE MADERA COUNTY AREA

NAME

LAST NAME

HOME PHONE NUMBER

CELL PHONE NUMBER

RELATIONSHIP



PUBLIC HEALTH



Fiscal Services

TRAVEL



**Please see your manager prior to
completing any forms appearing
in this section**



Madera County Public Health

Fiscal Services Section

Instructions for Completion and Submission of Travel Requests

Staff who travel for official business outside of Madera County **MUST** complete and submit an Out of County Trip Request form to their supervisor for review and approval regardless of distance being travelled (*i.e., required even if only travelling to Fresno or Merced*). The supervisor will also obtain the Program Manager's approval/signatures as well as (when required) the Public Health Director's signature or designee prior to submitting the request to the fiscal analyst for approval for amount available in the program budget. **All Trip Requests require a minimum of 4 weeks processing time.**

All expenses related to the travel request should be documented in the appropriate area of the request including:

- Program that staff are requesting to travel under (Department)
- Org Key (for the program specific #) & Account code – **leave blank & Analyst will complete these 2 entries**
- Date submitted
- Employee(s) name(s) & title (list each staff included in the travel request)
- Request for AUTHORIZATION should be checked.
 - Note: Ratification should **only** be checked under special circumstances where approval was not obtained prior to travel occurring. This box will require explanation by the Department Head.
- Trip Itinerary (attach a copy of the Training Agenda, or at minimum an email stating what areas will be covered during the meeting to justify the travel for program purposes).
- Purpose of Trip: enter the name of the training/conference staff is requesting to attend.
- Destination: enter the address (including city & state) where staff will be attending the training.
- Depart: enter the date staff will leave to attend training, time of day they will leave, and then whether they will be taking a county car, private vehicle (enter the Mapquest miles), or other transportation (train, plane, etc – see note).
- Return: enter date & time staff are projected to return to the County.
- Estimated costs:
 - Lodging costs & location: enter name & address of the hotel that will be utilized (and attach a confirmation of the request/reservation that includes a detailed list of all costs including taxes & fees) with reservation #, # of nights to be utilized, etc. **Each hotel stay will require a W9 for the Hotel.**
 - Number of meals & costs: specify the # of breakfasts, lunches, or dinners that are requested as authorized by the travel policy (*See attachment for specifics*). **NOTE:** if any meals are included as part of the hotel stay or with the travel, they must be identified and reduced from the per diem request.
 - Other: enter any parking or toll requests that are known in advance.
 - Registration fees: who and how much is being requested (attach registration confirmation page with the details) including whether the fees must be mailed ahead of time or can be submitted the date of the training
 - Private Mileage cost: enter # of miles and the total cost. **Print and attach a Mapquest printout to your trip request.**
- Total cost other than mileage: complete this based on costs estimated above
- Unencumbered balance: leave blank – **Analyst will complete this**
- Explanation; type any specific request here (i.e., Hotel requires receipt of payment 2 weeks in advance; or Registration fees required to be paid in advance, other instructions to Accounting, etc)
- Give form to Supervisor for signature who will obtain the Program Manager signature, Department Health/Designee signature (when required), and attach all required documents to the request (see checklist attached), and **submit to assigned Analyst for further review/processing.**



Madera County Public
Health Fiscal Services Section

Trip Request Attachment
Per Diem Reimbursement Guide

Length of travel period	Qualifying condition:	Meal allowed	Amount allowed	Charged to County or State?
Less than 24 hours (i.e., Same Day)	➤ Trip begins at or before 6 a.m. and ends at or after 9 am same day	Breakfast	\$10	State/Grant
	➤ Trip begins prior to 4 pm and ends after 7 pm same day	Dinner	\$23	State/Grant
	➤ Trip begins at or before 11 a.m. and ends at or after 2 pm same day	Lunch	\$12	County ONLY
24 hours or more (i.e., overnight)	➤ Trip begins at or before 6 a.m.	Breakfast	\$10	State/Grant
	➤ Trip begins at or before 11 a.m	Lunch	\$12	State/Grant
	➤ Trip begins at or before 5 pm	Dinner	\$23	State/Grant
Last day meals for Over 24 hour travel (overnight)	➤ Trip ends at or after 8 a.m.	Breakfast	\$10	State/Grant
	➤ Trip ends at or after 2 p.m.	Lunch	\$12	State/Grant
	➤ Trip ends at or after 7 p.m.	Dinner	\$23	State/Grant
Meals NOT able to be claimed or reimbursed	➤ Meals included in hotel expenses or conference fees. <i>If an employee is paid per diem erroneously they are expected to notify Accounting office and refund/return those funds to the County immediately upon their return from their trip</i>			
	➤ Meals included in transportation costs (such as airline tickets)			
	➤ Meals provided otherwise			
Note:	Continental breakfasts (rolls, bars, juice, and coffee) and snacks are NOT considered to be a meal			



Madera County Public Health

Fiscal Services Unit Procedures

Travel/Trip Request Requirements

NOTE: Recent changes for processing travel requests requires the checks for paying for hotel, registration, and per diem payments to be issued by the Auditors and mailed out directly to the vendor (to the hotel or the employee's address) and will no longer be issued to the department for delivery. Therefore, please keep in mind that this change will require ALL travel for which there is to be any associated payment to be submitted for payment AT LEAST 4 weeks in advance of the expected training date.

One-Day Only Travel

1. Prepare Trip Request with appropriate attachments:
 agenda registration map
2. Submit packet to Supervisor/Section Chief for approval
3. Section Chief approves travel if it meets the criteria and is:
 Required under the grant Supports the Scope of Work Program has funds available to pay for it
4. Section chief **ONLY** forwards for Director or Deputy Director-Operations approval **IF** they are the individuals travelling and needing their supervisor's approval
5. After appropriate approvals are obtained, the assigned program Analyst then reviews to compare to the approved program budget.
 - a. If all required documentation & signatures are present & funds are available, the Analyst will complete the Trip Request Approval cover sheet and forward to Accounting for processing.
 - b. *Analyst will reject any Trip Request that is missing proper authorization/approval as stated above and return the request to the Program Manager with the items identified on the cover page missing that preclude them from approving the request.*
 - c. *No further action will be taken by Fiscal Services staff until items are submitted.*

Multi-Day Travel

1. Prepare Trip Request with appropriate attachments including:
 agenda, registration, & map (for total miles driving);
 hotel reservation confirmation detailing total expenses;
 W9 for hotel (every time, even if staff have lodged there previously); and
 Credit Card Authorization form for hotel
2. Supervisor/Section Chief approves travel if it meets criteria and is:
 Required under the grant; or
 Supports the Scope of Work; and
 Program has funds available to pay for it.
 Supervisor/Section chief approves for their staff – If Section Chief is involved in the travel request, then it must be approved by the Director or Deputy Director-Operations.
 Combine staff travel requests as much as possible onto one Trip Request.
 If Cal Card is to be used, then the Section Chief is required to acquire approval from the Director/Designee (Fiscal Manager) in writing and attach to the Trip Request.
6. After Supervisor/Section Chief approves, the assigned program Analyst then reviews to compare to the approved program budget.
 - a. If all required documentation & signatures are present & funds are available, the Analyst will complete the Trip Request Approval cover sheet and forward to Accounting for processing.
 - b. *Analyst will reject any Trip Request that is missing proper authorization/approval as stated above and return the request to the Program Manager with a cover page identifying the missing documentation (aka, Notice Requiring Action for Travel) so it can be corrected and resubmitted.*



Madera County Public Health Department Fiscal Services Section

Travel Meal Reimbursement Process

Any staff attending travel that qualifies for meal reimbursement will be reimbursed the approved amount for the authorized meal (breakfast, lunch, or dinner) identified on the Travel Request for the amounts provided in the County Travel Policy (see attached policy). Accounting Services will submit the appropriate request to issue payment to the staff depending on whether the travel request is for multiple days (overnight or longer) or less than 24 hours travel (Day Trip Meal Reimbursement Request).

Payments to staff traveling for more than 24 hours will be issued in a check from the County pursuant to a claim that Accounting Services submits through the Accounts Payable System that will generate a check that the Auditor's Office mails directly to the staff's mailing address. Accounting Services submits a claim with their weekly A/P batch process every Tuesday for any Travel Requests that have been fully authorized and provided the appropriate County approvals (either the CAO # and signatures). Once the Auditor processes the claim a check is issued within 4 days (usually on Friday afternoon, although the check may not be available for staff until Monday morning following submission).

Payments to staff traveling for less than 24 hours will be issued as part of the employee's payroll process. Day Trip Meal Reimbursement Requests are submitted during the last week of each month (last Tuesday of each month) and generally will not appear on the payroll until the following month. It is up to the Auditor's Office and County Human Resources/Payroll for processing these requests. Staff will need to watch their payroll stubs to be informed if their pay includes payment for any travel.

Accounting Services will complete the appropriate request and will notify staff to sign and return them to Accounting Services for processing. These are time sensitive documents so the faster that staff return them the better. Accounting will complete and email to staff for signing and returning.

Staff travelling for less than 24 hours will need to be aware that payments are fully taxable as part of their payroll, so they will not see an exact dollar for dollar reimbursement as taxes are deducted from the amount paid according to their specific tax bracket.

Accounting Services maintains a Travel Request Log that tracks the specifics on when payment is requested for staff reimbursement. If additional information is needed, please see the Sr. Accounting Technician in Fiscal Services for more information.

MADERA COUNTY
ADMINISTRATIVE MANAGEMENT

200 West Fourth Street
Madera, CA 93637
559.675.7703
FAX 559.675.7950

COUNTY OF MADERA

TRAVEL POLICY

- SECTION I Trip Approval
- SECTION II General Trip-Related Policies
- SECTION III Expense Guidelines
- SECTION IV Reimbursement Guidelines
- SECTION V Advance Payment for Travel Expenses
- SECTION VI Forms

SECTION I - TRIP APPROVAL

Travel Outside the State: Travel outside the State of California is discouraged. When such travel is determined to be in the best interest of the County, specific approval must be obtained in advance from the County Administrative Officer on a properly completed Trip Authorization Form. Trip requests shall be submitted to the County Administrative Officer at least three (3) weeks in advance.

Travel Within the State:

- Same Day Travel – Same day travel is any travel which does not include an overnight stay. Such travel may be approved by the Department Head or designee.
*Please see Section III, Expense Guidelines for rules regarding reimbursement of meals for same day travel.
- Overnight Travel – Overnight travel is all travel which includes an overnight stay and shall be subject to the approval of the County Administrative Office. Such requests shall be made by submitting a properly completed Trip Authorization form, at least two (2) weeks in advance.

Non-Salaried Board or Commissions: Non-salaried members of boards or commissions established by State law or County ordinance may be allowed expenses incurred for mileage while attending called meetings or expenses incurred on authorized trips. Such trips and expenses must be approved in advance by the County Administrative Officer.

Special Committees: Members of special committees created and appointed by the

Board of Supervisors may be reimbursed for actual expenses incurred when permitted by law and specifically authorized in advance by the Board of Supervisors.

SECTION II - GENERAL TRIP - RELATED POLICIES

Minimizing Travel: It is County policy to:

1. Use technology to avoid travel whenever possible
2. Limit out-of-town trips
3. Coordinate work schedules in order to minimize travel distance.
4. Limit the number of employees attending the same function.

County Motor Pool: The County of Madera maintains an automobile pool for authorized County employee travel. Except in emergencies, no person shall be allowed to ride in a County vehicle unless that person is being transported for County purposes. Requests for use of an automobile from this pool shall be made by the Department Head or their authorized representative to the County Central Garage at least five (5) working days in advance of the planned trip whenever possible. If more than one tank of gas will be needed, a gas credit card shall be available from the motor pool attendant.

Use of Private Vehicles: Use of a private vehicle must be approved by the Department Head or Designee. Mileage will be reimbursed at the federal per diem rate as determined each year.

In-County Meals, Lodging, and Other Expenses: Reimbursement for In-County meals, lodging, and other expenses are not usually allowable. The County Administrative Officer may authorize in-County expense in special circumstances.

SECTION III - EXPENSE GUIDELINES

Personal Expenses: Personal expenses shall not be allowed. Personal expenses include, but are not limited to, laundering, barbering, tips, and alcoholic beverages.

Hotel-Motel Charges: It is County policy to limit the number of employees attending a meeting requiring overnight stay. Lodging charges shall be those costs for the accommodations only and shall not include telephone charges, room service, tips, etc. Whenever possible, employees should request a government rate when making reservations.

Meals: Subject to the single exception below, reimbursement for meals shall be limited to the following:

Breakfast	\$10.00
Lunch	\$12.00
Dinner	\$23.00

Exception to reimbursement for meals: When a meal is purchased during a work-related conference or meeting that is in excess of the limits above, the Department Head or designee may approve the charge only when verifiable by an agenda or notice of the meeting where the meal and price are itemized.

*Reimbursements for meals related to same day travel are included as wages and will be subject to federal and state income tax. *IRC Sec. 162(a)(2)*

Registration: Registration fees shall be limited to the actual charges. A copy of the agenda must be included with the trip requests.

Private Air Travel: Reimbursement for travel by private aircraft or chartered aircraft shall be limited to commercial air fare. The County Administrative Officer may grant exceptions to the foregoing when it is necessary or desirable to meet the legal obligations of the County.

Other Expense: Other necessary expenses, including but not limited to parking, taxis, bridge and road tolls, shall be allowable when necessary in the course of travel.

SECTION IV - REIMBURSEMENT GUIDELINES

Claim Form: All reimbursement requests shall be made on the County Auditor's approved claim form. When submitting to the County Auditor a request for reimbursement of expenses incurred during travel, receipts and vouchers substantiating the expenditure(s) shall be attached to the claim form. Copies of cancelled checks will not be accepted by the Auditor as proof of expense. Claims for reimbursement must be submitted within 90 days from the last day of travel.

Receipts or vouchers shall be submitted for all items of expense except:

1. Meals
2. Streetcar, bus, and ferry fares, bridge and road tolls
3. Taxi fares (while on official business)
4. Other legal expenses of less than \$1.00

A listing and explanation of each item for which reimbursement is being requested shall be reported on the claim.

SECTION V - ADVANCE PAYMENT FOR TRAVEL EXPENSES

The Auditor's office may make advance payment for travel expenses, however; no advances will be made for expenses totaling less than \$50.00 per employee on any given trip request.

Requests for advance payment of travel expenses shall be submitted to Auditor's office in writing at least twenty-one (21) days prior to the trip. The request shall contain a statement of justification for requesting advance travel. Private mileage costs shall not be advanced, and when available, County issued Cal-Cards shall be used when advance payments are not applicable

Departments shall make every effort to verify that advances are the actual charges. Employees shall account to the County Auditor for all advanced monies upon return in accordance with the provisions in Section IV (Receipts and/or Vouchers).

Checks for advanced payment shall be picked up from the Auditor's Office no earlier than two (2) working days prior to the date of travel. Advanced payment checks shall only be released to the employee authorized to travel or the employee's Department Head or designee.

SECTION VI - FORMS

Trip Authorization Form (Out-of-County Trip Request)

1. When required, Trip Authorization Forms shall be completed in their entirety.
2. Department Head or designee approval is required on all Trip Authorization Forms. The County Administrative Officer shall approve all Department Head Trip Authorization Forms. One copy of the signed form, along with associated documentation, shall be submitted to the Auditor's office on all claims for reimbursement. Travel records including approved Trip Authorization Forms shall be maintained at the department level.

Other Required Forms: Copies of agenda, detailing costs of registration, lodging, meals, etc. shall be attached to a trip request. An agenda is required when requesting reimbursement for registration, or meals in excess of the daily allowance. Membership expenses must be requested separately.

Revised February 23, 2016

OUT OF COUNTY TRIP REQUEST

INSTRUCTIONS: Submit in triplicate to CAO at least 3 working days prior to trip. Specific dates, times, destination and mileage if private vehicle is used, must be shown on trip request.

DEPARTMENT: _____ ORG KEY: _____ AGENCY: _____ DATE: _____

1. EMPLOYEE(S) NAME AND TITLE: _____

2. REQUEST FOR AUTHORIZATION RATIFICATION FOR OFFICIAL OUT-OF-COUNTRY TRAVEL. (if ratification, explain inability to obtain prior authorization.)

3. TRIP ITINERARY IS REQUIRED FOR ALL TRIP REQUESTS

4. PURPOSE OF TRIP: _____

5. DESTINATION: _____

Please remember to print and attach Mapquest for private mileage that will be traveled.

6. DEPART: DATE _____ TIME _____ AM PM COUNTY CAR PRIVATE VEH ESTIMATED MILES _____

RETURN: DATE _____ TIME _____ AM PM OTHER TRANSPORTATION (explain in item #9)

7. ESTIMATED COSTS:

a. Location, no. nights lodging & costs:

d. Registration fees: \$ _____

b. Number of meals and cost:

___ Breakfast @ \$10 x ___ Staff = \$ ___

___ Lunch @ \$12 x ___ Staff = \$ ___

___ Dinner @ \$23 x ___ Staff = \$ ___

c. Other:

Parking @ \$ ___ /day x ___ days = \$ ___

e. Pvt. mileage cost: \$

\$0.54/mile x _____ miles = \$ _____

f. TOTAL COST OTHER THAN MILEAGE: _____

8. UNENCUMBERED BALANCE IN BUDGETED TRAVEL EXPENSE BEFORE THIS TRIP. \$ _____

9. EXPLANATIONS:

Meals, Mileage, and Parking will be listed in the highlighted areas above.

PM Signature & Date _____

Please have form signed by program manager, analyst, and department head for approval.

Analyst Signature & Date _____

DEPARTMENT HEAD _____

CAO ACTION: Approved Revised Denied (For use by Clerk of the Board)
 For action by Board of Supervisors

REMARKS:

CAO No. _____



Day Trip Meal Reimbursement Request

Auditor-Controller Use Only
Stamp Receive Date Above

In accordance to the De Minimis Fringe Benefits and regulated by the Internal Revenue Services (IRS), the County is legally obligated to process the meal reimbursements to withhold Income Taxes, as well as FICA and Medicare and SDI (as it applies). The IRS regulations applies to meals that does not involve an overnight stay/travel.

INSTRUCTIONS TO CLAIMANT

Attach all documents related to the reimbursement. Reimbursements must be properly itemized, providing the HR employee's ID, name, dates, bargaining unit, department, item description, distances, traveled-where from and where to, character of work done, hours worked.

Reimbursements performing services to more than one department **MUST** make separate claims for EACH DEPARTMENT.

Employee ID	Employee Name	Bargaining Unit	Department
Org Key	Account Number		
Meal Date	Description	Meal Type	Total
Total			

I hereby approve the above claim and certify that the computations are correct.

Date Employee Signature

I hereby approve the above claim and certify that the computations are correct.

Date Department Accounts Payable Representative Date Submitted

I hereby approve the above claim and certify that the computations are correct.

Date Department Head/Authorizer



Madera County Public Health Department Fiscal Services Section

Instructions for Completion and Submission of Personal Mileage Report

Any staff wishing to utilize their personal vehicle for official purposes are required to acquire prior approval from their assigned Program Manager. When job specifications require travel, or when requested by H.R., staff are will provide current proof of insurance coverage and a DMV print out.

If staff will be using their personal vehicle for the purpose of travelling outside of the county on official business, any potential reimbursement must be approved in advance of travel by the Public Health Department Director, or her designee, on the appropriate travel request.

Given all that, if staff have been authorized to utilize their personal vehicle for official business, Staff are responsible to submit the appropriate Personal Vehicle Mileage Report to their Supervisor to acquire their approval and then it will be reviewed/approved by the program assigned Analyst prior to being submitted to Accounting for issuing a claim to reimburse the staff the amount related to their authorized travel.

All incoming Personal Vehicle Mileage Report forms will be reviewed to ensure the entries are fully completed, accurate (mileage will be verified with official sources for total miles approved for such travel), signed by the employee, their supervisor & Program Manager, and the analyst prior to a claim being submitted for payment.

The Personal Vehicle Mileage Report is set up to capture all authorized travel for each month (at the top left side of form, enter the Month and Year). Down the left side of the form are the dates of each month (1 thru 31). Staff will choose the appropriate date the travel occurred on and enter all information for the travel that occurred ON THAT DATE:

- To/from Description (example: Public Health to 5951 S. Mooney Blvd, Visalia)
- Purpose of Travel (example: Attend meeting at Tulare County Emergency Services Conference)
- Program Name/Org # (example: Em Prep/06822)
- Odo Start (Example: 47,570 starting odometer reading before leaving parking lot)
- Odo End (Example: 47,695 ending odometer reading once returned to parking lot)
- Miles (Example: 125)

Then staff would enter subsequent date(s) travel. If staff are travelling for more than one day, each day's travel will be logged on separate lines. This process continues until the entire month is completed.

Staff are requested to submit the Personal Vehicle Mileage Report to their supervisor for processing within 2 weeks of the end of the month they travelled; however, in no instance will staff delay submission past the end of the following month if they are expecting to be reimbursed for the travel. Please see the Fiscal Services Manager if there are any questions on completion or submission of this report.



PUBLIC HEALTH

MONTH / YEAR: _____

**MADERA COUNTY PUBLIC
HEALTH DEPARTMENT
PERSONAL VEHICLE
MILEAGE REPORT**

Date	Travel To/From Description	Purpose of Travel	Program Name/Org#	Odo Start	Odo End	Miles
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

The undersigned, under the penalty of perjury, states - That the above claim and the items as therein set out are true and correct; that no part thereof has been heretofore paid, and that the amount therein is justly due, and that the amount therein is presented within one year after last item thereof has accrued.

Employee

NAME _____

TOTAL MILES

0 @ 0.54

Employee

SIGNATURE _____

TOTAL REQUEST

\$ -

Program Manager

SIGNATURE _____

Analyst

Signature Approving: _____

Helpful hints for staff traveling on county business

- Make sure you pack appropriate clothing for the training or conference. Unless otherwise stated in the registration material, business casual is the typical dress code. Ask your supervisor for guidance if needed.
- Make sure you bring a credit card or enough cash for incidentals.
- At hotel check in, credit cards may be used for personal incidentals. Incidentals should not be incurred by programs and are a personal responsibility. Incidentals are typically charges like in-room movies, Internet usage, room service, dry-cleaning, bottled water, in-room snacks, and hotel gift shop items.
- In the rare case that you do not have a county check for the hotel stay, be aware that if you use your debit card at check-in, the hotel will withdraw the total amount of your stay from your account. This amount may not be returned to your account until several days after your check-out.
- If you are traveling in a county car, make sure:
 - You get a gas credit card from the Central Garage, which can only be used outside Madera County.
 - You do not take passengers who are not employed by the County
 - You do not exceed the posted speed limit
 - You obey all posted signs. You are responsible for any violations while using the vehicle
 - You do not use the county vehicle for recreational purposes beyond meals or separate from meals
 - You secure it in a safe place
 - In the event that valet parking is the only option, call your supervisor for authorization.
- If you will need reimbursement for expenses, remember to get receipts and turn them in promptly after the event.
- You are on work business representing Madera County, the Public Health Department, and your program. Conduct yourself in a professional manner during your stay at the conference or training.



Madera County Public Health

Fiscal Services – Analyst Cover Page for Travel Request

Date:

To: _____

From: _____

RE: Trip Request received on: _____ by: (Analyst) _____

For: _____ to travel on: _____

The above referenced Out of County Trip Request was received and is:

Approved for Accounting to Process

Rejected – Pending Missing Information*
*(*No further action w/b taken until missing info submitted)*

Agenda for training/meeting to be attended

Registration form

Credit Card Authorization form for lodging

W9 for hotel *(regardless of prior stay)*

Meals included in request clearly identified

unclear # requested

Transportation type
(personal vehicle vs. Co Car use)

Parking

Hotel Reservation Confirmation detailing daily & total expenses including taxes & fees

Cal Card Authorization approval by Dir/Designee (Fiscal Mgr) *must be attached in writing*

Supervisor/Section Chief signature verifying approval & travel is authorized by grant SOW/budget

Director/Dep Director – Ops Signature *(required for Section Chief travel)*

Adequate time for submission of request & expected issuance of payment?

Other: _____

Assigned Analyst signature verifying funds exist in program budget for reimbursement

Thank you for your assistance in submitting the requested information.

If any areas are missing above or highlighted, please resubmit your request with the identified material as soon as possible.

Mary Solorio, Fiscal Services Manager



Employee Use of County Vehicles: Process for Reserving and Fueling County Loaner Vehicles

Checkout:

1. **Register** your ID# in fueling system: once you have your employee ID, register with Steve at Central Garage through your manager;
2. **Reserve:** Complete trip request form and have your manager approve/sign with any additional signatures required (i.e., Director/designee if required, and Fiscal Analyst for inclusion in budget). Contact the Accounting Tech to request their assistance in reserving a car with Central Garage. Anita will contact Central Garage and notify you/your Manager of the reservation specifics.
3. **Pick up:** go to Central Garage (14355 Rd 28 Madera, CA 93638), and pick up your key and mileage log (gas card if necessary) from [Annette](#). Find your car at its corresponding lot (vehicle # is the lot #). Visual inspect your car. Make sure that the vehicle is fully fueled prior to departing from the Central Garage parking lot; Check the beginning odometer reading and enter it onto the log along with the date you picked it up and the name of the program you are travelling for.
4. **Drive** safely and enjoy your trip; if you experience any mechanical/safety issues, notify your Program Manager immediately for assistance and direction; also refer to the safety instructions located in the glove compartment of all County Vehicles for what to do in the case of accidents;
5. **Return:** after your trip, drive the car back to Central Garage on your scheduled return time. Complete the mileage log with your ending mileage/odometer reading and fuel the car. Park the car at the lot where you picked it up. Return the key and log to Annette. Ask Annette for a copy of the log so you can give it to the Accounting Tech responsible for reserving cars to compare with monthly billing he/she receives from Central Garage.

Fueling:

1. Have your current mileage from odometer reading;
2. Insert gas key into the pad beside pumps, and follow the instruction to enter your ID#, mileage, and gas pump #;
3. Pickup the gas nozzle and push down the handler beside the nozzle;
4. Fuel your vehicle;
5. Fill the fuel log on gas pump once you complete fueling.

From: [Christian Coye](#)
To: [Health Department](#)
Subject: NEW Calendar to reserve VEHICLE #279 and #288
Date: Thursday, March 09, 2017 1:42:56 PM
Attachments: [Adding Calendar.pdf](#)
[MOVING RESERVATIONS.pdf](#)

Good Afternoon Everyone,

There is a new Calendar named "Health Reserved Vehicle" to reserve Vehicles #279 and #288. This new calendar is shared amongst the entire department and you will be able to access it without needing an email sent to you to use this NEW Calendar.

The recurring reservations for Admin, Lab, Clinic, and Vitals have been entered and reserved in the NEW Health Reserved calendar. Reservations entered prior to February 1st, 2017 were also entered. Please review the new calendar and update any other reservations for yourself and programs in this NEW Calendar - "Health Reserved Vehicle." Please review update your vehicle reservations beginning March 9th going forward.

Please see the attached instructions to add the new calendar, and move your reservations from the old to the new calendar.

The previous Calendar is no longer being used, please make sure to delete it once you have moved all your reservations to the NEW calendar.

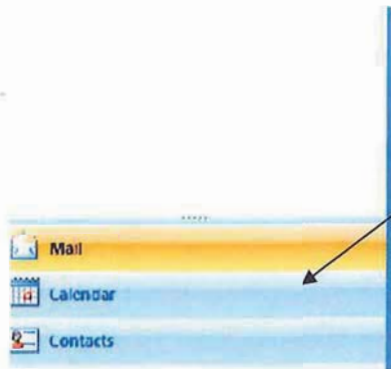
If you have any questions please let me know.

Thank You,

Christian Coye
Accounting Technician
Madera Public Health Department

Adding Calendar

1. On the side Navigation Pane (left side of the screen) please select Calendar.



2. Once selected you will be in the calendar view and will see *Open a Shared Calendar*, please click on link. Once selected a prompt will open to type in the name of calendar.

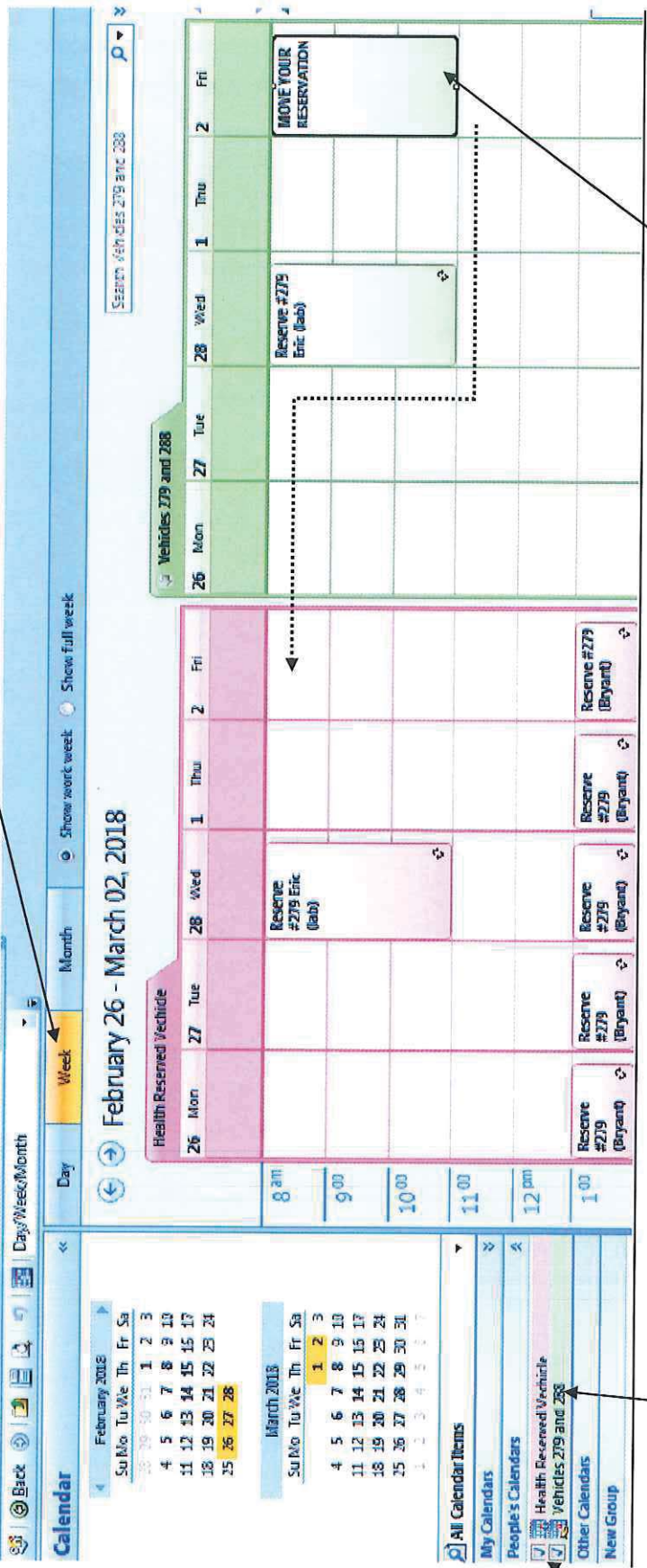
A screenshot of the calendar application interface. On the left, there are two month views: 'March 2017' and 'April 2017'. Below them is a list of calendar items under 'All Calendar Items'. The 'My Calendars' section is expanded, showing 'Calendar' and 'Reserve - Vehicles 279 and 288'. Below that is a 'New Group' section with links like 'How to Share Calendars', 'Open a Shared Calendar...', 'Share My Calendar...', 'Send a Calendar via E-mail...', 'Publish My Calendar...', and 'Add New Group'. An arrow points from the text above to the 'Open a Shared Calendar...' link. On the right, a vertical timeline shows dates from Feb 26 to Mar 19. An arrow points from the text above to the 'Open a Shared Calendar' dialog box.

3. Please type in the name as shown below and click ok. This calendar will now be added in People's Calendars.

A screenshot of a dialog box titled 'Open a Shared Calendar'. It has a question mark icon and a close button (X) in the top right corner. There is a text input field labeled 'Name...' containing the text 'Health Reserved'. Below the input field are two buttons: 'OK' and 'Cancel'. An arrow points from the text above to the 'Name...' field.

MOVING RESERVATIONS

2.) Select your preferred Calendar View



1.) Please check both Calendars, and uncheck all other calendars to view these calendars only.

3.) Simply DRAG your reservation from the Old calendar - #279 and #288 to the date on the new calendar – Health Reserved Vehicles, and a copy will be saved.

4. Once you have completed moving reservations to the NEW calendar, please delete #279 and #288 calendar.

Please right click on name of calendar and select - Del~~e~~te “Vehicles #279 and #288”

SUPPLIES



**Please see your manager prior to
completing any forms appearing
in this section**



Madera County Public Health Department Fiscal Services Section

Instructions for Purchase of Health Department Supplies

PURPOSE:

To aid in the timely purchase of supplies for Health Department programs and to insure proper payment and account coding of all supply orders. (*Please also see the diagrams for Single Purchases and Blanket Purchases for overall flowcharts.*)

Procedures/Instructions:

Public Health Department will ensure that proper policy & procedures are followed for the ordering, receipt and payment of departmental supplies. To insure that supplies are authorized by appropriate staff, funds are available within org key budget and used efficiently to carry out the program goals and administration of the Public Health Department.

PROGRAM STAFF:

Staff who need to purchase supplies will go to the shared drive and open the approved Supplies Order Form (see attached instructions). Please follow the instructions for completing the form with the required information and then submit it to your direct Supervisor for their review and approval. The Supervisor/Program Manager will approve the requested supplies if they deem them necessary and forward the Supplies Order form via email to their assigned Analyst for further processing.

The Analyst will:

- review the order for any items that have been flagged by the Auditor's office to acquire additional justification,
- ensure that there is sufficient funds available on a PO under the program that is requesting the purchase, and for the vendor identified on the supplies order,
- if there are any questions or problems during the review, the Analyst will review them with the Program Manager to resolve them prior to submitting the request along to the Accounting Office for processing.

The program submitting the supplies order may save a copy of their order prior to submitting it to the Analyst for their personal use in tracking the receipt of the supplies ordered.

Once the Analyst approves the order and adds the org number and account number that the funds should come from, the order will then be forwarded to the Accounting Office. If the supply order is urgently needed, the program should identify that so the Sr. Accounting Technician can ensure that it is handled even if the person normally processing orders is away from the office.

If a current blanket P.O. allows the supplies to be ordered directly from a vendor Accounting will process it within 24 hours of receipt. Once supplies are received, they should be checked off of the original packing slip (signed and dated on bottom right corner) and taken to Accounting and added to the Packing Slip Clipboard (see instructions for this process).

Staff cannot be reimbursed by the County if they make purchases prior to obtaining approval from County Administration. If staff has an urgent request, the Program Manager should forward the specifics to their Analyst so that written approval from either the Purchasing Department or County Administrative Office can be obtained. Once approved and the items are ordered, the program must provide the original receipt and any packing slips to the Purchasing Clerk for reimbursement.

Accounting submits a claim (*allowed each Tuesday during A/P Batch Process*) via the Electronic Accounts Payable System in IFAS for reimbursing the staff. Reimbursement checks will be ready in approximately 2 weeks from time that all required paperwork is provided to Accounting.



Madera County Public Health Department Fiscal Services Section

ACCOUNTING/PURCHASING CLERK:

Purchasing Clerk will check email regarding purchase of supplies at daily and follow procedures to ensure timely ordering of supplies needed by Health Department programs.

1. Purchasing clerk will complete an electronic requisition for purchase order, if not already available, for all orders authorized by the fiscal Analysts. If the requests are missing information or does not have proper authorization, an email will be returned to the submitting program for completion.
2. Once the electronic requisition has been entered into IFAS, the system will issue a unique number and will be placed into rotation for approval by both MCPHD administration as well as by the County Purchasing Department. ***This usually is accomplished in 3 to 5 business days.***
3. After County Purchasing has approved the purchase and issued a pink PO they will forward it to the MCPHD Accounting Group. ***This step can take up to a week to complete.***
4. The Accounting Office or the Purchasing Clerk will notify the Program Manager and Analyst once the PO has been approved and it is clear to proceed with making the purchase, or to get instructions if the Accounting staff will process the order.
5. The Accounting Group will ensure the PO is filed into a tracking binder in Accounting to be maintained until the purchase is completed and an invoice has been received.
6. **No purchases can be made without following this process unless it is for a Board approved contract, Purchasing Agent Agreement, rent, lease, or utilities. If you have questions, please speak with your Program Manager/Supervisor and they will consult with the Accounting Group for further clarification or instructions if necessary.**

If a supply item is unavailable, back ordered, prohibited, or otherwise not currently available from Office Depot or other vendor, the Purchasing Clerk will send an email to the Program Manager for the staff ordering the supply to notify them of same and the item will be removed from the requisition so that the remainder of the order may be processed.



Madera County Public Health Department Fiscal Services Section

Supplies Order Form Instructions

Effective May 18, 2015, all Public Health staff will be required to use the Supplies Order Form when requesting office and program supplies and equipment. If a vendor requires the use of a particular order form, the Supplies Order Form must accompany your request. A Supply Order Form must be signed (either by e-signature or with a typed name) by both a Program Manger and Fiscal Analyst before it is forwarded **by email** to Accounting for processing. Any quotes or alternative ordering forms must be attached in the email.

1. **Supplies** – This form will expand to allow as many items as needing to be ordered by pressing the “Add Item” button under the first section of the form. This form was designed and approved by Health Administration in order to limit the types of routine office supplies being ordered to the minimum by the Programs (i.e., certain brands of pens or other office supplies). The options to choose from are generic office supplies. If a particular color of an item is necessary (e.g., red or blue binder), you must specify that manually and then include information in the ‘Justification’ section about why it is required. If the item is not listed in the drop down menu, select “other” and include a brief description.
2. **Supplies Qty** – Enter the quantity of each item being requested.
3. **Equipment** – Select the item you would like to order.
4. **Equipment Qty** – Enter the quantity of each item being requested.
5. **Estimated Cost** – If all lines are completed correctly, the form will automatically calculate the total estimate of what is being ordered so the Fiscal Analyst may verify if there are sufficient funds in the program to cover the expense, or that enough funds are encumbering on a purchase order. An estimate can include an online price or one obtained through a quote.
6. **Vendor Name, Address & Phone** – Enter the vendor’s legal name, address, and phone number.
7. **Justification “Please Explain the Reason for the Request”** – Include the following in this section:
 - a. Justification for specialty items, such as, clinic/lab supplies, toys, hand sanitizer, and supplies available through an office supply vendor but that are not commonly used in an office setting (i.e., crayons, drawing paper).
 - b. Indicate if another vendor’s ordering form is being used by typing “See attached vendor order form.”
 - c. Indicate if a quote is being used by typing “See attached vendor quote.”
 - d. The percentage split of a cost if more than one program will be paying for the supplies.
 - e. Choice of color.
8. **Program funding Source & Amount** – Select the unit(s) that will be responsible for paying for the supplies. If an order will be paid by more than one program, select each program and indicate amount each is responsible for.
9. **Requested By** -- Enter the name of the person who is requesting the supplies.
10. **Manager Approval** – Enter the name of the person who is responsible for managing the Section/Program. The Program Manager must sign every Supply Order Form approving the request and then email the original to the appropriate Fiscal Analyst.
11. **Section starting “Fiscal Use Only” is completed by the Analysts & Accounting:**
 - a. **The Fiscal Analyst** will verify if sufficient funds are available to cover the expense. If sufficient funds are available, the Fiscal Analyst will sign the Supplies Order Form, authorize a maximum dollar amount, and identify the PO# or provide instructions for the Accounting staff to request a new PO, etc., and email the form to Accounting for processing. If sufficient funds are not available or if the items being requested are not allowed under budget justifications, the Fiscal Analyst will work with the Program Manager to revise the request
 - b. **Accounting** – Accounting staff will enter the Purchase Order number, the date the supplies were ordered, and the final cost. After all the items have been ordered, Accounting staff will update purchase order tracking logs to reflect actual costs and remaining PO balances.



Email

Supplies Order Form

Print Form

Add Item	Request Type	Item Description	Quantity	Unit Price	Sub Total	Tax	S&H	Estimated Cost
X	Supplies							
X	Supplies							
X	Supplies							
X	Supplies							
Total Estimated Cost:								

Vendor Name, Address, and Phone Number:

Please Explain the Reason for the Request:

Add Item	Program Funding Source	Amount
X		
Total Amount:		

Requested By:

Manager Approval: Date:

Fiscal Use Only

Date Received:

Fiscal Analyst Approval: Date:

Additional Comments:

Director / Deputy Director Approval (if Necessary): Date:

PO#: Date Ordered: Grand Total



Madera County Public Health Department

Fiscal Services Department

Packing Sheet Instructions

Please complete a separate line for each package your unit receives. Please see the instructions at the bottom of the form. Clip your packing slip to the front of the clipboard once you have completed your entry.

The information you will need in order to complete the packing slip receipt log is as follows:

1. Today's date: please list the date you are dropping off the packing slip (not the date you received the supplies).
2. Vendor name: the name of the business that you purchased the supplies from.
3. P.O. #: please write in the PO used to order the supplies if you know it. Please check the packing slip if you are unsure as the vendor may have listed it on the packing slip for you.
4. Program name: please list what program ordered the supplies and be as specific as possible if the supplies were ordered by more than one program (i.e., if the supplies are to be shared between 2 programs please list both).
5. Staff dropping off: please list your name here so if Accounting staff have any questions, they know who to call to clarify.

Accounting staff will initial and date once they remove the packing slips off the clip board to process them each day.

DO's and DON'T's:

Please DO NOT combine more than one packing slip on each line. Instead, list each one on a separate line.

If you have any questions on how to complete the log, please ask for assistance from accounting staff and they will be glad to help.

Please drop off the packing slip as soon as possible after you have received your packages.

Please remember to check off the items you have received, sign and date the packing slip to show you have received the items before you drop off the packing slip.

If you receive a shipment that does not have a packing slip, please contact Sara Hanson immediately to report it.

Thanks in advance for your assistance.

Mary Solorio, Fiscal Services Manager

PACKING SLIP DROP OFF LOG

PAGE #: _____

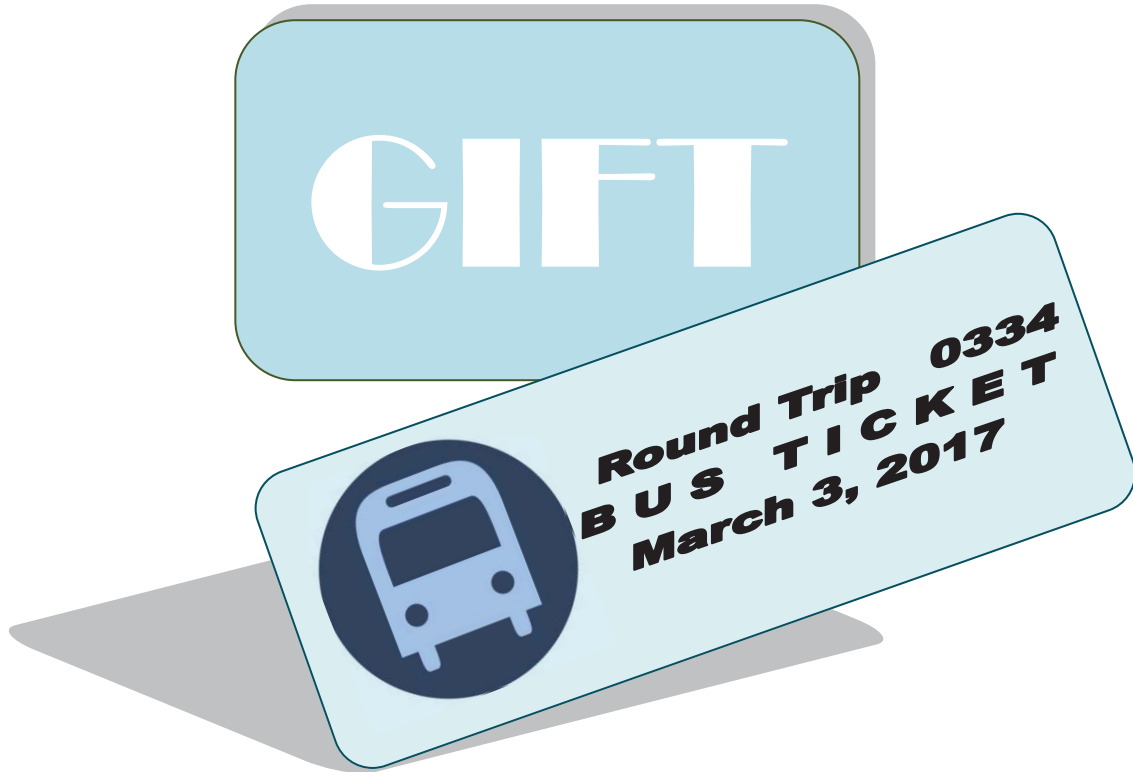
MONTH: _____

YEAR: _____

	TODAY'S DATE	VENDOR NAME	P.O. # (IF KNOWN)	PROGRAM NAME	STAFF DROPPING OFF	STAFF INITIALS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

NOTE: PLEASE FILL OUT THE INFORMATION COMPLETELY AS REQUESTED ABOVE TO THE BEST OF YOUR KNOWLEDGE FOR **EACH PACKING SLIP** YOU ARE DROPPING OFF. THEN ATTACH YOUR PACKING SLIP TO THE FRONT OF THIS CLIPBOARD FOR ACCOUNTING TO RETRIEVE AND PROCESS. IF WE HAVE ANY QUESTIONS WE WILL CONTACT YOU FOR CLARIFICATION AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE.

NEAR CASH



**Please see your manager prior to
completing any forms appearing
in this section**



Madera County Public Health Department

Fiscal Services Section

Process for Tracking of Near-Cash Instruments

All program staff utilizing near-cash instruments as part of their program's deliverables are required to follow the approved Policy issued by the Public Health Director to remain in compliance with County Auditor's requirements. (See attached policy "Tracking of Near-Cash Instruments" from Administration dated 04/03/2012).

FISCAL SERVICES SECTION RESPONSIBILITIES:

Analysts and Accounting staff are required to review and monitor program use of these instruments by maintaining control over the entire process including:

- Verifying that the use of these instruments are authorized by funding source and providing copies of that authorization to the Auditor's Office;
- Requesting the appropriate approval from Purchasing & Auditor's office prior to ordering gift cards or other near-cash instruments;
- Verifying receipt of the instruments along with store receipt for same amount; preparing a Near Cash Tracking Log that enumerates each instrument in a fashion to allow adequate tracking; issuing the instruments to staff that tracks when either a receipt is returned following issuance to the participant or the gift card is returned to be re-issued; and providing random/spot check that the intended recipient received the instruments as indicated under step #F in the attached policy (*Note: Analysts perform a random review/confirmation as well and the Program Manager.*)
- Verifying the use of the instruments are for activities as approved by the budget and scope of work.
- Provide a copy of the completed log to the Auditor's Office prior to requesting additional instruments to be purchased.

MANAGEMENT RESPONSIBILITIES:

Program Managers for each section are required to participate in the process by reviewing and signing the Near Cash Tracking Log once it has been completed by the analyst to verify its accuracy with their signature where indicated on the form.

Program Managers are also responsible to ensure their program staff have reviewed the Near Cash Instrument Policy **before requesting or issuing any instruments** and that all activities they are engaged in are approved by the existing policy.

Program Managers will be required to demonstrate their staff's policy acknowledgement in writing, and will also perform a random audit as specified in step #F in the attached policy.

EXAMPLES OF UNALLOWABLE ACTIVITIES:

- Exchanging one gift card for another one or a different type of gift card
- Using gift cards for program supplies/services when they are approved in the program budget for client or participant incentives.

TRACKING OF NEAR-CASH INSTRUMENTS

I. PURPOSE

- A. This policy provides direction concerning accounting for near-cash instruments purchased for the benefit of Public Health Department clients.
- B. To provide accountability to our funding sources, to maintain program integrity, and to protect program staff by ensuring that our clients receive intended resources.

II. REFERENCE

- A. None

III. SCOPE

- A. This policy applies to Public Health Department staff.

IV. POLICY

- A. When near-cash instruments are received by a program, the Program Manager will assign a staff person to be responsible for those instruments on a day-to-day basis. The Program Manager has the ultimate responsibility for the proper use and tracking of the instruments.
- B. The instruments will be counted by the Program Manager as well as the Analyst for that program when the instruments are received. Both people will initial and date the attached log created for tracking the near-cash instruments.
- C. The program person tracking the instruments will issue near-cash instruments to staff who need the instruments to perform their job duties. The individual program person will also be responsible for tracking the near-cash instruments they have been issued. A log will also be used as in B above and both staff people will initial and date the log when the instruments are received.
- D. As near-cash instruments are issued to clients or used to perform the assigned job duties, the use of the documents is to be documented on the log following this policy. The documentation required is:
 - 1. Date instrument is issued
 - 2. Client Name or Identifier
 - 3. Client Signature
 - 4. # of instruments issued
 - 5. Value of each instrument
 - 6. Total value of instruments issued
 - 7. Balance of remaining instruments held
 - 8. Receipts will be attached for use of cards to purchase program related supplies as approved by the funding source
- E. Logs are to be turned in on a quarterly basis and reconciled at the individual employee level first by the program manager and then at the program level by the

MADERA COUNTY DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATIVE MANUAL

ADMINISTRATION

Analyst.

- F. On a quarterly basis, to ensure program integrity and appropriate issuance, Program Manager must conduct a random audit of at least 10% of all clients who received near-cash instruments via phone. This audit log must accompany the issuance logs referenced in item E.
- G. All completed logs are to be kept with the Analyst and will remain with the relevant audit documents until an audit had been done or the time period for a potential audit has passed.
- H. All near-cash instruments will be kept in a locked cabinet or a locked room to prevent theft of the instruments. Safe keeping of the instruments becomes the responsibility of the person the instruments are assigned to.
- I. Examples of Near-Cash Instruments that this policy covers are:
 - 1. Child Car Seats
 - 2. Gift Cards of all types
 - 3. Gas Cards of all types
 - 4. Transportation/Bus Passes of all types
 - 5. Breast Pumps with a value of \$50 or more
 - 6. Any other near-cash instruments with a cash value of \$50 or more

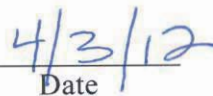
Any departure from this policy and procedure must be discussed with the Public Health Director or Assistant Public Health Director before action is taken.

###

The above policy is approved for immediate implementation.



Public Health Director



Date

What Near-Cash Instrument is to be Tracked: _____

Which Program is This For: _____

Total #/Value of Instruments received: _____

Signatures Receiving: _____ *Program Manager* _____ *Analyst* _____ Date _____

Date	Staff Name Instrument Issued to:	Staff Signature Receiving:	Client Info Receiving: <i>Please see attached receipt</i>	ID #s on Instruments	# Issued	Value of Each	Total \$ Amt Issued	Balance Remaining	Verif of Receipts	Audit Date	
1/1/2000	Issued to xyz		Please see attached receipt (confidential -- contains PHI)	15301-15309	10	\$1	\$10	10			

NEAR-CASH RECEIPT

DATE: _____
RECIPIENT NAME: _____
PHONE #: _____

GIFT ISSUED FOR (ARTICULO ENTREGADA POR):

- Food # _____ (ID #s _____)
Value of Each: \$ _____ Total Value: \$ _____
- Gas # _____ (ID #s _____)
Value of Each: \$ _____ Total Value: \$ _____
- MAX # _____ (ID #s _____)
Value of Each: \$ _____ Total Value: \$ _____
- Other # _____ (ID #s _____)
Value of Each: \$ _____ Total Value: \$ _____

My signature below verifies I have received the above items.
(Mi firma abajo verifique que he recibido la cantidad entregada.)

Client Signature (*Firma del Cliente*): _____ Date (*Fecha*): _____
Witness (*Testigo*): _____ Date (*Fecha*): _____

NEAR-CASH RECEIPT

DATE: _____
RECIPIENT NAME: _____
PHONE #: _____

GIFT ISSUED FOR (ARTICULO ENTREGADA POR):

- Food # _____ (ID #s _____)
Value of Each: \$ _____ Total Value: \$ _____
- Gas # _____ (ID #s _____)
Value of Each: \$ _____ Total Value: \$ _____
- MAX # _____ (ID #s _____)
Value of Each: \$ _____ Total Value: \$ _____
- Other # _____ (ID #s _____)
Value of Each: \$ _____ Total Value: \$ _____

My signature below verifies I have received the above items.
(Mi firma abajo verifique que he recibido la cantidad entregada.)

Client Signature (*Firma del Cliente*): _____ Date (*Fecha*): _____
Witness (*Testigo*): _____ Date (*Fecha*): _____



PUBLIC HEALTH

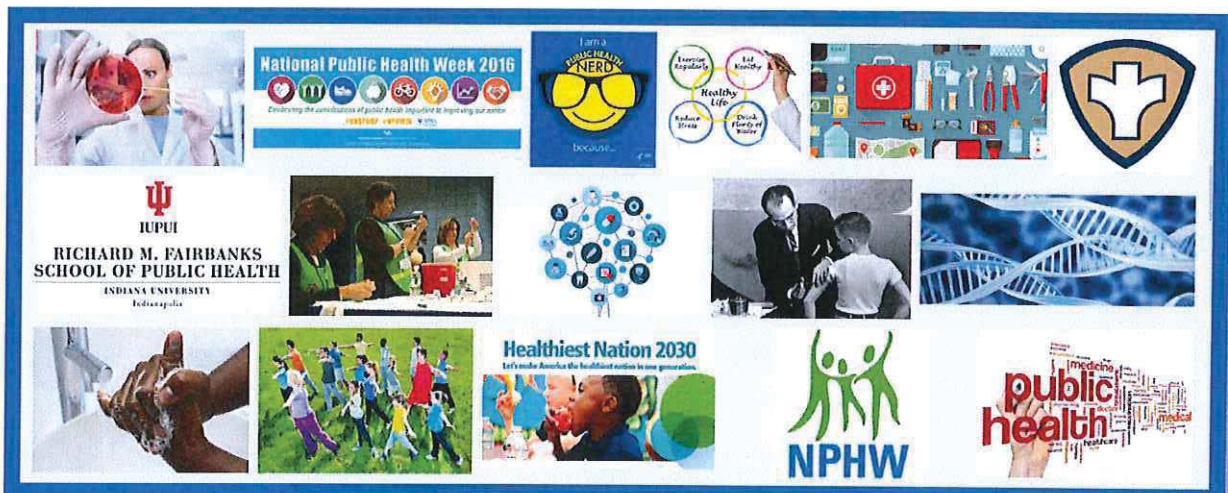
Accreditation

WHAT IS THE DEFINITION OF PUBLIC HEALTH?



Public Health
Prevent. Promote. Protect.

- Public health promotes and protects the health of people and the communities where they live, learn, work and play.
- Public health is defined as the science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention.
- The definition of public health is different for every person. Whether you like to crunch numbers, conduct laboratory or field research, formulate policy, or work directly with people to help improve their health, there is a place for you in the field of public health.
- Being a public health professional enables you to work around the world, address health problems of communities as a whole, and influence policies that affect the health of societies.
- While a doctor treats people who are sick, those of us working in public health try to prevent people from getting sick or injured in the first place. We also promote wellness by encouraging healthy behaviors.
- From conducting scientific research to educating about health, people in the field of public health work to assure the conditions in which people can be healthy. That can mean vaccinating children and adults to prevent the spread of disease. Or educating people about the risks of alcohol and tobacco. Public health sets safety standards to protect workers and develops school nutrition programs to ensure kids have access to healthy food.
- Public health works to track disease outbreaks, prevent injuries and shed light on why some of us are more likely to suffer from poor health than others. The many facets of public health include speaking out for laws that promote smoke-free indoor air and seatbelts, spreading the word about ways to stay healthy and giving science-based solutions to problems.



Ten Great Public Health Achievements in the 20th Century

Immunizations

Motor-Vehicle Safety

Workplace Safety

Control of Infectious Diseases

Declines in Deaths from Heart Disease and Stroke

Safer and Healthier Foods

Healthier Mothers and Babies

Family Planning

Fluoridation of Drinking Water

Tobacco as a Health Hazard

Future Directions of Public Health





Frequently Asked Questions about Accreditation

QUESTIONS FOR EVERYONE

1. What is the purpose of the national accreditation program?

National public health accreditation aims to improve and protect the health of the public by advancing the quality and performance of state, tribal, and local health departments. Accreditation will drive public health departments to continuously improve the quality of the services they deliver to the community (Source: PHAB).

2. Why now?

Public health departments play a critical, but often unrecognized role in promoting and preserving the health of people in communities across the country. Despite the important role health departments play in our communities, there has not been a national system for ensuring their accountability and quality—until now.

Other community services and organizations have seen the value of accreditation, such as schools, day care centers, police departments and hospitals. Now, there is an opportunity for public health departments to measure their performance, get recognition for their accomplishments and demonstrate accountability within their communities. Also, as the public health field faces increasing challenges from epidemics and disaster preparedness, it is more important than ever that systems are in place to ensure their effectiveness and quality of services (Source: PHAB).

3. What benefits are anticipated from accreditation? Could accreditation impact funding?

The external validation and objective feedback from the PHAB accreditation process could have significant potential to accelerate performance improvement.

Health departments will position themselves to capitalize on anticipated funding preferences for accredited health departments. Going through the process will also highlight areas for improvement, and health departments may be able to better frame grant proposals to address those gaps.

The process will provide health departments with an opportunity to think about their mission, vision, and values, and how to do business given the challenging social and economic environment. Accreditation may raise the visibility of public health issues and provide a point of entry for decision-making discussions involving public health.



In addition, at MDH, accreditation will provide MDH an opportunity to think about what business it does and how it does that business given the challenging times. Accreditation may raise the visibility of public health issues and provide a point of entry for decision-making discussions involving public health.

4. When will national accreditation start for health departments?

- PHAB released the final national public health accreditation Standards and Measures in July 2011
- Applications for accreditation opened in October 2011
- The first public health departments were accredited in spring 2013.

5. How much will it cost to apply for accreditation?

Fees are based on the size of the jurisdictional population served by the health department. Jurisdictional population is used as a proxy for complexity of the review.

6. How long does health department accreditation last?

PHAB has adopted a five-year accreditation cycle.

7. Who developed the accreditation standards, measures, and processes?

The PHAB Board of Directors and the PHAB Standards Development Workgroup, along with significant feedback from public health leaders and practitioners, developed the standards, measures and processes that were formally adopted by the PHAB Board in August 2009.

PHAB held a public vetting process on the draft standards which resulted in a tremendous amount of feedback from the public health field. PHAB received 4,000 individual comments, online surveys and group feedback forms. The Standards Development Workgroup reviewed all public comments thoroughly and is grateful for the invaluable feedback provided by all who participated in the public vetting process.

In addition, PHAB administered a beta test of the accreditation process with 30 state, local and tribal health departments of various sizes. Pat Adams, MDH Director of Office of Statewide Health Improvement Initiatives, served as a site visitor during the beta test and actually reviewed one state health department's accreditation application and documentation. After going through this process, her site visitor group evaluated the experience and gave suggestions to PHAB for improvement of the standards and site visit processes (Source: PHAB).



Public Health Accreditation Board
1600 Duke St., Suite 200
Alexandria, VA 22314
703.778.4549, www.phaboard.org

For Immediate Release:
Tuesday, March 21, 2017

Contact:
Teddi Nicolaus, Communications Manager
Phone: (703) 778-4549 ext. 118
Email: tnicolaus@phaboard.org

Public Health Accreditation Board's Rigorous National Standards Now Benefiting 178 Million U.S. Residents

Sixteen More Health Departments Demonstrate Capacity to Protect, Promote Their Communities' Health

Alexandria, VA — Demonstrating their commitment to improving health and delivering quality public health services to their communities, 16 more public health departments have been awarded national accreditation through the Public Health Accreditation Board (PHAB). This week's decisions bring another 4.5 million people into the expanding network of communities across the nation whose health departments meet rigorous national standards for delivering quality programs and services.

PHAB, the non-profit, non-governmental organization that administers the national public health accreditation program, aims to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation's state, Tribal, local, and territorial public health departments. Launched in 2011 with support from the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation, PHAB's accreditation program has become the national standard for public health and is now bringing the benefits of national accreditation to 178 million people, or 58 percent of the U.S. population.

National accreditation status was awarded March 14, 2017 to:

- Bethlehem Health Bureau, Bethlehem, PA
- Cecil County Health Department, Elkton, MD
- Center for Human Development, Inc., La Grande, OR
- City of Nashua Division of Public Health and Community Services, Nashua, NH
- Connecticut Department of Public Health, Hartford, CT
- Denver Environmental Health, Denver, CO
- Hamilton County Public Health, Cincinnati, OH
- Jackson County Public Health, Medford, OR
- Jessamine County Health Department, Nicholasville, KY
- Lake Cumberland District Health Department, Somerset, KY
- Los Angeles County Department of Public Health, Los Angeles, CA
- North Dakota Department of Health, Bismarck, ND
- San Francisco Department of Public Health, San Francisco, CA
- Shawano-Menominee Counties Health Department, Shawano, WI
- Union County General Health District, Marysville, OH
- Washington County Public Health Division, Hillsboro, OR

"PHAB welcomes these latest health departments and their communities to the growing list of those who have put their work out for review against national standards and have been successful," said PHAB President and CEO Kaye Bender, PhD, RN, FAAN. "With this week's accreditation decisions, many more U.S. residents are now served by accredited health departments. What that means is that the people living and working in these communities can be assured that their health department is strong and has the capacity to protect and promote their health."

To receive national accreditation through PHAB, a health department must undergo a rigorous, multi-faceted, peer-reviewed assessment process to ensure it meets or exceeds a set of public health quality standards and measures.

Commenting on the accreditation of the Connecticut Department of Public Health (DPH), Commissioner Raul Pino, MD, MPH, expressed pride in the department's staff and the professionalism and quality of the work they carry out every day.

"Achieving national accreditation demonstrates DPH's capacity and dedication to deliver quality services to protect and improve the health of the people in Connecticut," Dr. Pino said. "By engaging in continuous quality and performance improvement, DPH is well-positioned to proactively respond to current and emerging public health challenges."

The Connecticut Department of Public Health is the 22nd state health department to be awarded accreditation through PHAB. One Tribe, one integrated local public health department system, and 155 local health departments have also achieved the designation, including the Los Angeles County Department of Public Health in Los Angeles, CA.

"We are pleased and excited to be recognized for achieving national standards," said Barbara Ferrer, PhD, MPH, MEd, Director of the Los Angeles County Department of Public Health. "Becoming accredited by PHAB also requires an ongoing commitment to quality programs and services. We are the most populous county in the nation, serving over 10 million people, and Los Angeles County Public Health remains dedicated to its commitment and mission to protect and promote the health of all of our residents."

Public health departments are on the front lines of improving and protecting the health and well-being of people and communities. Across the nation, health departments provide services aimed at promoting healthy behaviors; preventing diseases and injuries; ensuring access to safe food, water, clean air, and life-saving immunizations; and preparing for and responding to public health emergencies.

For more information, contact Teddi Nicolaus at (703) 778-4549, ext. 118, or email tnicolaus@phaboard.org. Learn more about PHAB and accreditation at www.phaboard.org.

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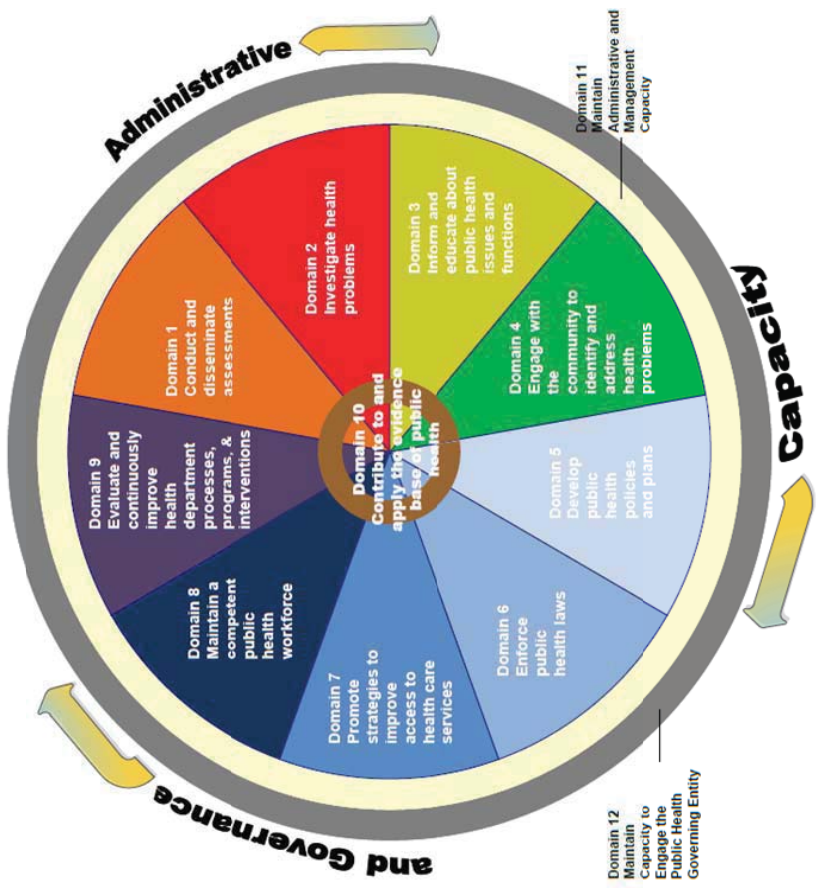
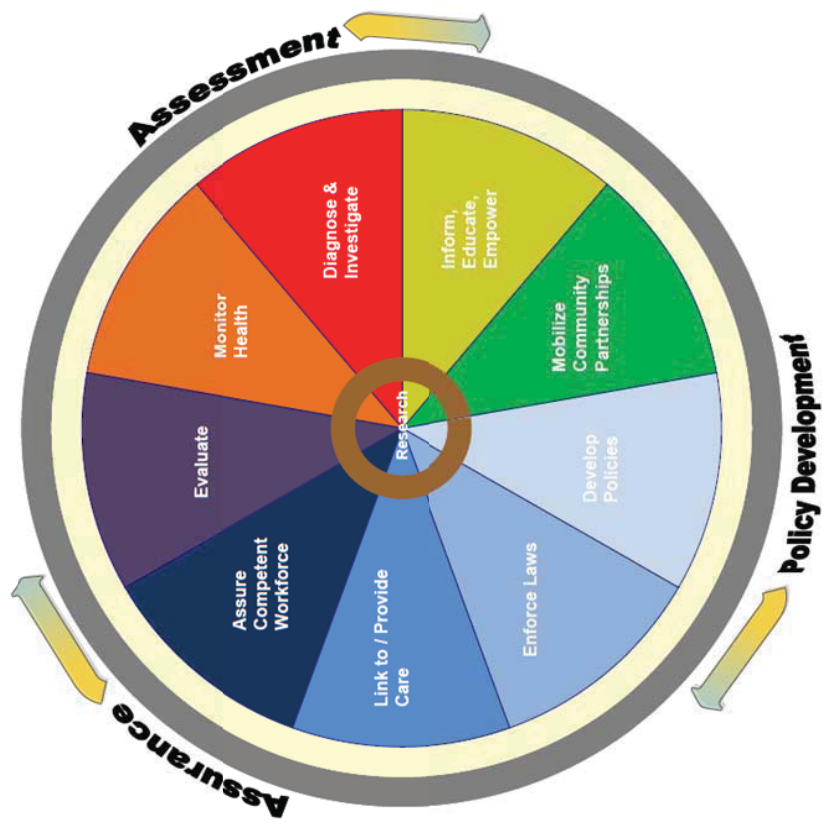
About the Public Health Accreditation Board

The Public Health Accreditation Board (PHAB) was created to serve as the national public health accrediting body and is jointly funded by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation. The development of national public health accreditation has involved, and is supported by, public health leaders and practitioners from the national, tribal, state, local, and territorial levels. Learn more about PHAB or sign up for the PHAB e-newsletter by visiting www.phaboard.org.



Ten Essential Public Health Services and PHAB's Accreditation Domains			
EPHS	Essential Service	AD	Domain
1	Monitor health status to identify and solve community health problems	1	Conduct and disseminate assessments focused on populations health status and public health issues facing the community
2	Diagnose and investigate health problems and health hazards in the community	2	Investigate health problems an environmental public health hazards to protect the community
3	Inform, educate and empower people about health issues	3	Inform and educate about public health issues and functions
4	Mobilize community partnerships and action to identify and solve health problems	4	Engage with the community to identify and address health problems
5	Develop policies and plans that support individual and community health efforts	5	Develop public health policies and plans
6	Enforce laws and regulations that protect health and ensure safety	6	Enforce public health laws
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable	7	Promote strategies to improve access to health care
8	Assure competent public and personal health care workforce	8	Maintain a competent public health workforce
9	Evaluate effectiveness, accessibility and quality of personal and population-based health services	9	Evaluate and continuously improve processes, programs, and interventions
10	Research for new insights and innovative solutions to health problems	10	Contribute to and apply the evidence based of Public Health
Core Functions of Public Health: 1. Assessment: EPHS 1 & 2 2. Policy Development: 3, 4 & 5 3. Assurance: 6, 7, 8, 9 and System Management: 10		11	Maintain administrative and management capacity
		12	Maintain capacity to engage the public health governing entity

The 10 Essential Public Health Services and PHAB's Accreditation Domains



STANDARDS: AN OVERVIEW

ASSESS

DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Standard 1.1: Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment

Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and On the Health Status of the Population

Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health

Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

INVESTIGATE

DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community

Standard 2.1: Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards

Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards

Standard 2.3: Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards

Standard 2.4: Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

INFORM & EDUCATE

DOMAIN 3: Inform and educate about public health issues and functions

Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness

Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

COMMUNITY ENGAGEMENT

DOMAIN 4: Engage with the community to identify and address health problems

Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes

Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies that will Improve the Public's Health

POLICIES & PLANS

DOMAIN 5: Develop public health policies and plans

Standard 5.1: Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity

Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan

Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan

Standard 5.4: Maintain an All Hazards Emergency Operations Plan

PUBLIC HEALTH LAWS

DOMAIN 6: Enforce public health laws

Standard 6.1: Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed

Standard 6.2: Educate Individuals and Organizations on the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply

Standard 6.3: Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

ACCESS TO CARE

DOMAIN 7: Promote strategies to improve access to health care

Standard 7.1: Assess Health Care Service Capacity and Access to Health Care Services

Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services

WORKFORCE

DOMAIN 8: Maintain a competent public health workforce

Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers

Standard 8.2: Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual Training and Professional Development, and the Provision of a Supportive Work Environment

QUALITY IMPROVEMENT

DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions

Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives

Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

EVIDENCE-BASED PRACTICES

DOMAIN 10: Contribute to and apply the evidence base of public health

Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions

Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences

ADMINISTRATION & MANAGEMENT

DOMAIN 11: Maintain administrative and management capacity

Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions

Standard 11.2: Establish Effective Financial Management Systems

GOVERNANCE

DOMAIN 12: Maintain capacity to engage the public health governing entity

Standard 12.1: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities

Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity

Standard 12.3: Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities



The **PHAB STANDARDS** apply to all health departments—Tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is “what” the health department provides in services and activities, irrespective of “how” they are provided or through what organizational structure. Please refer to the **PHAB Standards and Measures** Version 1.5 document, available at www.phaboard.org, for the full official standards, measures, required documentation, and guidance.





Branding our Name through Communication

*****Departmental branding is changing due to our new logo*****

New branding instructions will be emailed once complete

- The large majority of agencies use documents to communicate, transact business and analyze its productivity.
- Documents provide proof of an organization’s identity and may be referred to for years to come.
- It is also important that they be well organized and well written.
- Documents range from brief email messages, flyers, agendas, to complex contractual legal agreements.
- Some documents are prepared by employees and by agency’s administrators, while others are drafted by professionals from outside of the agency, such as accountants and/or lawyers.

**Madera County Public Health Department
conveys all information by utilizing the following 4 components:**

1. - National Public Health Logo (MCPHD):	2. - Madera County Logo:	3. - Date:	4. - Initials:
 Public Health Prevent. Promote. Protect. <small>Madera County Public Health Department</small>		___ / ___ / ___ (01/01/2010)	GZ / JA / BG

Do's & Don'ts for Preparing Documentation


DO'S

- **Make sure every document includes evidence of authenticity (MCPHD 4 components).**
- **If you use web links, make sure web links include dates and a brief narrative.**
- **Depending of the document, make sure to “tell the story” by utilizing event titles, description of the event (s), and contact information.**


DON'TS

- **Don't upload drafts.**
- **Don't upload documents with blank signature lines.**

EXAMPLES




MADERA COUNTY PUBLIC HEALTH DEPARTMENT




<p style="text-align: center;">MISSION STATEMENT</p> <p>MADERA COUNTY PUBLIC HEALTH DEPARTMENT PROTECTS THE HEALTH OF OUR COMMUNITY BY PREVENTING DISEASE AND PROMOTING HEALTH EQUITY.</p>	<p style="text-align: center;">VISION STATEMENT</p> <p>KEEPING ALL MADERANS HEALTHY.</p>	<p style="text-align: center;">I CARE</p> <p>I: INTEGRITY C: COLLABORATION A: ACCOUNTABILITY R: RESPECT E: EQUITY</p>		
<p style="text-align: center;">INTEGRITY:</p> <p>WE ARE HONEST AND ETHICAL IN ALL WE DO. WE STRIVE TO DO THE RIGHT THING TO REACH THE BEST PUBLIC HEALTH OUTCOME.</p>	<p style="text-align: center;">COLLABORATION:</p> <p>WE VALUE THE DIVERSITY AND UNIQUE CONTRIBUTIONS OF OUR EMPLOYEES AND PARTNERS. WE DEVELOP POSITIVE RELATIONSHIPS, FOSTER CREATIVE SOLUTIONS, AND STRENGTHEN OUR CAPACITY TO ACCOMPLISH OUR MISSION.</p>	<p style="text-align: center;">ACCOUNTABILITY:</p> <p>AS DILIGENT STEWARDS OF THE PUBLIC TRUST AND THE PUBLIC FUNDS, WE ACT COMPASSIONATELY IN SERVICE TO THE PEOPLE'S HEALTH AND HOLD OURSELVES AND OTHERS TO THE APPROPRIATE HIGH STANDARDS. WE OPERATE WITH OPEN COMMUNICATION, TRANSPARENCY, TIMELINESS AND CONTINUOUS QUALITY IMPROVEMENT.</p>	<p style="text-align: center;">RESPECT:</p> <p>WE UPHOLD A STANDARD OF CONDUCT THAT RECOGNIZES AND VALUES THE CONTRIBUTIONS OF ALL. WE FOSTER A WORKING ENVIRONMENT IN WHICH LISTENING TO AND UNDERSTANDING OUR DIFFERENCES IS ENCOURAGED AND CONFIDENCES ARE PROTECTED.</p>	<p style="text-align: center;">EQUITY:</p> <p>WE STRIVE FOR A FAIR EQUITABLE AND JUST ENVIRONMENT.</p>

VDR
08/08/2016



MADERA COUNTY PUBLIC HEALTH DEPARTMENT

14215 Road 28, Madera, CA 93638-5715



VAN DO-REYNOSO, MPH
Public Health Director

THOMAS COLE, MD
Health Officer

PRESS RELEASE – For Immediate Release

What: Fruit and Veggie Festival
Date: Friday, May 20, 2016
Time: 2:00 p.m. – 5:00 p.m.
Where: Bridge Store, 748 N. D Street, Madera, CA. 93638
Contact Person: Alan Gilmore
Madera County Public Health Department SNAP-Ed Program
E-mail: alan.gilmore@co.madera.ca.gov
Phone: Office (559) 675-7893 X-516 or Cell (559) 481-5345

Join Madera County Public Health Department and Bridge Store for the Fruit and Veggie Fest – a Celebration of Healthy Living on Friday, May 20, 2016.

Madera, Calif., May 18th, 2016

The Madera County Public Health Department in collaboration with Bridge Store, a local grocery store, is coordinating a free Fruit and Veggie Fest for Madera County residents on Friday May 20, 2016 from 2pm to 5pm. The event will feature various educational and family-friendly activities, including cooking demonstrations, samples of infused water, physical activity, and store tours. Each May, Fruit and Veggie Fest events are celebrated throughout California to encourage consumers to improve their health by filling their shopping cart with an array of colorful fruits and vegetables each time they shop.

Our efforts to inform, educate, and empower our community are critical in the battle against the obesity epidemic, particularly among low-income families. Studies have shown that retail promotions such as the Fruit and Veggie Fest have a positive impact on how consumers spend their food dollars and CalFresh benefits that can ultimately improve their life.

This event has reached hundreds of Madera County residents in the past, providing them with community resources, health tips, and nutritious recipes to nourish their families. The Madera County Public Health Department would like to invite the community to participate in this event.

###

For CalFresh information, call 1-877-847-3663. Funded by USDA SNAP-Ed, an equal opportunity provider and employer.
Visit www.CaChampionsForChange.net for healthy tips.

GZ
05/18/2016



PUBLIC HEALTH



Tour

PUBLIC HEALTH SOUTH TOUR MAP



O & E, El Centro Bilingual – enrollment help for Medi-Cal & Covered California. Language assistance in English, Spanish, Mixteco & Triqui

The Clinic gives TB & STD testing, immunizations, discontinued Senior Labs & Water testing. No one is turned away for non-payment.

Front Counter – Staff assists clients. Clinic staff make appointments and tracks visits for billing.

Clinic Supervisor oversees the nurses & front counter staff

PH Nurses administer immunizations, TB, hearing & vision tests.

Front Lab – Microbiologist analyzes samples sent by hospitals to identify pathogens. Determinations are made and sent to California Department of Public Health where applicable.

Vital Statistics – Registrar records births & deaths, issues appropriate certificate. Records morbidity (death associated with a particular malady); this data supports other programs such as 1305 (diabetes prevention). VS issues burial permits to funeral homes & individuals.

Break room Full kitchen, write your name on lunch items, please do your own dishes

Accounting staff checks out cars, processes travel requests.

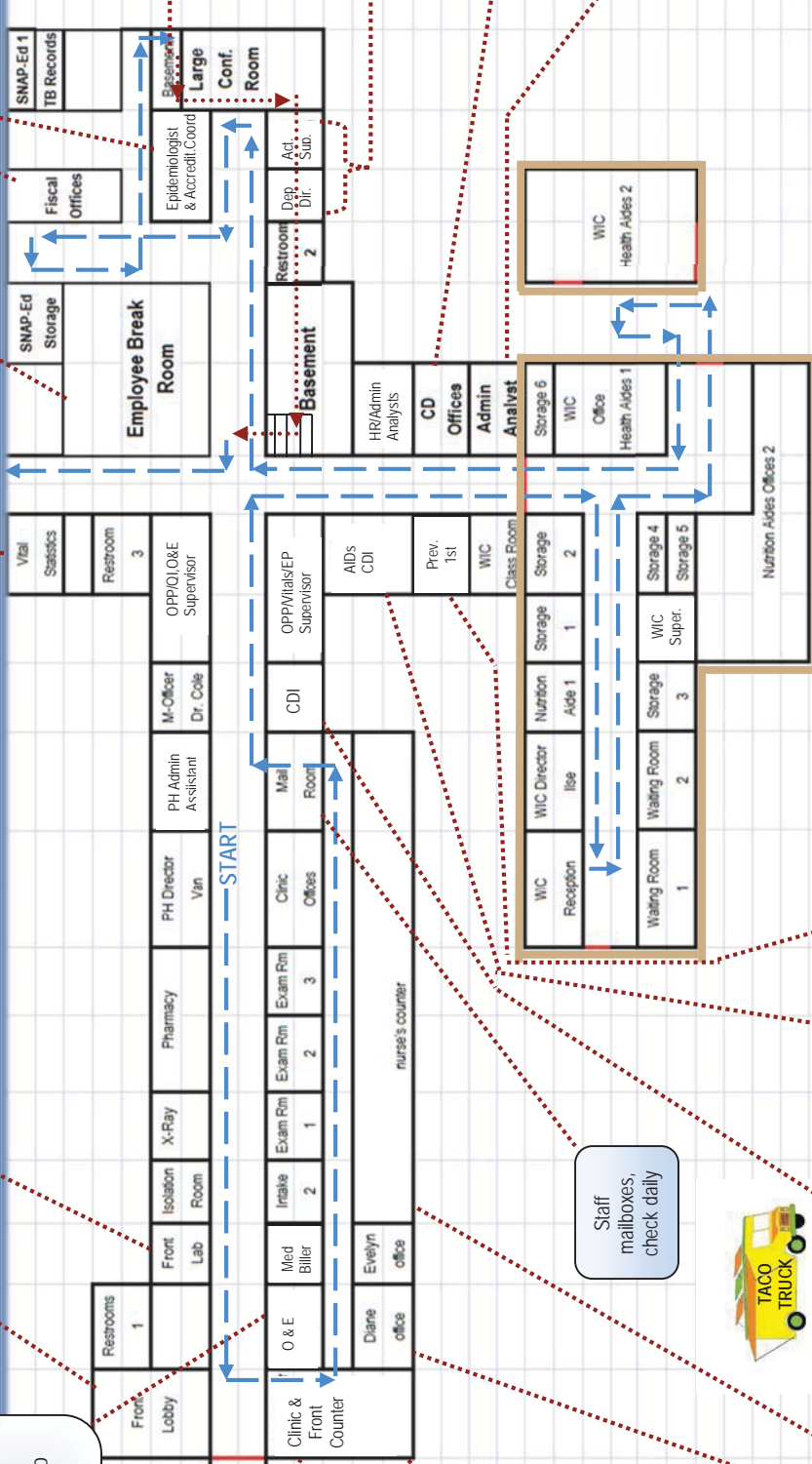
Epidemiologist studies malady dispersion data to help create needed prevention programs

Basement – storage for several programs. PH was Madera's first hospital

Office of the Deputy Director & Fiscal Services Supervisor

Communicable Disease Investigations

Accounting & IT Analysis. Accounting tracks PH \$\$, IT maintains computers



Prevention First – Diabetes & high blood pressure education & outreach

AIDS Program – conducts outreach and enrollment into AIDS drug assistance & works with local providers for case reporting

Communicable Disease investigations, surveillance and lead prevention

WIC – supplemental nutrition for women, infants & children. WIC is the largest PH program, seeing over 9300 clients per month. WIC goals include improving health of participants during critical times of growth. WIC measures child growth rates by weight and height, & gives coupons for peanut butter, milk & other foods needed for a healthy diet. WIC encourages Breast Feeding with education and outreach

PUBLIC HEALTH NORTH TOUR MAP



Medical Therapy Unit – satellite at Gould school. Provides students with Physical & Occupational Therapy, durable medical fittings & repair

Health Care Program for Children in Foster Care

Child Health Disability Prevention Program (CHDP) Children on managed care or fee for service Medi-Cal get a physical. If there are additional services needed resulting from the physical, CHDP links patient with specialists or transportation. Every three years CHDP conducts site reviews for Medi-Cal Providers.

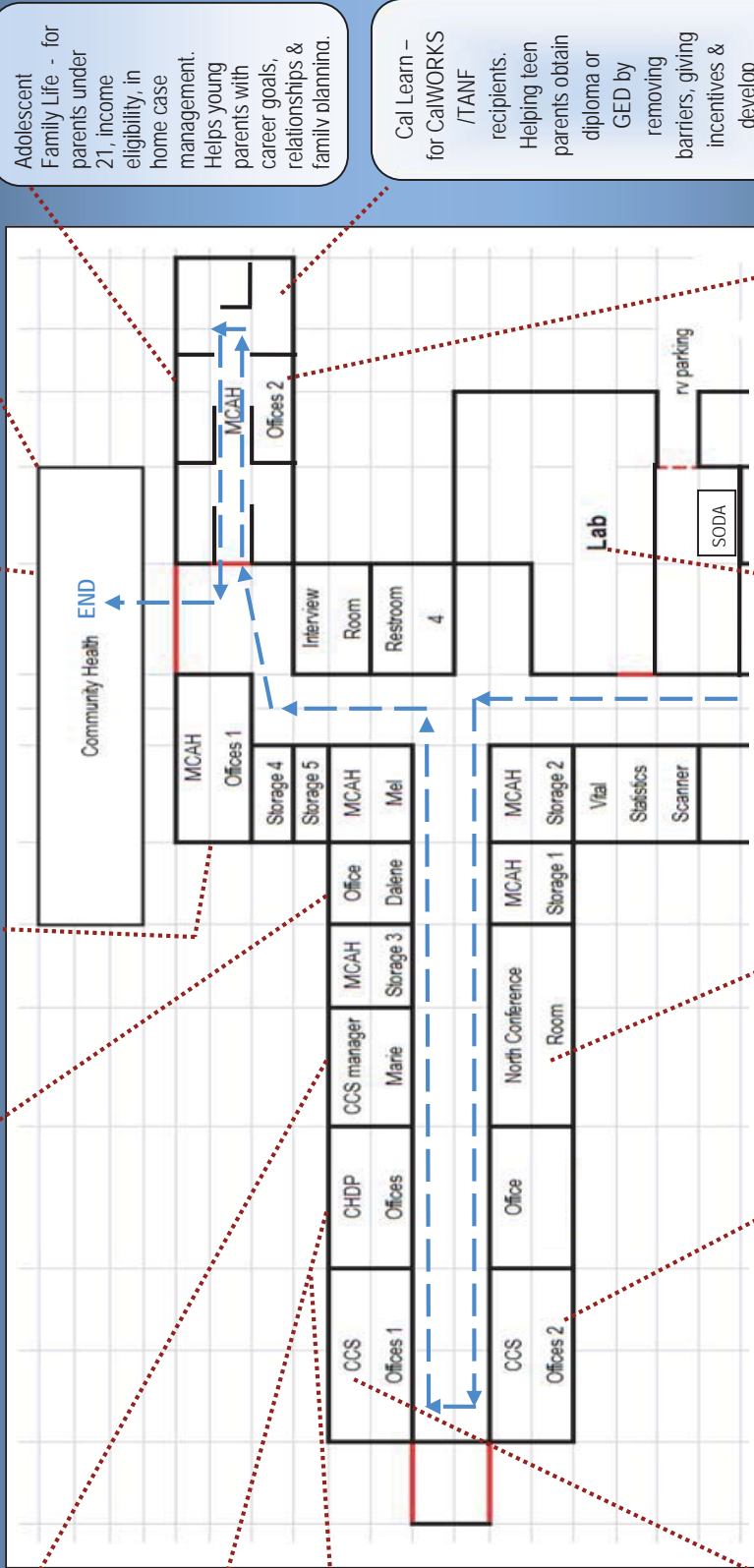
California Children's Services (CCS) for children 0 to 21, CCS is a supplemental service for Medi-Cal. CCS helps with medical expenses for long-term illnesses such as diabetes or multiple sclerosis. Applicants are referred by the doctor's office & meet income & medical requirements.

Healthy Beginnings – help children with mental health issues, domestic violence & adverse childhood experiences. Works together with CPS & DSS.

First Parents Program - Education & support for new parents in their home or PH office. No income/age eligibility requirements

Emergency Preparedness - works with community partners for disaster preparedness. Also offers CPR & first aid classes to county residents.

Community Health – Education & outreach for nutrition and physical activity, tobacco cessation, teen pregnancy and worksite wellness.



Adolescent Family Life - for parents under 21, income eligibility, in home case management. Helps young parents with career goals, relationships & family planning.

Cal Learn – for CalWORKS /TANF recipients. Helping teen parents obtain diploma or GED by removing barriers, giving incentives & develop parenting skills

California Home Visiting Program (CHVP) - reducing child abuse & strengthening parent-child relationships. Conducts home visits to observe parent-child interactions

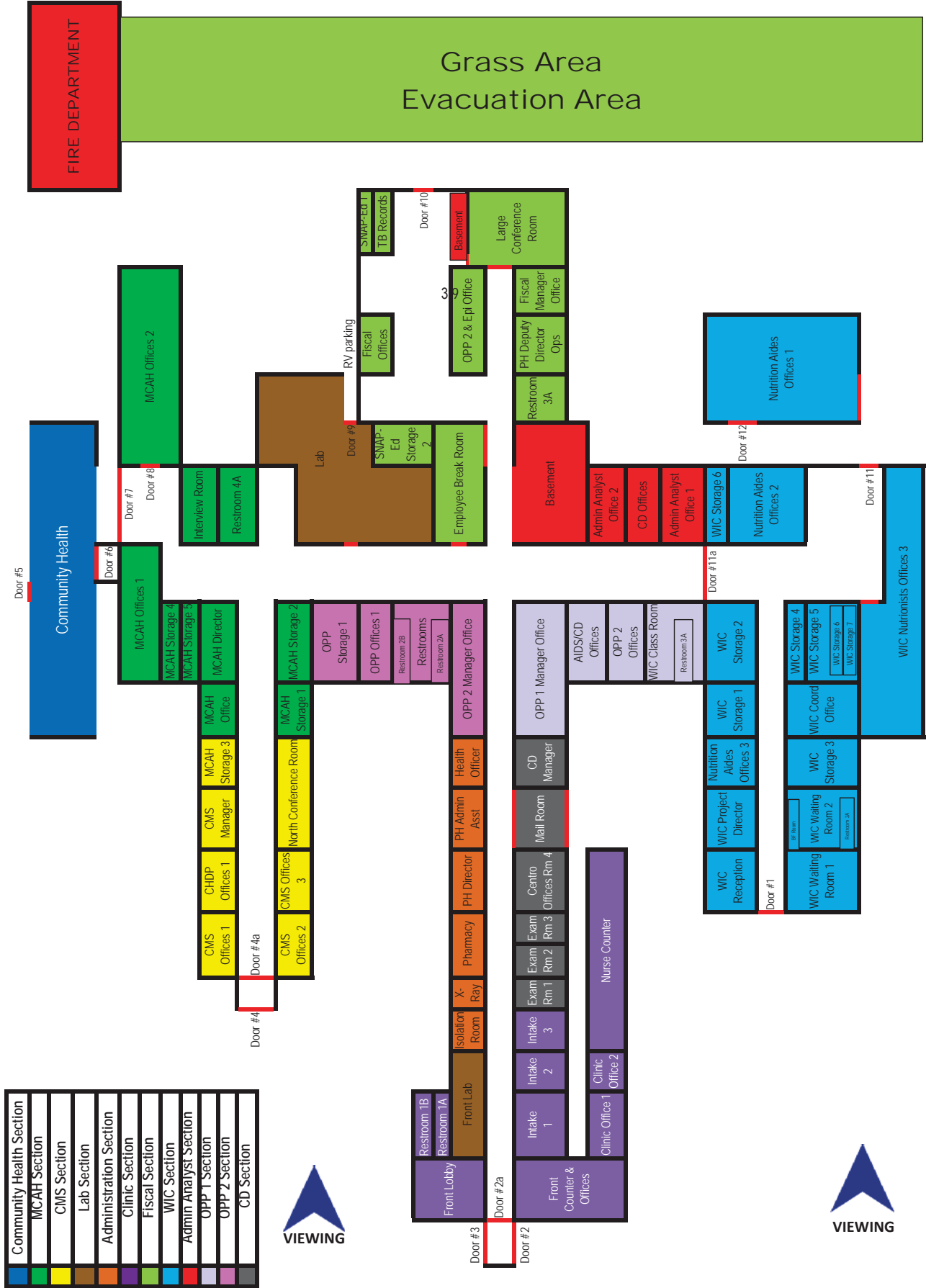
Back Lab – conducts water, environmental testing, OFT blood test for TB and drug tests.

North Conference Room – large formal conference room – see Outlook Calendar to schedule

CCS Nurses – conduct medical application



Madera County Public Health Department





PUBLIC HEALTH



Desk Resources

MADERA COUNTY PUBLIC HEALTH DEPARTMENT

Admin Office	Vacant (Deseri)	243	Eliana	Oropeza	510	Modular	Helper	296	PROGRAM
Alan	Gilmore	516	Elizabeth	Ceballos	405	Monica	Leon	321	ADS: Rhoma Porras 662-2642 ext.642
Alejandra	Molina	233	Elsa	Estrada	440	Myriam	Alvarez	518	CHDP 675-7608
Alicia	Melendez	324	Eric	Orum	252	Natalie	Stein	422	CCS 675-4945
Alicia	Solis	425	Gaby	Fernandez	298	Norma	Garcia	307	FOSTER CARE: Susan Bullard 662-8314
Alma	Rutherford	415	Gina	Reyes	406	Nurse of the Day	Clinic	280	Denise Ellis 662-8327
Amy	Musso	269	Gloria	Torres	441	Paul	Yankey	247	GOULD/MTU: Lupe 662-4819
Andrea	Filebrown	511	Graciela	Lucio	302	Rosie	Padilla	200	Becky 662-4815
Ashley	Negrete	243	Ilse	Arrambide	411	Rosie Maria	Barragan	512	OT - MTU 662-3840
Bertha	Avila	418	Irene	Torres	419	Sara	Bosse	242	Claudia 662-4817
Beverly	Borjas	301	Isaac	Toor	254	Sara	Hanson	325	MTU Extra Line 662-4816
Brian	Gamble	306	Isaura	Martinez	246	Sergio	Garcia	274	WIC-Madera 675-7623
Bryant	Neal	264	Jasmine	Galgos	520	Sinoon	Hong	237	WIC-CHOWCHILLA 201-5023
Carmen	Steven	409	Jennifer	Maddox	245	Stephanie	Nathan	312	405 Trinity Ave
Carmela	Arzola	295	Jerry	Peterson	251	Susan	Martyn	236	
Carol	Guerrero	424	Joanna	Orea	513	Sylvia	Ornelas	407	WIC-OAKHURST 658-7456
Cathy	Gallemore	414	John	Vargas	223	Sylvia	Stratford	313	40325 Highway 41
Cee Cee	Vaughan	319	Jose	Arrezola	257	Terrance	Carter	522	
Centro Binacional		305	Jose	Perez	432	Vanesa	Lopez	412	PUBLIC HEALTH 675-7893
Christian	Coye	429	Juana	Soto-Sosa	437	Victoria	Lucero	414	14215 Rd. 28 TOLL FREE
Christina	Richardson	250	Juli	Gregson	253	Yessina	Garcia	300	Madera CA 93638
Clinic	(Reception)	200	June	Adams	442	WIC	Appointments	400	
Clinic Interview	Room #1	264	Kim	Witten	218	WIC/Annex	Reception Desk	430	
Clinic Nurse	(By Diane)	277	Lab	Receiving	427	WIC	Copy Room	446	ADMIN 662-1568
Conference Room	(Large)	217	Larisa	Walk	444	WIC	Intake	408	ADS 675-5065
Conference Room	(North Wing)	436	LP	Vacant CD Room	434	WIC	Issue	402	CD 674-7262
Cynthia	Melendez	255	Leticia	Rueda	403	WIC	Printer Desk	401	CCS 675-7803
Dalene	Roth	275	Liliana	Zapien	423	WIC	Mercado	203	VITALS 675-0478
David	Martinez	268	Lori	Gardner	238	Yvonne	VACANT		EMERGENCY PREP 661-2854
Deseri	Ornelas	278	Lucero	Alvarez	318				FRONT DESK 661-2815
Diana	Trevino-Turner	215	Luz	Ramirez	280				LAB 661-5192
Diane	Reeves	273	Maria	Contreras	439				MCAH 675-7867
Diego	Casillas	235	Maria	Noyola	410				MTU 661-1228
Doreen	Saba	413	Marisol	Torres	523				OAKHURST 642-0749
Dr. Cole		244	Mary	George-Solorio	260				
Dr. Saad	Mutter	428	Melody	Kellar	303				
Elija	Medina	514	Miguel	Chavez	433				



PUBLIC HEALTH

updated: 05/21/18 JAG

MCPHD CELL PHONE LISTING

<u>NAME</u>	<u>LAST</u>	<u>CELL PHONE #</u>
ALAN	GILMORE	481-5345
ALEJANDRA	MORAN	334-5909
ALICIA	MELENDEZ	474-3256
ALICIA	SOLIS	232-3686
ALMA	RUTHERFORD	474-1704
BEVERLY	BORJAS	232-8726
CYNTHIA	MELENDEZ	474-0208
DALENE	ROTH	474-1197
DENISE	ELLIS	416-9694
DIANA	TURNER	232-8722
DIANE	REEVES	536-0651
ELSA	ESTRADA	232-3047
GABY	FERNANDEZ	517-7279
GRACIELA	LUCIO	232-3040
ILSE	ARRAMBIDE	474-3267
IRENE	TORRES	232-8719
JENNIFER	MADDOX	395-5584
JOSE	ARREZOLA	514-5029
MARIA	CONTRERAS	474-0197
MARY	SOLORIO	731-3657
MELODY	KELLAR	514-5070
MIGUEL	CHAVEZ	479-9373
MYRIAM	ALVAREZ	416-9673
NATALIE	STEIN	718-1870
REBECCA	GILBERT	395-5917
RHOMA	PORRAS	975-9537
SARA	BOSSE	416-9489

UPDATED 11/17 2nd



Toshiba Voice Mail

How do I access Toshiba Voice Mail?

1. Press the voice mail access button (most phones use the "Msg" button), then 850
2. Enter the extension number as the security code (please do not change the password)

How do I change the greeting?

1. Press "MSG" then 850
2. 3 to manage mailbox
3. 1 to change greeting
4. 1 to choose greeting one (*use greeting one for the main greeting, and greeting two for the "away" greeting*)
5. 2 to record greeting
6. 1 to review (or 2 to re-record)
7. 9 to save



ADMINISTRATIVE OFFICE
Human Resources/Operations Division
559-675-7705

200 West 4th Street
Madera, CA 93637

Board of Supervisors
BRETT FRAZIER
District 1
DAVID ROGERS
District 2
ROBERT POYTHRESS
District 3
MAX RODRIGUEZ
District 4
TOM WHEELER
District 5

2018 RECOGNIZED HOLIDAY SCHEDULE

(CLERICAL, COMMUNICATIONS DISPATCHER, CORRECTIONAL OFFICER, DEPUTY PROBATION OFFICER, MID-MANAGEMENT, PEACE OFFICER, PEACE OFFICER MANAGEMENT, POST-GRADUATE LICENSED PROFESSIONAL, PROBATION ADMINISTRATORS, PROBATION MANAGEMENT, TECHNICAL, SERVICE, PROFESSIONAL BARGAINING UNITS and UNREPEPRESENTED EMPLOYEES)

NEW YEAR'S DAY	Monday, January 1, 2018
MARTIN LUTHER KING, JR. DAY	Monday, January 15, 2018
PRESIDENTS' DAY	Monday, February 19, 2018
MEMORIAL DAY	Monday, May 28, 2018
INDEPENDENCE DAY	Wednesday, July 4, 2018
LABOR DAY	Monday, September 3, 2018
VETERANS' DAY	Sunday, November 11, 2018 <i>(Observed on Monday, November 12, 2018)</i>
THANKSGIVING DAY	Thursday, November 22, 2018
DAY AFTER THANKSGIVING	Friday, November 23, 2018
8 HOUR WINTER HOLIDAY (to be taken Christmas Eve)	Monday, December 24, 2018
CHRISTMAS DAY	Tuesday, December 25, 2018
2 FLOATING HOLIDAYS (except Peace Officer and Peace Officer Management unit members who receive one (1) Floating Holiday)	Credited to employees' Holiday Comp balance on Monday, January 1, 2018

This holiday schedule is based on existing Memoranda of Understanding. Should different provisions be ratified, your department will be notified.





MADERA COUNTY
PUBLIC HEALTH DEPARTMENT

Sara Bosse
Public Health Director

THOMAS COLE, MD
Health Officer

FAX TRANSMITTAL SHEET

TO: _____ FROM: _____
AGENCY/COMPANY: _____ DATE: _____
FAX NUMBER: _____ TOTAL NO. OF PAGES INCLUDING COVER: _____
RE: _____

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY FOR YOUR INFO.

NOTES/COMMENTS:

*****Departmental branding is changing due to our new logo*****
New branding instructions will be emailed once complete

**THIS TRANSMISSION IS CONFIDENTIAL INFORMATION AND IS
INTENDED FOR THE ABOVE MENTIONED AGENCY OR PERSON
ONLY.**

14215 Road 28, Madera, CA 93638-5715
Office: (559) 675-7893 Fax: (559) 675-0478



MCPH Department Standards for Business Letter Writing

MADERA COUNTY

PUBLIC HEALTH DEPARTMENT

Sara Bosse
Public Health Director

THOMAS COLE, MD
Health Officer

2 spaces

Month 00, 2016

3 spaces

*** SAMPLE LETTER ***

single space

Joe Pro
Professor, College of Health & Human Service
California State University Fresno
5710 Maple Street
Fresno, CA 93670

2 spaces

RE: Letter of Support

1 or 2 spaces ok

Dear Professor Pro,

single space

single space paragraphs

On behalf of the Madera County Public Health Department (MCPHD) we are pleased to support the California State University Fresno (CSUF) application to lorem ipsum dolor sit amet, consectetur adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, purus lectus malesuada libero, sit amet.

.75 - 1" margins

single space

Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Proin pharetra.

single space

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, purus lectus malesuada libero.

single space

This is an important project as it will provide an opportunity for MCPHD and CSUF to provide leadership to support the development of a coordinated system.

2 spaces

Sincerely,

3 spaces

Your Name here
Your Title here

NOTE:

- 1). Letterhead is specific to individual programs. All departmental letterhead variations are in:
HealthShared\Department Forms\Letterhead - Program specific
- 2). Follow Left-flush bloc letter format
- 3). Use easy to read font, such as Arial, Arial Narrow or Times New Roman

At least 2 spaces between bottom line of text and letterhead footer

14215 Road 28, Madera, CA 93638-5715
Office: (559) 675-7893 Fax: (559) 662-1568



MADERA COUNTY

PUBLIC HEALTH DEPARTMENT

Sara Bosse
Public Health Director

THOMAS COLE, MD
Health Officer

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14215 Road 28, Madera, CA 93638-5715
Office: (559) 675-7893 Fax: (559) 662-1568



PUBLIC HEALTH

Human Resources Documents

**MADERA COUNTY
Computer Equipment & Systems Usage
Agreement**

I agree and will adhere to the following rules:

1. I understand that electronic media, including but not limited to e-mail, network and Internet/Intranet access, is owned by Madera County and to be used for business purposes of Madera County.
2. All data viewed or stored is subject to audit, review, disclosure and discovery. Such data may be subject to disclosure pursuant to the Public Records Act (California Government Code section 6250 et seq.).
3. I understand that electronic media communication may not be deleted from the system, even though it appears an item may have been deleted.
4. I understand that supervisors, managers, department heads as well as computer support personnel as authorized by the department head have the right to enter, search and monitor the computer files, voice mail, e-mail or any type of electronic file without advance notice on all County-owned computing devices (defined as any device that is used to conduct County business that includes the access or retention of County data). Justification may include but is not limited to maintenance, operational, auditing, monitoring work flow or productivity, security, investigative, disclosure of confidential business or proprietary information or personal abuse of the system.
5. Limited personal use of County computers may be allowed at the sole discretion of the County through the department head. However, personal obligations that must be conducted at work should be done as expeditiously as possible and with the approval of the department head. Nothing in this section confers authority on a department head to allow personal use of computer equipment during normal work hours, except in an emergency.
6. I understand that I have no expectation of privacy regarding information, including electronic mail messages and/or text messages, transmitted or received on any County-owned computing device. All electronic mail messages and/or text messages transmitted or received on any County-owned computer or other electronic device will become the property of the County and as such may be reviewed by the employer and co-workers in the ordinary course of business and without notice to me.

7. I understand that prohibited use includes but is not limited to:
- Business of employee or any commercial activities of financial gain by employee;
 - Solicitation;
 - Illegal or impermissible activities defined as a violation of County policies, regulations, state and/or federal law;
 - Search, view or download of any pornographic or sexually explicit materials;
 - Dating or relationship matching sites;
 - Political endorsements;
 - Creating or forwarding "chain letters," "Ponzi" or other "pyramid" schemes of any type;
 - Transmission of any communications where the meaning of the message or its transmission or distribution would violate any applicable law or regulation or which may be offensive to the recipient;
8. I understand that e-mail etiquette is important to maintaining a professional standard of excellence as a County employee, and that County e-mails should not contain inappropriate or unprofessional language, personal attacks, or profane or obscene utterances.
9. I understand that the use of County e-mail is for furthering County business purposes and not for personal use or gain. Every e-mail sent is a reflection on the sender and on the sender's employer, the County of Madera.
10. I understand that any criminal conduct which is revealed by electronic mail received or transmitted by me, or by my use of County-owned computer systems, may be referred to the proper authorities for investigation or prosecution.
11. I will use the hardware or software in an ethical manner. I will respect the security of the computing device and I will not improperly use or gain access to the network, hardware or software.
12. I will not use or copy any copyrighted and/or patented software or parts thereof without legal authority to do so.

13. I will not install any hardware, program, software or data on any County-owned computer. Only IT personnel may install any hardware, program, software or related data on any County-owned computer. Mobile computing devices capable of downloading and executing device specific applications may be installed by the Department Head only, and only on their County provided device. All other mobile computing device apps will be installed by IT personnel.
14. I will respect any confidential information obtained or used as part of my job performance.
15. I will maintain system security by keeping my user identification and password(s) confidential.
16. I acknowledge that the use by employees of passwords or other message protection measures, other than those specifically authorized by the County, are prohibited. Multiple passwords or data locking measures will not make electronic mail messages or other data private.
17. Designations on messages or directories designating the material as personal or private, or otherwise attempting to segregate the material will not alter the stipulations as described in paragraph 4 above. The County's authorization for me to use a password or other data protection measures will not constitute consent by the County for me to maintain the messages or data as private. I understand that other persons within my department and/or County government generally may have routine access to my work product and have the right to access data stored on any County-owned computer used by me at any time whether or not password protected.
18. I understand and acknowledge that my departmental employer may be provided with copies of messages sent by me and received by others, whether within the County government or otherwise. Accordingly, I have no expectation of privacy in messages sent or received.
19. The County reserves the right to mandate standardized e-mail footers (The bottom section of an e-mail that does not change with both legal and exclusionary comments concerning the content of the e-mail) to any e-mail originating from County e-mail systems. Once established, altering the published standard is strictly forbidden.

E-mail is here to stay. Your message is forever so think twice before committing your thoughts to posterity by sending them in an e-mail.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND WILL ABIDE BY THE ABOVE COMPUTER EQUIPMENT AND SYSTEMS USAGE RULES AND POLICIES. I UNDERSTAND THAT FAILURE TO ABIDE BY THESE RULES MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT WITH THE COUNTY OF MADERA. I ALSO UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY COSTS ASSOCIATED WITH OR AS A RESULT OF ANY VIOLATION OF THESE RULES AND POLICIES.

Employee's Signature

Date

Supervisor's Signature

Date

Confidentiality Agreement

Madera County acknowledges both a legal and ethical responsibility to protect the privacy of clients. Consequently, the indiscriminate or unauthorized access or review, use or disclosure of Protected Health Information (PHI) from any source regarding any client/patient or employee is expressly prohibited. PHI includes any information created or received by Madera County from a health care provider, a client/patient, or other health plan; this includes electronically stored and transmitted medical information that

- relates to the past, present, or future health condition of the client/patient, or
- relates to the provision of health care services to the client/patient, or
- relates to the past, present, or future payment of health care services provided to the client/patient

Except when required in the regular course of business, the discussion, use, transmission, or narration, in any form, of any PHI, which is obtained in the regular course of your employment, is strictly forbidden.

Those individuals who also have access to any Madera County financial information are expected to respect and treat the confidentiality of such information in the same manner as that of the client or employee information.

As condition of obtaining access to information concerning medical procedures, treatment, or other data records utilized/maintained by Madera County, I agree not to divulge any information obtained in the course of my assignment to unauthorized persons, and I agree not to publish or otherwise make public any information regarding persons either receiving services from Madera County or providing services to Madera County clients.

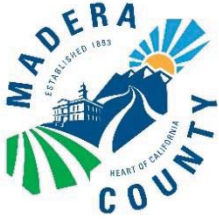
Access to data shall be limited to authorized personnel of state and federal regulatory agencies, their fiscal agents, state and federal personnel who require the information in the performance of their duties and to such others as may be authorized by the California Department of Public Health.

I recognize that unauthorized release of confidential information may make me subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions Code Section 14100.2. I also recognize that violation of this confidentiality agreement may result in disciplinary action up to and including dismissal.

I acknowledge receipt of the Madera County's Confidentiality policy. I understand that it is my responsibility to read, understand, and adhere to the policy and procedure statements. This confidentiality policy continues to be in effect after my employment ends with Madera County.

Signature – Date: ____ / ____ / ____

Witness Date: ____ / ____ / ____



PHOTO/VIDEO RELEASE Consent and Waiver of Rights

The County allows photographs, video footage, audio recordings, comments, and names of persons who participate in County activities open for the public to be used in County-produced materials such as social media sites, brochures, posters, other printed materials, and television programming for purposes of recognizing a person's accomplishments and/or promoting the interests of the County ("County Uses"). Activities open to the public include but are not limited to voluntary participation and attendance at County athletic and/or performing arts events, community service events, commencement ceremonies, County fundraisers, and similar events.

1. Name of Person/Participant (please print): _____ Age: _____

2. Name of Parent/Legal Guardian (if individual above is under 18 years old): _____
(please print)

- a. I grant permission to the County the right to print, photograph, record, and edit as desired, my biographical information, name, image, likeness, and voice on audio, video, film, slide, social media, and/or any other electronic and printed formats (collectively referred to as "Recordings"), for County Uses.
- b. I grant permission for the County to release the Recordings to media organizations, including but not limited to news/broadcasting stations and social media outlets, in accordance with applicable federal and state law.
- c. I agree that the County and its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings, subject to applicable federal and state law.
- d. I agree that the County and its authorized representatives shall have the unlimited right to use the Recordings for County Uses.
- e. I acknowledge that my participation is voluntary, and I will receive no financial compensation now or in the future. I further agree that my participation in any marketing or communications materials produced by the County confers upon me no rights of ownership or compensation.
- f. I release and hold harmless the County and its agents and employees from liability for any actions, claims, damages, costs or expenses by me or any third party which relate to or arise out of any use of the Recordings.
- g. Parent/Guardian: I expressly represent that I have authority, either as a parent or legally appointed guardian, to execute this Consent and Release on behalf of the Minor.

My signature shows that I have read and understood the release and I agree to accept its provisions.

Person/Participant Signature

Date

Parent/Legal Guardian Signature (if individual above is under 18 years old)

Date

Address: _____ County: _____ State: _____ Zip: _____

Phone Number (Including Area Code): _____

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MADERA COUNTY
DECLARATION OF OUTSIDE EMPLOYMENT,
ACTIVITY OR ENTERPRISE

THIS DECLARATION MUST BE COMPLETED BY EACH MADERA COUNTY EMPLOYEE. PLEASE READ THE INFORMATION BELOW ON STATE REGULATIONS AND COUNTY CODE PRIOR TO COMPLETING THIS FORM. A NEW FORM MUST BE COMPLETED WHENEVER THERE IS A CHANGE IN OUTSIDE EMPLOYEMENT, ACTIVITY, ENTERPRISE OR SELF-EMPLOYMENT.

State law and County Personnel rules specify that County employees shall not engage in any employment, activity, or enterprise which is incompatible with their duties as employees or with the duties, functions or responsibilities of the departments in which they are employed.

The Madera County code requires that an employee engaging in any outside compensated employment, activity or enterprise (including self-employment) shall inform their department head and obtain permission. In order that the department head may consider all relevant factors in making a decision, the time required and nature of the activity must be provided. An employee who fails to report the required information may be subject to disciplinary action up to and including dismissal.

STATE LAW PROHIBITS ANY OUTSIDE EMPLOYMENT OR ACTIVITY WHICH:

1. Involves your use of County time, facilities, equipment or supplies.
2. Involves the use of a badge, uniform, prestige, or influence of you County office or employment.
3. Would normally be required or expected as a part of your county employment.
4. Involves any act for compensation (including self-employment) which may later be subject, either directly or indirectly, to the control, inspection, review, audit, or enforcement of a County officer or employee.

EMPLOYEE NAME:

COUNTY DEPARTMENT EMPLOYED:

COUNTY JOB CLASS:

I hereby certify that I am NOT engaged in any outside compensated employment. In addition, I am not engaged in any outside activity, which is incompatible with my County employment. I understand I am required to seek the approval of my department head if I wish to engage in employment or such activities in the future.

Employee Signature: _____ Date: _____

(OVER)

I am currently, or plan to be engaged in outside employment or an outside activity, which may be perceived or is in conflict with my County Employment. I hereby request approval and provide the information required below:

Date outside employment/activity did or will start: _____

Provide a detailed description of the duties of this employment/activity. Please be sure to include any facts, which could result in interference, conflict or incompatibility of this employment/activity and your County function and duties.

Name of outside employer/activity: _____

Number of days/days of the week and hours required by this employment/activity: _____

I hereby certify that the forgoing is a full and accurate statement. I have read and understand the legal prohibitions and certify I will fully comply with them.

EMPLOYEE SIGNATURE: _____ DATE: _____

DEPARTMENT HEAD ACTION:

Approved: Denied:

REASON: _____

SIGNATURE: _____ DATE: _____

2.60.160 Policy on outside employment. Employees may be allowed to work for another employer, engage in other activities for pay, and/or operate or have interests in enterprises and activities outside of their employment with the county subject to the following conditions.

1. All employment or self-employment for compensation outside of county work shall be authorized by the employee's appointing authority who shall ascertain the nature of employment, days and hours of work involved, and duration of employment;
2. No outside employment shall be authorized which involves private gain or advantage from use of county time, facilities, equipment, or supplies, or the badge, uniform, prestige or influence of the employee's county office or profession or of special knowledge or information available to the employee because of his county employment or profession;
3. No outside employment shall be authorized which involves receipt or acceptance by the officer or employee or any money or other consideration from anyone other than the county for the performance of an act or service which the officer or employee might be required or expected to perform in the regular course of his county employment;
4. No outside employment shall be authorized which involves the performance or an act or service which act or service may later be subject directly or indirectly to the control, inspection, review, audit, or enforcement by such officer or employee or by the department in which he is employed. (Ord. 365 §5.2, 1972).



Public Health Department Expectations

*EMPLOYEES will be held accountable for meeting the expectations as expressed below.
 SUPERVISORS & LEAD STAFF will be held accountable for monitoring and supporting employee performance by providing assistance in meeting the expectations.*

Expectation	Detailed Explanation
Follow="Chain of Command" WH	Employees are expected to follow the chain of command within the Public Health Department (PHD) organizational structure. Instruction, information and/or requests are made through the appropriate levels of authority within the department. Reference the Public Health Department organization chart.
Attendance WH	Employees are expected to: <ul style="list-style-type: none"> • Accept the responsibilities of their job and to adhere to all PHD policies and procedures. • Be at their work station and working at their designated start time. • Leave and return from lunch and breaks at designated times. • Attend all mandatory meetings and trainings at the designated start time of the training, unless other arrangements have been made with the employee's supervisor or manager. • Notify their supervisors if any deviation from the standard lunch or rest breaks occurs.
Meet Deadlines WH	Employees are expected to meet designated deadlines for completion of assignments. They are expected to understand the flow of work they do and be able to organize their work activities and tasks in a manner for effective completion of work assignments within the designated time frames and in an accurate and legible manner. If an employee has any questions or concerns about a designated deadline or assignment, they are to timely consult with their supervisor or manager for guidance.
Problems with work WH	When an employee is having problems completing or understanding the work to be accomplished, they are expected to inform their direct supervisor within 1-3 days prior to the established deadline days and seek assistance. Employees are expected to embrace learning, develop new skills, take in knowledge, attend training, and apply new knowledge on the job.
Participate & Engage Q & Q	Employees are expected to ask questions for clarification if needed, and to make sure that he/she knows what to do, by when, and within what parameters. Employees are expected to: <ul style="list-style-type: none"> • Demonstrate resourcefulness in gathering, preparing, and disseminating health education material. • Effectively use community resources and organizations. • Maintain and update records, files, and reports. • Make individual and group presentations. • Communicate clearly and concisely, both orally and in writing.

Dress WH	Employees represent the Madera County Public Health Department and are expected to model business attire that represents a professional environment and image for the department as outlined in the Madera County Public Health Department Dress Policy. You are expected to dress in such a manner that, if called upon, you could represent the department before the community, business partners, and/or the Board of Supervisors at any given moment. This includes all factors of appearance. Although more casual clothing may be allowed (such as scrubs or jeans for Casual Fridays), you must keep in mind that “casual” still represents that of business environment (not the beach, home, or sports).
Department Meeting Behaviors WH	Employees are expected to prepare and plan appropriately prior to the meeting to eliminate any unnecessary interruptions or distractions. Interruptions/distractions include and are not limited to: phone calls, texts, or other distractions that take away from meetings. An employee should consult with his/her supervisor prior to any scheduled meeting if they are unable to attend or have to arrive late/leave early for any reason.
Professional Conduct PR (Mission Statement & Values)	<ul style="list-style-type: none"> • Employees are to behave in a manner that clearly supports the mission of the Madera County Public Health Department and the professionalism of the role they play for the department. • Employees are to make sure that client information is kept confidential. • Employees are expected to respect cultural norms, listen and understand differences whether this is in relation to clients, participants, co-workers, other agency staff or the community while performing their duties. • Employees are expected to treat other employees as professionals deserving courtesy, honesty and respect.
Initiative AD	Employees are encouraged to take initiative within their realm of authority and function. Employees are also encouraged to make recommendations outside of their realm of authority to improve agency functions and outcomes. Examples include: completion of assigned work and seeking out other work to perform, volunteer to work on a project(s), or ask for an assignment to assist another.
Flexible AD	Employees are expected to be accepting of change and to adapt in situations that call for flexibility, when the change is related to the scope of their job duties.

My signature indicates that I have read and been given a copy of the above expectations.

Name: _____ Date _____

- **One (1) signed copy to Public Health Director & One signed (1) copy to Employee**

Performance Evaluation Category/Color	Abbreviation
Quantity & Quality	Q & Q
Work Habits	WH
Personal Relations	PR
Adaptability	AD



MADERA COUNTY PUBLIC HEALTH DEPARTMENT

CAROL BARNEY
PUBLIC HEALTH DIRECTOR

14215 Road 28
MADERA, CA 93638-5715
PHONE (559) 675-7893
FAX (559) 674-7262

DATE: February 25, 2009
TO: Public Health Department Staff
FROM: Carol Barney & Van Do-Reynoso
RE: Department Standards

Due to the growth in our department, it is important that all staff are clear about performance expectations and that compliance be uniform throughout each program. Our hope is that you will find these guidelines to be constructive. They are not intended to be unnecessarily rigid, but we think you will agree that an important component of workplace satisfaction is having the pride in your work, your department, and respect for those with whom you work.

Department Standards:

1. **Work Hours:** Standard work hours are from 8:00 AM to 5:00 PM. Except for approved clinics, events, or circumstances, it is our expectation that you arrive to work in sufficient time to be at your desk and working at 8:00 AM. It is not acceptable to be late, even a minute or two, on a regular basis.

If you are frequently rolling into the parking lot at 7:59 AM, you probably need to change your morning schedule to provide for unanticipated wardrobe malfunctions, tantrums, or traffic delays.

If you have an exceptionally heavy workload and wish to earn overtime/compensatory time, with prior authorization from your supervisor, you may come in at either 7:00 AM or 7:30 AM and record the appropriate amount of overtime/compensatory time on your time card. If you plan to work overtime/compensatory time, please come in a minimum of 30 minutes in advance of the normal workday. Please do not record 15 minutes of overtime/compensatory time for reporting to work at 7:45 AM each day. Overtime/compensatory time will only be approved if it has been authorized in advance and will meet the 30 minute minimum. The exception to this guideline is for an unexpected client transaction that extends beyond the end of your workday.

Normally, the workday ends at 5:00 PM. Please do not begin the process of locking filing cabinets, putting your work away, shutting down your computer or other office machines, until it has reached 5:00 PM. Unless you have been authorized, please do not leave your work station prior to 5:00 PM. Please be available to those needing assistance without regard to the time.

If a person comes in or calls seeking assistance at 4:59 PM or even a couple of minutes after 5:00 PM, they should be served. Whether assisting someone on the phone or in person, it is your responsibility to complete the transaction prior to leaving for the day. No person should be told to call back or return to the department on the following day to complete their business, except in extraordinary circumstances. This guidance also applies to lunch and rest breaks.

2. **Lunch and Rest Breaks:** The standard lunch break is one hour. If you find that you will be unable to return to work within the authorized time because of circumstances beyond your control, contact your supervisor immediately. Under these circumstances, please ensure that your time worked is reported accurately on your timecard.

It is generally not acceptable to skip or reduce your meal break. If a circumstance arises that will cause you to delay or miss the meal break, please notify your supervisor immediately. The *Director or Assistant Director must authorize any reduction of the work day in lieu of part of the meal break.*

Rest breaks are 15 minutes. It is important that you are mindful of the time. You should not plan to leave the premises unless you can be certain of returning within the 15 minute time constraint. Management will make every effort to provide a break at mid-morning and mid-afternoon. However, in the unusual circumstance that it is not possible to take a break, there should be no expectation that another break period will be extended or that the workday will be reduced. *There is no provision to reduce working hours in lieu of a rest break.*

3. **Sick Leave:** Work is being done to develop acceptable attendance standards. Even though we do not have current analytical data available, it is our expectation that the average sick leave usage will be within six to eight days per year. The exception is the occurrences of major medical events.

Please be reminded that your unscheduled absence impacts program and departmental operations, and often results in an unfair share of the work burden being passed onto your co-workers. Calling in for an unscheduled absence one or more times every month is not acceptable. If your sick leave usage currently exceeds six days per year, we recommend you work with your medical provider to mitigate the problem.

4. **Personal Phone Usage:** Personal phone calls and texting should be rare and should be limited to important matters that need your immediate attention. Please ask family and friends to wait until you get home to contact you about matters that have no urgency. If you are going to chat or text, please do it in the break area or outside, and on your own time with your personal cell phone.

Those having business in our department, even your co-workers, cannot tell that you are on a break when you remain at your desk. With the lack of privacy throughout this building, your conversation is likely heard by those in your proximity.

Recognizing that there is occasional personal obligation that we must realistically conduct from work, i.e. arrange for children to be picked-up, house repairs, etc., make or take the call and get your issue resolved as quickly as possible.

Do not use the county phone by calls outside the Madera area. This constitutes misuse of county equipment.

5. **Computer Usage:** The Madera County Code and Computer Use Agreement is under review for possible amendment to allow for restricted personal use while on breaks. However, until that change is official, you may not use a county computer for personal emails, visit the Internet for personal interest, or play games, even if you are on break.

Please remember that our system is operated on a local server. There should be no expectation of privacy. There is nothing that is done on the computer that cannot be detected by those maintaining the system. In addition, all data on county computer may be subjected to disclosure under a public records subpoena.

6. **Professional Appearance:** Please remember that first impressions will be based on appearance, our behavior, and our workspace. Management, office staff, and those working offsite who regularly meet with the public should comply with the basic guidelines provided in the Dress Code & Identification Badge policies.

Food, drinks, etc. should be stored out of sight, to the extent possible, and personal memorabilia, including family photos, should not dominate your work area. Offices/workspaces should be maintained to give a professional appearance. Even though your workspace may not be exposed to the general public, those who come from other departments in this building, who are specifically seeking your assistance, should find a professional workspace.

7. **Written Communication:** Similar to personal appearance, all documents distributed by programs should be professional in appearance. All documents should be checked for spelling and grammar prior to sending. Please ask your supervisor to proof your document if you are unsure about the content or style.

Emails are often carbon copied, blind copied, or forwarded. Therefore, make sure that the content of your email is professional and courteous. Don't write anything that would cause regret or embarrassment if the email was printed on the front page of the newspaper the next day.

8. **Customer Service:** Sometimes disparaging remarks are heard about clients and even comments between co workers that they are "unable to get any work done due to constant interruptions," typically referencing the public and their requests for assistance.

Please remember that without them, the taxpaying public, the position you hold would likely be unnecessary. We are a public agency, supported by tax dollars, with the sole purpose of providing services for the health and welfare of our community. If you do not consider the act of providing assistance to those we serve to be the most essential duty of your job, you are in the wrong place.

As a department, we are highly committed to providing services to our clients. We have endured fiscal and program changes. Most important of all, we continue to support one another, both professionally and personally. Kudos to all of you! Let's work together to bring our department to the next level of excellence!



Public Health
Prevent. Promote. Protect.

Madera County Public Health Department



INTER-OFFICE MEMORANDUM

TO: FMLA-Exempt Staff

FROM: Van Do-Reynoso, Director

DATE: May 5, 2015

CC: Adrienne Calip, Deputy County Administrative Officer, Human Resources

RE: Management-approved Adjustments to Work Schedule for FLSA-Exempt Staff

This memo is an effort to clarify the Public Health Department's approach to handling the above-referenced subject in keeping with the applicable Memorandum of Understanding (MOU), and the Fair Labor Standards Act (FLSA).

As a point of reference, the current **Mid-Management MOU** (effective January 1, 2015 through June 30, 2017) states the following: "Designated employees within the Mid-Management Unit shall receive six (6) days annual paid management leave which may be taken, with approval of the department head,* separate from or in conjunction with other established leave balances."

Management leave is provided annually to employees who hold positions that are designated as FLSA-exempt (not eligible for 1 ½ overtime) and is considered "compensation" for all hours worked over each established forty (40) hour workweek throughout the fiscal year.

In light of the above, the following is an overview of the Department's position regarding the circumstances in which adjusted work schedules will be considered (subject to management approval) for FLSA-exempt employees.

When regularly scheduled or reoccurring meetings/events outside of normal work hours require representation from FLSA-exempt staff, an option may be available for adjusting a work schedule on the day of or within 24 hours after such event.

While not exclusive, the following examples are noted as possibilities for consideration of adjusting a work schedule:

- Regional and/or statewide meetings held off-site over multiple days

- Civil Service Commission meetings, typically held after 5:00 pm
- Evening and weekend outreach and community meetings

In contrast, Management will not consider the following for adjusting a work schedule:

- Responsibilities to open and/or close buildings
- The need to come in and work to perform priority and/or normal work duties before or after normal hours or over the weekends

As always, any adjustment to the work day schedule will require prior approval from the immediate supervisor e.g., the Program Manager, Deputy Director, or Director. Accordingly, such adjustments to schedules will be approved/denied based on the needs of the department and at the discretion of the Program Manager, Deputy Director, or Director. *Please do not expect that any adjustments will be on an hour-for-hour basis.*

Please contact me if you have any questions.

*In practice, the typical approval for use of Management Time Off comes from your direct supervisor.

Personal Electronic Devices/County E-Mail Access

ACKNOWLEDGEMENT

Employee completion of this document is a requirement of the County of Madera Board of Supervisors for those employees who wish to avail themselves of the privilege of synchronizing the employee's personal electronic device(s) with County of Madera e-mail. Employees not completing this document will not be granted the privilege of synchronizing the employee's personal electronic device(s) with County of Madera e-mail. Employees whose personal electronic device(s) are already synchronized with County of Madera e-mail and who do not complete this document will have synchronization with County of Madera e-mail privileges revoked. Employees below Department Head level must obtain Department Head or appointing authority approval prior to seeking synchronization of personal electronic devices to County of Madera e-mail.

Synchronization of Personal Electronic Devices. Upon synchronization of a personal electronic device with County e-mail, copies of the County e-mail messages so synchronized/downloaded now reside in the personal electronic device.

Use of County E-Mail on Personal Electronic Device. Upon synchronization of a personal electronic device with County e-mail, the employee agrees that e-mails sent or received on that device, and that pertain to County business, will be sent or received *only* via County e-mail.

Personal Electronic Devices Subject to Inspection by Third Parties. Any County business transacted on personal electronic devices may be subject to inspection and disclosure, after notice to the employee. County business records, including, but not limited to e-mail, text message, and telephone call records may be subject to inspection under the Public Records Act, State and Federal discovery law, by subpoena or by court order.

E-mail Retention Policy. The County has established an e-mail retention policy as set forth in Board of Supervisors Resolution No. 2010-186. By electing to synchronize personal electronic devices with County e-mail, the device becomes subject to the County e-mail retention policy, and the device owner consents be bound by the retention Policy. This means that County e-mails, no matter how numerous, and no matter the content, must be retained as described in the County e-mail policy.

Password Protection. Employees electing to synchronize personal electronic devices with County e-mail agree to utilize password protection of all devices so synchronized, with such passwords containing a minimum of four (4) numeric digits.

Remote Deletion (Wipe). Employees electing to synchronize personal electronic devices with County e-mail agree that the employee will delete County e-mails from the employee's personal electronic device upon loss, theft, or misplacing of the device, or upon being directed to do so by the County Administrative Officer, County Counsel, Appointing Authority, or Director of Human Resources. In the event of loss, theft, or misplacing of the device, the employee will promptly notify the Department of Information Technology.

Acknowledgement. The undersigned acknowledges having received a copy of the County's e-mail retention policy as set forth in Board of Supervisors Resolution No. 2010-186. The undersigned, in consideration for the privilege of synchronizing County e-mail to his/her personal electronic device in lieu of an otherwise available County-owned device, acknowledges that he/she understands the foregoing terms, conditions, and admonitions, and agrees to be bound by same.

Dated:

Signature

Employee-Printed Name

Dated:

Signature

Department Head-Printed Name



PUBLIC HEALTH

Pre-Employment Policies

*Place documents received prior to
employment from Public Health here*

