

Administration

Public Relations

Goal 1: Provide quality service that satisfies public health clients.

Objective: 100% of client/customer surveys will rate services as satisfactory or higher.



	FY24	FY25
Target	100%	100%
Actual	95%	94%

FY2025 Narrative: During FY2024-25, a total of 846 surveys were distributed. Of those distributed, 681 surveys were completed and returned. Six hundred and thirty-seven of returned surveys rated as satisfactory or higher. *Performance not met. Surveys reporting less than satisfactory referenced length of visit as an issue. To address this issue, practice management has been conducted to determine opportunities for improved workflows. Additionally, programs receiving less than satisfactory survey responses have reviewed the comments shared by participants.*

Goal 2: Thoroughly and promptly investigate complaints received.

Objective: 100% of complaints will be timely and completely investigated.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: Administration received no complaints. *Performance met.*

Quality Assurance

Goal: Review all program policies and procedures according to agency quality assurance guidelines to ensure compliance with state and federal guidelines or standards.

Objective: 100% of programs reviewed according to agency quality assurance guidelines.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: Thirteen programs were reviewed with >97% compliance. *Performance met.*

Program Administrative Review		
Program	Date of Review	Performance*
1. Care Management for At-Risk Children	4/22/2025	97%
2. Care Management for High-Risk Pregnancies	4/22/2025	97%
3. Child Care Health Consultant	4/11/2025	100%
4. Communicable Disease	5/8/2025	100%
5. Family Planning	5/8/2025	100%
6. Finance	6/17/2025	100%
7. Food and Lodging	10/24/2024	98%
8. Health Promotion and Policy	2/5/2025	100%
9. Lab	4/15/2025	100%
10. Preparedness	5/28/2025	100%
11. TB Control	5/8/2025	100%
12. Groundwater Protection	10/24/2024	99%
13. WIC	12/18/2024	98%

*Indicates adherence to agency policy, as well as state and federal guidelines.

Program Support

Goal: Support the clinical programs with accurate and timely lab services.

Objective 1: Maintain the “Clinical Laboratory Improvement Amendments of 1988” (CLIA) certification.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: The last laboratory certification inspection occurred September 26, 2025 with no deficiencies. CLIA inspection takes place every two years. Laboratory certification expiration is August 30, 2027. *Performance met.*

Objective 2: Maintain the Chemical Hygiene Manual/Hazard Communication and provide annual employee training.



	FY24	FY25
Target	100%	100%
Actual	100%	99%

FY2025 Narrative: The clinic lab manager reported 72 out of 73 employees received Hazard Communication training in September 2024. *Performance met. Sixty-seven full-*

time and six part-time staff completed annual training. A part-time staff member did not complete the training due to turnover.

Clients Receiving Lab Services per Clinic (Main Lab)			
Clinic	2022-23	2023-24	2024-25
Family Planning	928	833	735
General Clinic	1,279	1,177	1,047
Daymark Recovery Center (Mental Health)	43	28	8
Total	2,250	2,038	1,790

*Clients Receiving Services (WIC Lab)			
	^2022-23	2023-24	2024-25
Hemoglobin	2,669	3,871	3,948
Lead ⁺	10	8	4
Total Clients	2,679	3,879	3,952

*Some participants may have received more than one service, and individuals are not unduplicated.

^WIC resumed lab services on October 3, 2022.

+WIC ended blood lead screening in September 2024 due to low demand for the service and availability through RCPH Main Lab.

Laboratory Tests sent to State Lab and Quest Diagnostics			
Type of Test	2022-23	2023-24	2024-25
Chlamydia	1,587	1,434	1,376
Gonorrhea	1,587	1,434	1,376
Herpes Cultures	35	45	37
HIV	1,368	1,232	1,146
Lead Screening: (Main Lab)	17	13	34
Syphilis (RPR)	1,373	1,218	1,157
Total Tests	5,967	5,376	5,126

Laboratory Tests Conducted by Public Health			
Type of Test	2022-23	2023-24	2024-25
Pregnancy Tests	464	420	310
Wet Mount	1,076	963	985
Total Tests	1,540	1,383	1,295

FY2024-25 Financial Reporting

RCPH Revenues				
Program	FY 2024-2025		FY 2023-2024	
	Revenue Amount	% of Revenues	Revenue Amount	% of Revenues
County Appropriations	\$ 3,162,799.31	45.6%	\$2,835,068.82	40.3%
Federal & State Grants	\$ 1,707,828.83	24.6%	\$2,353,647.91	33.5%
Medicaid Fees & Fee Reimbursements	\$ 1,858,234.66	26.8%	\$1,727,469.74	24.6%
Other Revenues	\$ 212,933.00	3.1%	\$115,998.70	1.6%
TOTALS:	\$ 6,941,795.80	100%	\$7,032,185.17	100%
RCPH Expenses				
Program	FY 2024-2025		FY 2023-2024	
	Expense Amount	% of Expenses	Expense Amount	% of Expenses
Administration	\$ 1,116,088.57	16.1%	\$1,026,541.85	14.6%
Child Health/Smart Start	\$ 98,742.11	1.4%	\$91,297.55	1.3%
Care Management for At-Risk Children	\$ 289,002.32	4.2%	\$366,350.52	5.2%
School Nurse/SH Liaison	\$ 250,000.00	3.6%	\$250,000.00	3.6%
Communicable Disease/Pandemic	\$ 1,265,650.82	18.2%	\$1,723,854.39	24.5%
Dental Health*	\$ 268,331.14	3.9%	\$161,629.20	2.3%
Environmental Health	\$ 1,348,016.64	19.4%	\$1,209,917.49	17.2%
Health Promotion & Policy	\$ 268,985.08	3.9%	\$281,521.53	4.0%
WIC	\$ 646,946.31	9.3%	\$728,932.97	10.4%
Family Planning	\$ 795,826.50	11.5%	\$713,504.16	10.1%
Case Management for High-Risk Pregnancies	\$ 594,206.31	8.6%	\$478,635.51	6.8%
TOTALS:	\$ 6,941,795.80	100%	\$7,032,185.17	100%

*2024-2025 includes \$125,000 Duke Endowment pass through grant

Child Health

Child Care Nurse Consultant

Immunization Audits in Local Child Care Facilities

Goal: Ensure children in child care facilities will be appropriately immunized.

Objective: 100% of children in child care facilities will be age appropriately immunized.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: A total of 1,940 records were audited with 1,875 in compliance. Of those, 65 records required follow-up and 1,938 were in compliance within 45 days. *Performance met.*

Number of Immunization Records Audited			
	2022-23	2023-24	2024-25
Total Number of Immunization Records in Compliance	1,787	1,888	1,875
Total Number of Immunization Records requiring follow-up	157	30	65

Screening, Referral and Follow-up for Children in Child Care Facilities

Goal: Screen three- to five-year-old children in child care to identify possible problems with vision or hearing and refer children when problems are identified.

Objective 1: 100% of children who have parental consent in selected child care facilities will receive screening.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: One hundred and seventy-two children with parental consent received vision and hearing screenings in selected child care facilities. *Performance met.*

Objective 2: 100% of children with identified problems will be referred for follow-up.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: Vision and hearing screenings identified 19 children that needed follow-up. Of those identified, 19 children were referred for follow-up. *Performance met.*

Training to Providers, Children and Parents

Goal: Meet the needs of child care providers, children and parents by providing education and training.

Objective: 100% of child care facilities will receive the required site visit(s).



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: Randolph County had 41 child care establishments as of June 30th. Seventy-two required visits were made by the Child Care Health Consultant. Ninety-six total visits made as a result of the Child Care Health Consultant visiting some establishments more than once during the year. *Performance met.*

Communicable Disease Cases in Schools and Child Care Facilities				
	2021-22	2022-23	2023-24	2024-25
Meningitis	0	0	0	0
Pertussis	0	1	0	3*
Salmonella	1	0	0	0
Shigellosis	0	0	0	0

*Increase in pertussis cases among children in daycares and schools.

Care Management for At-Risk Children (CMARC)

Goal: Provide interventions and activities that will result in improved continuity of care for high-risk children enrolled with NC Medicaid Managed Care prepaid health plans or private insurance.

Objective: 90% of at-risk children engaged in care management have a comprehensive needs assessment and care plan within the first 30 days of engagement



	FY24	FY25
Target	90%	90%
Actual	100%	100%

FY2025 Narrative: Three hundred and fifty-three at-risk children, 0-5 years of age, were enrolled in care management. Of those enrolled, 353 had a complete comprehensive needs assessment and care plan within the first 30 days of engagement. *Performance met.*

Objective: 90% of referred children will have a patient-centered interaction within 7 business days following referral or three or more outreach attempts within 7 business days from referral entry



	FY24	FY25
Target	90%	90%
Actual	96%	95%

FY2025 Narrative: Three hundred and eighty-eight referrals for at-risk children were received by care management. Of those referred, 369 had a patient-centered interaction within seven business days or three or more outreach attempts within seven business days from the referral entry. *Performance met.*

CMARC/CMHRP Health and Safety Supplies Distribution Report	
ITEMS DISTRIBUTED	# OF ITEMS
	2024-25*
Car Seats with Installation Education	12
Packs of Diapers (in partnership with NC Diaper Bank)	331
Pack ‘n Plays	26

*FY2024-25 – initial year reporting distribution of supplies

Communicable Disease

Disease Prevention

Goal: Prevent vaccine preventable disease in Randolph County children.

Objective: 90% of children age 2 and under known to the health department will be age-appropriately immunized.



	FY24	FY25
Target	90%	90%
Actual	83%	84%

FY2025 Narrative: Clinic staff reported 26 children out of 31 known to the department were age-appropriately immunized at 24 months. These figures include only those children who receive immunizations at the health department. *Performance not met. Staff efforts to improve age-appropriate immunizations included: phone call and post card reminders, assistance from other department program areas that serve the same clients, and by contacting provider offices requesting that they encourage/remind clients about needed immunizations.*

Total Immunizations Administered by Public Health Staff		
Childhood Immunizations (0 – 18 years)		
	2023-24	2024-25
Required [^]	2,602	2,428
Recommended ⁺	840	539
Adult Immunizations (19 years and older)		
	2023-24	2024-25
Hepatitis A	58	19
Hepatitis A and B	4	10
Hepatitis B	27	8
Influenza	40	30
Measles-Mumps-Rubella (MMR)	79	41
Rabies Pre-exposure [~]	9	20
Rabies Post-exposure	0	0
Tetanus	62	40
Tetanus-Diphtheria-Pertussis (TDaP)	10 Private 62 State	16 Private 63 State
Varicella	0 Private 30 State	0 Private 21 State

COVID-19	19 Private 51 State	34 Private 50 State
M-pox	3	7
Total Immunizations Administered	3,896	3,326

^Required immunizations for children include those required for child care or school enrollment.

+Recommended immunizations for children include human papilloma virus (HPV), hepatitis A, influenza, meningitis B, COVID-19.

~In FY24-25, twenty individuals received pre-exposure vaccine including two who were eighteen years old. Rabies pre-exposure vaccine is only offered to staff who work with animals who may be unvaccinated and could expose them to rabies (e.g., individuals working in veterinarian offices, individuals working with Randolph County Animal Services).

*RCPH staff continue to offer hepatitis A vaccine to the Shelter of Hope, Randolph County Detention Center and clients who receive clinical services at RCPH. In September 2024, North Carolina updated the hepatitis A vaccine guidance for eligible individuals which includes uninsured adults who use drugs, those experiencing homelessness, men who have sex with men, individuals with chronic liver disease (hepatitis B/C), or those currently incarcerated.

While Randolph County Animal Services became an independent department in 2019, Randolph County Public Health continues to collaborate with the staff on reported animal bites, rabies exposure investigations, and coordinating countywide rabies vaccine clinics.

Goal: *Rabies prevention:* Investigate all animal bites reported to the program and assure that medical follow-up is provided.

Objective: 100% of reported animal bites will be investigated and will include appropriate medical follow-up if indicated.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: During FY2024-25, 313 animal bites were investigated with appropriate follow-up. *Performance met.*

Number of Animal Bites			
	2022-23	2023-24	2024-25
Total	353	383	313

Type and Number of Positive Rabies Cases					
Animal	2020-21	2021-22	2022-23	2023-24	2024-25
Bat	*0	*0	0	*4	1
Cat	0	0	*0	1	1
Dog	*0	0	0	0	*0
Fox	*2	0	6	5	3
Raccoon	*0	0	6	3	4
Skunk	3	1	*4	2	4
Coyote	0	0	0	0	0
Calf	-	-	1	0	0
Goat	-	-	-	-	1
Total Cases	5	1	17	15	14

*Denotes cases not reflected in the chart data as it is not counted in data reported to the state. Details for cases are included below.

2020/21 *One bat was released and was presumed positive for rabies.
 *One dog was unable to be tested and was presumed positive for rabies.
 *One fox bit a human and ran away. The fox was presumed positive for rabies.
 *One raccoon bit a human and ran away. The raccoon was presumed positive for rabies.

2021/22 *One bat landed on a person’s shoulder and flew away. The bat was presumed positive for rabies.
 *One bat flogged someone’s shoulder and flew away. The bat was presumed positive for rabies.
 *One skunk tested positive for rabies. A litter of puppies was exposed.

2022/23 *One skunk was unable to be tested and was presumed positive for rabies.
 *One kitten was unable to be tested and was presumed positive for rabies.

2023/24 *One bat was unable to be tested and was presumed positive for rabies.

2024/25 *One dog was unable to be tested and was presumed positive for rabies.

Disease Control

Goal: Identify people with communicable disease in order to control the disease in the individual and their contacts and prevent additional contacts.

Objective 1: 100% of individuals identified with communicable disease will receive follow-up, treatment and control measures as indicated.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: During FY2024-25, 872 individuals were identified with various communicable diseases. Of those, 868 individuals received follow-up, treatment and control measures. *Performance met. Efforts to reach some clients were unsuccessful due to changes in address or phone number.*

Objective 2: 68% of all individuals (non-contacts) who begin treatment for latent Tuberculosis (TB) infection will complete treatment.



	FY24	FY25
Target	68%	68%
Actual	71%	81%

FY2025 Narrative: During FY2024-25, 27 individuals were diagnosed with latent TB and began treatment. Of those patients who began treatment, 22 completed treatment for latent TB. *It takes 3-9 months for a patient with latent TB to complete treatment. Performance met.*

Objective 3: 100% of all reportable communicable diseases will be documented in NCEDSS and reported to NC DPH within 30 days of notification.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: A total of 872 reportable communicable diseases were reported to RCPH. Of those, 870 reported communicable diseases were documented and reported to NC Department of Public Health (NC DPH) within 30 days of notification. *Performance met.*

Objective 4: No less than 85% of LHD clients diagnosed with gonorrhea and chlamydia (including family planning and STD clinics) shall receive treatment services within 14 days of specimen collection date.



	FY24	FY25
Target	85%	85%
Actual	90%	92%

FY2025 Narrative: A total of 145 clients were diagnosed with gonorrhea and chlamydia. Of those, 133 clients received treatment services within 14 days of specimen collection date. *Performance met.*

Objective 5: 95% or more LHD clients diagnosed with gonorrhea and chlamydia (including family planning and STD clinics) shall receive treatment services within 30 days of specimen collection date.



	FY24	FY25
Target	95%	95%
Actual	96%	98%

FY2025 Narrative: A total of 145 clients were diagnosed with gonorrhea and chlamydia. Of those, 142 clients received treatment services within 30 days of specimen collection date. *Performance met.*

Total Cases of Sexually Transmitted Diseases		
	2023-24	2024-25
Chlamydia	460	463
Gonorrhea	133	138
Syphilis	36	32

HIV Cases		
	2023-24	2024-25
Total clients screened	1,232	1,146
Total clients positive in-house	1	3
Total HIV cases within Randolph County*	5	6
Total AIDS cases within Randolph County	1	0

*Includes positive cases identified through screening conducted by RCPH lab.

The summary report below reflects all communicable diseases reported by medical providers.

Reported Communicable Diseases for Randolph County							
	2022-23	2023-24	2024-25		2022-23	2023-24	2024-25
AIDS	0	1	0	HIV	2	5	6
Amebiasis	0	0	0	Legionellosis	1	0	5
Babesiosis	0	0	0	Listeria	0	1	0
Botulism	0	0	0	Lyme Disease	3	14	5
Brucellosis	0	0	0	Malaria	1	2	0
Campylobacter	40	52	54	Meningococcal	1	3	0
Chikungunya	0	0	0	Monkeypox	10	0	0
Chlamydia	518	460	463	Mumps	0	0	0
CRE	4	7	5	Pertussis	1	0	12
*COVID-19 Confirmed	4,029	N/A	N/A	Q Fever	0	0	0
*COVID-19 Probable	3,635	N/A	N/A	Rocky Mt. Spotted Fever	13	18	20
*COVID-19 Deaths	32	N/A	N/A	Rubella	0	0	0
Creutzfeldt Jakob Disease	0	1	1	Rubeola	0	0	0
Cryptosporidiosis	9	5	8	Salmonellosis	27	51	33
Cyclosporiasis	2	1	0	Shigellosis	2	7	5
Dengue Fever	0	0	0	Staph Aureus (VISA/VRSA)	1	0	0
E. Coli	9	8	9	Streptococcal Infection Group A	5	10	6
Encephalitis	0	0	0	Syphilis	23	36	32
Ehrlichiosis	0	8	10	Syphilis (congenital)	1	0	1
Flu deaths	2	4	9	Syphilis (neuro)	0	0	0
Foodborne disease	2	0	0	Toxic Shock Syndrome (Strep)	0	0	0
Foodborne, Staphylococcal	0	0	0	Trichinosis	0	0	0
Gonorrhea	159	133	138	Tuberculosis (mycobacterium)	3	3	1
Haemophilis	3	4	5	Tularemia	0	1	0
Hepatitis A	1	2	5	West Nile Virus	0	0	0
Hepatitis B (acute/carrier)	12	19	26	Varicella	6	1	0
Hepatitis C (acute/chronic)	30	13	10	Vibrio	3	0	2
				Zika	0	0	0
Total (all communicable diseases reported)					8,590	870	871

*COVID-19 was added to the list of NC reportable disease list in FY2019-20. Required reporting of COVID cases ended with the ending of the public health emergency in May 2023.
N/A – Disease is not reportable during the referenced year.

Overall, most reportable communicable disease numbers were similar to FY2024-25. An unusual number of pertussis cases were reported to NC Department of Health and Human Services' Communicable Disease Branch among Randolph County residents. Additionally, the county had a higher number of flu-attributed deaths among adults.

Public Health Preparedness and Response

Goal: To respond to emergencies caused by bioterrorism, other infectious disease outbreaks and other public health threats and emergencies throughout the development, exercise, and evaluation of a comprehensive public health emergency preparedness and response plan.

Objective 1: There will be at least one public health preparedness exercise held annually.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: *Performance met. In collaboration with On Target Preparedness and community partners, the department participated in five public health response exercises.*

Environmental Health

Food and Lodging

Inspections

Goal: Ensure that sanitary practices are being followed to protect the public's health.

Objective 1: 100% of establishments will receive the appropriate number of sanitation inspections.



	FY24	FY25
Target	100%	100%
Actual	90%	97%

FY2025 Narrative: Based on the inspection frequency schedule, 1,769 inspections were required from 727 establishments. Of the required inspections, 1,708 were completed. Food and lodging staff reported 1,736 total inspections completed (required frequency and return inspections). *Performance not met. While the goal was not met, food and lodging staff have restructured assigned inspections based on territories and shortest distance for staff to travel. Two positions were created to support specific establishments in FY23-24 which contributed to improved performance.*

Objective 2: 100% of child care facilities, school buildings, and lead activities will receive the appropriate number of sanitation inspections/visits.



	FY24	FY25
Target	*	100%
Actual	*	100%

FY2025 Narrative: Eighty-six required inspections were completed for child care facilities, 52 for school buildings, and 6 annual lead monitoring visits were conducted for designated child care facilities or school buildings. This resulted in a total of 144 required inspections or visits. Including both required and return inspections/visits, a total of 169 were completed over the year. *Performance met. *This is a new metric developed to reflect the work of Food and Lodging staff. FY24-25 will serve as a baseline for this measure.*

Child care facilities and school buildings constructed before 1978 that serve children under six years of age must be tested for the presence of lead-based paint. If a building is found to pose a potential lead exposure risk, it must receive an annual monitoring visit by authorized staff.

Objective 3: 100% of priority verification visits are completed within 3 days of the occurrence of the violation.



	FY24	FY25
Target	*	100%
Actual	*	68%

FY2025 Narrative: One hundred and nineteen food service inspections required a priority verification visit within 3 days. Of those, 81 priority verification visits were completed in the required period. *Performance not met. This is a new metric developed to reflect the work of Food and Lodging staff. FY24-25 will serve as a baseline for this measure. A total of ninety-nine priority verification visits were completed, however, not within the required period. Staff noted numerous verification visits fell on a weekend. For those inspections, staff visited the establishment the next business day.*

Priority Verification Visits are follow-up visits to prior inspections to ensure that violations of **Priority Items**—those critical food safety provisions that directly reduce the risk of foodborne illness or injury—have been properly corrected. These visits focus on verifying that immediate health hazards have been addressed.

Objective 4: 100% of priority foundation verification visits are completed within 10 days of the occurrence of the violation.



	FY24	FY25
Target	*	100%
Actual	*	72%

FY2025 Narrative: One hundred and ninety-five food service inspections required a priority foundation verification visit within 10 days. Of those, 140 priority foundation verification visits were completed in the required period. *Performance not met. This is a new metric developed to reflect the work of Food and Lodging staff. FY24-25 will serve as a baseline for this measure. A total of 151 priority foundation verification visits were completed, however, not within the required period. Staff noted intentions to reduce the need for such visits in the future by asking establishments to correct any issues during the inspection and complete the 10-day verifications during 3-day priority verification visits when possible. Additionally, staff will incorporate a feature in the program area’s software that sets verification visit dates when inspections are uploaded.*

Priority Foundation Verification Visits are follow-up visits to prior inspections to confirm that violations of **Priority Foundation Items**—provisions that support or enable the proper function of **Priority Items**—have been corrected. These visits help ensure that the systems, equipment, procedures, or training needed to control food safety risks are in place and working effectively.

Objective 5: 100% of mobile food unit and pushcart applications shall be reviewed and have plan review letters sent out within 2 weeks of receipt of a complete application.



	FY24	FY25
Target	*	100%
Actual	*	44%

FY2025 Narrative: Fifty-two mobile food unit and pushcart applications were received. Of those, 23 were completed in the required period. *Performance not met. This is a new metric developed to reflect the work of Food and Lodging staff. FY24-25 will serve as a baseline for this measure. As this is a new measure, definitions of when an application was considered “complete” evolved and a process was established to track applications submitted with all required components and supplementary documentation. Additionally, some applications did not receive a letter within the required period due to the Mobile Food Vending Program Specialist completing required inspections by their respective deadline. Processes have been refined to increase the proportion of mobile food unit and pushcart applications that are reviewed and have letters sent out within 2 weeks of receipt of their complete application.*

Complaints Related to Food and Lodging

Goal: Respond to and resolve general complaints related to Food and Lodging.

Objective: 100% of general complaints will be responded to within 48 hours.



	FY24	FY25
Target	100%	100%
Actual	98%	97%

FY2025 Narrative: Food and lodging staff reported receiving 73 complaints. Of those, 71 complaints were responded to within 48 hours. *Performance not met. The one complaint that was missed within a 48-hour window was due to the assigned staff member not working during the required follow-up period. The staff member immediately followed up with the complaint upon their return. The other complaint was missed due to the assigned staff member overlooking the email. To reduce the likelihood of missed responses to complaints in the future, the supervisor will follow up with staff on general complaints to ensure they are aware and are able to respond in a timely manner.*

Foodborne Outbreak Investigation

Goal: Determine if a foodborne outbreak exists and if so, implement corrective action.

Objective 1: 100% of foodborne illness related complaints will be investigated within 24 hours of notification.



	FY24	FY25
Target	100%	100%
Actual	100%	91%

FY2025 Narrative: Food and lodging staff received eleven foodborne illness related complaints. Ten of the eleven complaints were investigated within the 24-hour period. *Performance not met. One complaint was missed due to staff error. Staff received notification of the complaint while conducting an inspection and planned to follow up afterward. The inspection required staff attention until close of business and the complaint was forgotten until the following day.*

Objective 2: 100% of confirmed illness and confirmed foodborne illness related complaints will be responded to within 8 hours of complaint receipt and any necessary corrective action will be implemented.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: Food and lodging received four confirmed illness and confirmed foodborne illness related complaints. All complaints were investigated within 8 hours. *Performance met.*

Lead Screening and Investigation

Goal: Identify children with elevated blood lead levels or lead poisoning and identify and remove the hazard.

Objective: 100% of children with confirmed elevated blood lead levels will be monitored and provided an environmental investigation in accordance with state guidelines.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: During FY2024-25, one child received an environmental investigation due to confirmed elevated blood lead levels requiring an environmental investigation. Twelve children had an elevated blood lead level prompting an offer of an environmental investigation. All thirteen families accepted and received the offer of an environmental investigation during this fiscal year. *Performance met.*

Food and Lodging Inspection Summary Report, FY2024-25

Type of Establishment	Total No. of Est.	Total No. Required Inspections	Total No. Required Inspections Completed	Total No. Required Inspections Missed	Total Required & Re-inspections Completed	% Required Inspections Completed
Adult Day Service	2	2	2	0	2	100
Bed/Breakfast Home	1	1	0	1	0	0
Childcare Centers	44	86	86	0	111	100
Commissary – Push Carts	10	19	13	6	13	68
Educational Food Service	1	4	4	0	4	100
Elderly Nutrition Services	4	16	16	0	16	100
Food Stand	50	113	110	3	110	97
Hospital	1	2	2	0	2	100
Institutional Food Service	10	40	39	1	39	98
Lodging	16	16	14	2	14	88
Local Confinement	1	1	1	0	1	100
Limited Food Service	15	28	27	1	27	96
Mobile Food Unit	154	315	301	14	301	96
Meat Market	2	8	8	0	8	100
Nursing Home	14	28	28	0	28	100
Push Cart	11	21	21	0	21	100
Restaurant	259	810	779	31	782	96
Residential Care	31	31	29	2	29	94
Resident Camp	10	20	20	0	20	100
School Building	52	52	52	0	52	100
School Lunchrooms	39	156	156	0	156	100
Total	727	1,769	1,708	61	1,736	97

Notes: The following Status Codes were counted as inspection activities completed during this Fiscal Year: (B-Status, C-Status, D-Status and E-Status).

Groundwater Protection

New Septic Evaluations/System Expansion Evaluations

Goal: To properly evaluate properties and issue/deny septic permits appropriately.

Objective 1: To perform 100% of site evaluations for new septic systems and system expansions and issue or deny within one week of completion of fieldwork.



	FY24	FY25
Target	100%	100%
Actual	95%	97%

FY2025 Narrative: During FY2024-25, 528 new and expansion permit applications were submitted. Four hundred and fifty-one sites were properly prepared and ready for permit determination. Of those, 438 properly prepared sites resulted in the appropriate outcome (permitted or denied) within one week. Groundwater Protection staff reported 1,444 total number visits made. *Performance not met. The thirteen missed opportunities cannot be explained, other than by simple human error and a misunderstanding of the process used to record permitting dates by our new staff members. Additional training should alleviate this in the future.*

Objective 2: To perform 100% of site evaluations for septic system repairs and issue or deny within one week of completion of fieldwork.



	FY24	FY25
Target	*	100%
Actual	*	98%

FY2025 Narrative: During FY2024-25, 197 septic repair applications were submitted. One hundred and ninety-six sites were properly prepared and eligible for permit determination. Of those, 193 properly prepared sites resulted in the appropriate outcome (permitted or denied) within one week. Groundwater Protection staff reported 419 total number visits made. *Performance not met. This is a new objective for Groundwater and Protection staff developed to reflect their work. FY2024-25 will serve as a baseline. The four missed opportunities cannot be explained, other than by simple human error and a misunderstanding of the process used to record permitting dates by our new staff members. Additional training should alleviate this in the future.*

Complaints

Goal: To verify and address complaints submitted to Groundwater Protection.

Objective: To make 100% of initial visits to verify the validity of the complaint within 3 business days.



	FY24	FY25
Target	100%	100%
Actual	*95%	100%

FY2025 Narrative: Groundwater Protection received 87 complaints. All complaints were responded to within 3 days of assignment. *Performance met. *In prior years, this measure only included complaints related to sewage concerns. This measure was broadened to include any complaint submitted to Groundwater Protection.*

Complaints Summary Report			
	2022-23	2023-24	2024-25
Number of complaints*	98	76	87
Number responded to within 3-day timeframe	96	72	87
Performance	98%	95%	100%

**Data regarding complaints in FY22-23 and FY23-24 were related to sewage concerns only.*

Well Permitting

Goal: To properly evaluate properties and issue or deny a well permit.

Objective: To make 100% of initial visits to evaluate property for well permits and permit or deny within one week of completion of fieldwork.



	FY24	FY25
Target	100%	100%
Actual	97%	98%

FY2025 Narrative: A total of 294 well permit applications were submitted. Of those, 287 well permits were issued or denied within one week of completion of fieldwork. *Performance not met. Seven permits were issued one week or after the completion of fieldwork. This was due to simple human error and a misunderstanding of the process used to record permit dates by newer staff members. Additional training should alleviate this in the future.*

Public Swimming Pool Inspections

Goal: To ensure that public swimming pools are being operated in a manner that protects the public’s health.

Objective: 100% of public swimming pools will receive the appropriate number of sanitation inspections.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: A total of 75 inspections were required from 62 public swimming pools. Of the required inspections, 75 were completed. A total of 108 inspections were completed (required frequency & return inspections). *Performance met.*

Tattoo Artist Inspections

Goal: To ensure that tattoo artists are practicing in a manner that protects the public’s health.

Objective: 100% of tattoo artists will receive appropriate number of sanitation inspections.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2025 Narrative: A total of 56 inspections were required and completed from 56 tattoo artists. A total of 56 inspections were completed (required frequency & return inspections). *Performance met.*

Groundwater Protection Activity Summary 2024-25	
Wastewater Program	
Improvement Permits (New & Expansion)	457
Construction Authorizations (New, Expansion, & Repairs)	462
Operation Permits (New, Expansion, & Repairs)	406
Total Permits Issued	1,325
Total Permits Denied	29
Well Program	
Well Permits (New, Repair, & Abandonments)	297
Grouting Inspections & Well Head Inspections (New & Repairs)	475
Abandonments Observed	22
Water Samples Collected (Excluding Kit Samples)	160
Public Swimming Pool Program	
Total Permits Issued	62
Tattoo Program	
Total Artists Permitted	56

Health Promotion and Policy

Community Education

Goal: To provide education that is equal to the understanding level of the participants.

Objective 1: 100% of health education participant evaluations will reflect excellent scores.



	FY24	FY25
Target	100%	100%
Actual	76%	90%

FY2024 Narrative: Health Promotion and Policy (HPP) staff distributed 366 evaluations with 340 returned. Of those returned, 307 evaluations included an overall program rating of “good” or “excellent”. *Performance not met. Program evaluations are collected following all community-based presentations/programs. Staff review survey feedback and modify programs/presentations accordingly.*

Objective 2: Increase the number of local human service organizations enrolled in NCCARE360.



	FY24	FY25
Number of organizations engaged [^]	4	2
Number of organizations enrolled	0	0

[^] *Organizations engaged means HPP staff have actively discussed NCCARE360 enrollment with an organization with intent to encourage enrollment.*

FY2025 Narrative: *Performance not met. The HPP team met with 2 human service organizations to discuss NCCARE360 and the onboarding process. None enrolled in FY2024-25. The staff continue collaborating with Unite Us to engage community partners in enrollment.*

Community Health

Goal: To develop community partnerships/initiatives to improve the health and wellbeing of Randolph County residents.

Objective 1: Increase community outreach of Randolph County Public Health.



	FY24	FY25
Number of community events participated	23	26
Number of programs/presentations provided in community	23	13

FY2025 Narrative: HPP and other department team members participated in many health fairs, festivals, and outreach events to share information about RCPH programs and services. In addition, the team provided community programs/presentations covering topics such as youth vaping prevention, promotion of family planning services, and mindfulness. As the lead for Safe Kids Randolph County, they also provided programs and outreach regarding bike, car seat, and medication safety. *Performance met.*

Objective 2: 100% of participants in a Diabetes Prevention Program will lose 5-7% of their body weight.



	FY24	FY25
Target	100%	100%
Actual	0%	0%

FY2025 Narrative: *Performance not met. HPP experienced difficulty enrolling participants for the Minority Diabetes Prevention Program (MDPP). Classes were not held during this fiscal year due to lack of interest. Staff are collaborating with community partners to hold classes in community spaces.*

Objective 3: Increase the number of individuals receiving naloxone and administration education (clinical, community).



FY2025 Narrative: In early 2017, public health began asking questions regarding opioid misuse in Randolph County. Data and community conversations identified a problem. Hence, the Opioid-Drug Community Collaborative was born and as a result, public health and emergency services began partnering on naloxone distribution. At that time, Randolph County EMS was the only entity in the county carrying and using naloxone. Since then, numerous other agencies have been trained (by emergency services) and now carry and administer the opioid overdose reversal drug. These include the Randolph County Sheriff's

Office, Archdale Police Department, Liberty Police Department, and multiple fire departments throughout the county.

In July 2018, public health adopted appropriate standing orders and policies to be able to dispense and distribute naloxone to community members expressing a need. In 2023, the North Carolina State Health Director issued a statewide standing order authorizing the distribution of the FDA-approved, over-the-counter formulation of naloxone (Narcan 4mg nasal spray) without the need for individual prescriptions. To support expanded access, the North Carolina Department of Health and Human Services has made this formulation available at no cost to local health departments, helping to increase availability for residents across the state.

Naloxone access has increased in Randolph County with distribution to high-risk populations by several community partners. Randolph County Public Health reported a 130% increase in number of naloxone units dispensed to individuals and community partners who also distribute to high-risk populations during FY2024-25. RCPH dispensed 235 units compared to 102 units in FY2023-24. *Performance met.*

Goal: To protect Randolph County’s children (birth to age 18) from unintentional, preventable childhood injuries and resulting deaths.

Objective: 100% of families who present for child passenger safety seat-related inquiries will receive proper installation instructions and/or proper educational materials.



	FY24	FY25
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: Safe Kids Randolph County reported 32 families presented for child passenger safety seat related inquiries. Of those, 32 families received instruction on proper installation and education materials. *Performance met.*

Health Promotion and Policy Activity Summary				
ACTIVITY	# OF PROGRAMS		# OF PEOPLE REACHED	
	2023-24	2024-25	2023-24	2024-25
Community Health Education	23	13	751	788
Minority Diabetes Prevention Program	0	0	0	0
Health/Safety Fairs	11	26	751	1,398
Car Seat Distribution	N/A	N/A	32	32
Health Promotion Consultations/Resource Information Provided (phone or in-person)	N/A	N/A	64	27
Naloxone Distribution	N/A	N/A	102	235
Vasectomy Counseling	N/A	N/A	12	*
Total	34	39	1,712	2,480

**Vasectomy counseling transitioned to clinic staff in FY24-25*

WIC / Nutrition

WIC Certification/Eligibility

Goal: Provide nutrition services to pregnant women, postpartum women, infants and children up to age five.

Objective: To maintain an active participation rate of at least 97% of base caseload.



	FY24	FY25
Target	97%	97%
Actual	87%	104%

FY2025 Narrative: WIC served an average of 3,471 participants per month with an assigned caseload of 3,326 by the state. *Performance met.*

Breastfeeding Support

Goal: Promote and provide support for breastfeeding.

Objective 1: 60% of women enrolled in WIC will initiate breastfeeding.



	FY24	FY25
Target	60%	60%
Actual	80%	81%

FY2025 Narrative: WIC enrolled 786 expectant women. Of those, 637 women initiated breastfeeding. These women were offered breastfeeding support services by WIC nutrition staff and the Breastfeeding Peer Counselor. *Performance met. FY2024 data is most current available from NC Department of Health and Human Services.*

Objective 2: 30% of infants enrolled in WIC will be breastfeeding at 6 weeks of age.



	FY24	FY25
Target	30%	30%
Actual	56%	56%

FY2025 Narrative: WIC reported 836 infants enrolled. Of those enrolled, 470 infants were breastfeeding at six weeks of age. *Performance met. FY2024 data is most current available from NC Department of Health and Human Services.*

Objective 3: 20% of infants enrolled in WIC will be breastfeeding at 6 months of age.



	FY24	FY25
Target	20%	20%
Actual	31%	32%

FY2025 Narrative: WIC reported 836 infants enrolled. Of those enrolled, 268 infants were breastfeeding at six months of age. *Performance met. FY2024 data is most current available from NC Department of Health and Human Services.*

Objective 4: 90% of women enrolled in the Breastfeeding Peer Counselor Program will receive appropriate contact and support from the breastfeeding peer counselor.



	FY24	FY25
Target	90%	90%
Actual	92%	87%

FY2025 Narrative: A total of 15 records were reviewed for evidence of appropriate contact and support. Of those reviewed, 13 records had appropriate support documented. *Performance not met. There was a period during FY24-25 when the WIC department did not have a breastfeeding peer counselor. Upon hiring a new counselor, orientation and training required a few months of time.*

Community Outreach

Goal: Increase awareness of Women, Infants, and Children (WIC) program within Randolph County.

Objective: Increase community outreach of Randolph County WIC division.



	FY24	FY25
Number of community events participated	7	6
Number of WIC ads places (billboards, online, print)	2	4

FY2025 Narrative: During FY2024-25, staff promoted WIC services at various events including several community baby showers, back-to-school events, and the Randolph County Partnership for Children’s Family Jam. *Performance met. *New measure in FY2023-24.*

Women’s Health

Family Planning

Goal: Provide family planning clinical services to low income women of childbearing age.

Objective: 75% of clients receiving family planning services will be from the target population.



	FY24	FY25
Target	75%	75%
Actual	78%	58%

FY2025 Narrative: During FY2024-25, the family planning program served 633 clients. Of those, 367 clients were at or below 150% of poverty level (target population). *Performance not met. A discrepancy in income reporting was identified by the State in early 2025; it has since been corrected. Human error and miscommunication of the process used to collect and document client income were identified as contributing factors. To address this issue, state consultants provided staff training.*

Care Management for High-Risk Pregnancies (CMHRP)

Goal: Improve the quality of maternity care to improve birth outcomes and provide continuity of care for eligible women.

Objective: At least 90% of high-risk pregnant patients engaged in care management with a care plan signed within 15 days of the patient being engaged in a CMHRP episode.



	FY24	FY25
Target	90%	90%
Actual	100%	100%

FY2025 Narrative: During FY2024-25, care management had a total of 414 high-risk pregnant patients with a signed care plan within 15 days of engagement with CMHRP staff. *Performance met.*

Objective: At least 90% of high-risk pregnant patients referred for care management will have initial contact within 7 days or 3 contact attempts



	FY24	FY25
Target	90%	90%
Actual	96%	93%

FY2025 Narrative: During FY2024-25, care management received a total of 518 referrals for high-risk pregnant patients. Of those, 484 referrals had a completed patient-centered interaction within seven days or three or more attempts within seven business days of the referral entry. *Performance met.*