

Division of Child and Family Well-Being Agreement Addendum FY 2025-26

Durham County Department of Public Health

Local Health Department Legal Name

351 Child Health

Activity Number and Description

06/01/2025 – 05/31/2026

Service Period

07/01/2025 – 06/30/2026

Payment Period

- Original Agreement Addendum
- Agreement Addendum Revision # _____

Whole Child Health Section/School, Adolescent, and Child Health Unit

DCFW Section / Unit Name

Tara Lucas 919-624-6652

Tara.Lucas@dhhs.nc.gov

DCFW Program Contact

(name, phone number, and email)

DCFW Program Signature

Date

(only required for a negotiable Agreement Addendum)

I. Background:

The Whole Child Health Section (WCHS)/School, Adolescent, and Child Health Unit (SACH) is located within the Division of Child and Family Well-Being (DCFW). The primary purpose of the WCHS is to develop and promote programs and services that protect and enhance the health and well-being of children and families. The WCHS is comprised of a wide array of program services and initiatives that offer preventive, genetic and specialized services. The WCHS staff provide clinical guidance, quality assurance, technical assistance, consultation, and training for professionals who provide children's services in the state.

The WCHS primarily focuses on ensuring health services for children, including parenting education, nutrition, well childcare, school health, genetic services, newborn screening, childcare health consultation, developmental screening, early intervention, health care transition and self-management of care, linkages with medical homes, screening and treatment clinics, resource lines, Health Check, and children/youth/families with special health care needs.

According to the Kaiser Family Foundation State Health Facts and based on the 2022 Current Population Survey and State Data Resources, North Carolina's uninsured child rate is 4.8% (<https://www.kff.org/other/state-indicator/health-insurance-coverage-of-children-0-18-cps/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>) and 2024 Kids Count Data Book Interactive reports that for 2022, North Carolina's uninsured child rate is 5.0%. (<https://www.aecf.org/interactive/databook?l=37>).

DocuSigned by:

Rodney Jenkins

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3/28/2025 | 1:50 PM EDT

Health Director Signature (use blue ink or verifiable digital signature)

Date

LHD to complete: [For DCFW to contact in case follow-up information is needed.]	LHD program contact name: <u>Cheryl Scott</u>
	Phone and email address: <u>(919) 560-7712 cscott@dconnc.gov</u>

II. Purpose:

This Agreement Addendum provides or assures provision of preventive and primary health care services per North Carolina Administrative Code 10A NCAC 46.0204 and may provide other evidence-based or evidence-informed initiatives for children and youth that will: (1) reduce mortality and morbidity resulting from communicable diseases, injuries (intentional and unintentional), and other preventable conditions; (2) promote healthy behaviors; and (3) support optimal physical, social and emotional health.

III. Scope of Work and Deliverables:

A. The Activity 351 Child Health Agreement Addendum (AA) requires further negotiation between the WCHS and the Local Health Department.

For this Agreement Addendum, the Local Health Department shall include **Attachment A** to demonstrate compliance with 10A NCAC 46.0204 Child Health regarding direct child health clinical services and agreements with local education agencies.

In addition, the Local Health Department shall include **Attachment B** if it is providing direct child health clinical services and shall include **Attachment C** if it is providing other evidence-based or evidence-informed child health services.

The information provided by the Local Health Department will be reviewed by the WCHS. When the WCHS representative and the Local Health Department reach an agreement on the information contained, the WCHS representative will sign the Agreement Addendum to execute it.

The Local Health Department shall:

B. **Ensure participation** by at least one Child Health Program manager or staff member to attend WCHS-supported child health meetings for programmatic updates and service information, whether the Local Health Department provides or assures direct child health clinical services. Information received at the WCHS-supported child health meetings shall be disseminated by the Local Health Department's meeting attendee to all Child Health Program staff at the Local Health Department. Activity 351 Child Health funds may be used to support attendance at programmatic update meetings.

C. **Implement written policies** for child health clinical services that include:

1. Staff delivering services in a culturally competent and linguistically appropriate manner. Activities are to be prepared which increase staff awareness of disparities in health status and service delivery, especially disparities related to race/ethnicity, disability, and socioeconomic status. (<https://nciom.org/healthy-north-carolina-2030/>); and
2. For those counties providing direct child health clinical services, conducting a customer satisfaction survey that documents success in serving clients. The survey should be administered to at least 20 clients per year, with results sent to the Regional Child Health Nurse Consultant. Promote customer friendly services that meet the needs of underserved populations. (Healthy People 2030: <https://health.gov/healthypeople>).

D. Write all standing orders or protocols developed for nurses in support of this program in the North Carolina Board of Nursing format. The Local Health Department shall have a policy in place that supports nurses working under standing orders. (<https://www.ncbon.com/practice-position-statements-decisions-trees>)

- E. Maintain compliance with North Carolina Board of Nursing scope of practice for nurses and North Carolina Medical Board scope of practice for providers.
- F. Refer to Women, Infants, and Children (WIC) Program at initial appointment, if appropriate and not already enrolled.

IV. **Performance Measures / Reporting Requirements:**

Required Reporting Certifications

If awarded federal pass-through funds, the LHD as well as all SubGrantees of the LHD must certify the following whenever 1) applying for funds, 2) requesting payment, and 3) submitting financial reports:

“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”

- A. The Local Health Department shall meet or exceed the **performance measures** in Attachment A.
- B. If the Local Health Department is **providing direct child health clinical services**, it shall meet or exceed the **performance measures** in Attachment B and it shall adhere to the following **reporting requirements** for Attachment B:
 - 1. Provide end-of-year outcome data and final report for FY 24-25 by July 31, 2025.
 - 2. Provide a mid-year report for FY 25-26 on interventions in Attachment B no later than January 31, 2026.
- C. If the Local Health Department is **providing other evidence-based or evidence-informed child health services**, it shall meet or exceed the **performance measures** in Attachment C and it shall adhere to the following **reporting requirements** for Attachment C:
 - 1. Provide end-of-year outcome data and final report for FY 24-25 by July 31, 2025.
 - 2. Provide a mid-year report for FY 25-26 on interventions in Attachment C no later than January 31, 2026.

These report templates will be distributed by the Child Health Program to the Local Health Department no less than 30 days before the reports' due dates.

V. **Performance Monitoring and Quality Assurance:**

- A. Child Health Program review and monitoring visits are completed on a once-every-three-years basis per the Children and Youth WCHS Subrecipient Monitoring Plan. Both the Local Health Department internal quality assurance audit and the Child Health program review and monitoring must demonstrate compliance with the required deliverables in:
 - 1. Section III
 - 2. The activities described in Attachment B, if applicable.
 - 3. The activities described in Attachment C, if applicable.
 - 4. NC Medicaid (Division of Health Benefits) billing guidelines, and
 - 5. The North Carolina Board of Nursing scope of practice for nurses and the North Carolina Medical Board scope of practice for providers.

- B. The DCFW Subrecipient Monitoring Plan requires local health departments who do not consistently meet the programmatic and Health Check Program Guide requirements to be designated as “high risk.” High risk status is determined if a local health department is not able to close a corrective action plan as defined by the Child Health Program Monitoring Plan or if the agency fails to meet CH 351 AA deliverables for two consecutive years. High risk status requires additional internal and external monitoring as defined by the Child Health Program Monitoring Plan.
- C. Compliance or documented progress toward the negotiated services in Attachment B and in Attachment C, if either or both are completed by the Local Health Department, shall be reviewed a minimum of every six months by the regional child health nurse consultant. These reviews will be conducted via a site visit or desk review (by phone, email, or web consultation). If the Local Health Department does not meet the performance measures as described in Attachment B and/or in Attachment C, the Local Health Department must develop a comprehensive corrective action plan to meet the deliverables during the service period. The Local Health Department must develop a corrective action plan to address audit deficits to be received by the regional consultant within 30 days of the review. Resolution or significant progress toward resolution is required within 90 days.
- D. Site visits may be conducted by the regional child health nurse consultant to assist in a local assessment and planning process to meet the performance measures. The Health Director will be informed of significant failure to meet performance measures. Failure to provide the described level of services or negotiated deliverables may result in a reduction in funds.

VI. **Funding Guidelines or Restrictions:**

- 1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division of Child and Family Well-Being provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division of Child and Family Well-Being receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

Attachment A
FY 25-26 Activity 351 Child Health
Declaration of Provision of Child Health Clinical Services

The Local Health Department shall provide or assure provision of preventive and primary health care services for children, 0 through 20 years of age, with the following specifications:

A. Child Health Clinical Services

The Local Health Department must comply with the NC Administrative Rules 10A NCAC 46 .0204 and Title V and Healthy Mothers Healthy Children Block Grant funds for the provision of child health services.

NC Administrative Rules (10A NCAC 46 .0204) require assurances for the provision of selected child health services. Each local health department shall *“provide, contract for the provision of, or certify the availability of child health services for all individuals within the jurisdiction of the local health department. A local health department shall establish, implement, and maintain written policies which shall include: A description of the procedures for child health services provided by the local health department, a copy of the contract for the provision of child health services, or a certification of availability of child health services.”*

In addition, agencies supported by state Title V Maternal and Child Health funds shall provide or assure provision of preventive services for children and referral for primary care services as appropriate. Agencies shall demonstrate compliance with the current Health Check Program Guide, Child Health Program requirements, current Division of Health Benefits coding and billing requirements and Division of Health Benefits Medicaid Bulletins.

The item checked below by the Local Health Department demonstrates its compliance with the state requirement **to provide or assure provision of preventive and primary health care clinical services** for children, 0 through 20 years of age:

- Provide** – Include Attachment B for Child Health Clinical Services for uninsured or under-insured children, birth through 20 years of age.
- Assure provision with Memorandum of Agreement (MOA)** – A copy of the MOA with local health care providers documenting how these services are provided by them to the State Child Health Nurse Consultant no later than September 1, 2025.
- Assure provision with a Contract** – A copy of the contract with local health care providers documenting an arrangement with local providers to provide these services to the State Child Health Nurse Consultant no later than September 1, 2025.

B. Written agreement or agreements with the local school districts/Local Education Agencies (LEA) within its service area. A written agreement is required even if Local Health Department activities are limited to communicable disease control or environmental health activities. The agreement must reflect joint planning and include:

1. Program goals and objectives;
2. Roles and responsibilities defined for each agency including a formal plan for emergency and disaster use of school nurses;

- 3. A description of the process for developing written policies and procedures; and
- 4. Provisions for annual revision of the agreement.

Submit a copy of all Fiscal Year 2025-2026 agreements, each signed by both parties, to the State School Health Nurse Consultant, by September 1, 2025. An agreement must be submitted for each school district/LEA.

Provide the names of the school districts/LEAs that will have Fiscal Year 2025-2026 Agreements.

Durham Public Schools	

C. Performance Measures

- a. All direct child health clinical services must be provided in accordance with the current Health Check Program Guide, Child Health Program requirements, current Division of Health Benefits coding and billing requirements and Division of Health Benefits Medicaid Bulletins.

D. Performance Monitoring

- b. In adherence to this requirement, Child Health Program review and monitoring visits are completed on a once-every-three-years basis per the WCHS Subrecipient Monitoring Plan. Both the Local Health Department internal quality assurance audit and the Child Health Program review and monitoring must demonstrate compliance.

Attachment B

FY 25-26 Activity 351 Child Health

Direct Child Health Clinical Services

1. Program Background & Need Statement

Include a statement regarding the need for the agency to provide Child Health Clinical services within the community.

2. Scope of Work

A. The Local Health Department shall provide or assure provision of the following direct child health clinical services (as indicated by checking the appropriate box or boxes below) for uninsured or under-insured children birth through 20 years of age, meeting or exceeding the dollar amount defined below, which meet all Health Check Program Guide requirements CMS documentation and coding requirements, and programmatic guidelines:

- Preventative care ONLY
- Preventative AND sick care
- Behavior health services
- Medical nutrition therapy
- Dental Services
- Adolescent reproductive health services for uninsured or under-insured clients ages 11 years through 20 years which meet the current CMS documentation and coding requirements and Family Planning Program guidelines. Check the box if these services are to be counted as Child Health deliverables and are NOT COUNTED as Family Planning Program deliverables.
- Other clinical services such as specialty clinics (orthopedics or cardiology):

Subtotal: \$ _____

- B. *Check the box to indicate the Local Health Department allocates FY 25-26 Child Health 351 Agreement Addenda/Title V funds to support provision of interpreter services.*

The Local Health Department shall assure Title VI requirements are met and evidence-based health literacy strategies are implemented using the client’s preferred language or communication method. By implementing the Title VI requirements and evidence-based health literacy strategies, the Local Health Department will assure understanding and enhanced ability to implement health information by parents or teens for which clinical services are provided through consistent access to a voice or sign language interpreter or language line. Assurance of client understanding and enhanced ability to implement health information will be demonstrated by client feedback from customer satisfaction surveys collected twice a year by the agency.

1. By August 1, 2025, the Local Health Department shall develop and implement a customer satisfaction survey.
2. The survey shall assess applied evidence-based health literacy strategies and develop an action plan to resolve any identified barriers, especially for LEP and sight or hearing-impaired clients.
3. By May 31, 2026, the Local Health Department will report on the implementation of the action plan, including staff education, and client feedback to demonstrate improvement (percent increase in the measures) in the areas identified on the initial FY survey.

Subtotal: \$ _____

- C. *Check the box to indicate the Local Health Department allocates FY 25-26 Child Health 351 Agreement Addenda/Title V funds to support sending agency Registered Nurse(s) to the Child Health Training Program.*

Child Health Enhanced Role Registered Nurse (CHERRN) Training (Child Health Training Program):
 The Local Health Department shall provide Enhanced Role Registered Nurse Training through the Child Health Training Program to assure increased access for preventative visits in consultation with agency medical staff through the Enhanced Role.

1. By August 1, 2025, the Local Health Department will work with the regional child health nurse consultant to develop a plan to assure adequate consultation resources and participant designated time are available to support successful completion of the Child Health Training Program.
2. By May 31, 2026, the Local Health Department’s participant will successfully complete the required training and meet rostering requirements as demonstrated by the DPH rostering letter.
3. By May 31, 2026, DCFW external audit of the CHERRN’s clinical documentation will demonstrate compliance with Health Check Program Guide, NC Board of Nursing scope of practice, and programmatic requirements.

Subtotal: \$ _____

- D. *Check the box to indicate the Local Health Department allocates FY 25-26 Child Health 351 Agreement Addenda/Title V funds to support procuring continuing education for child health clinical staff.*

Clinical Services Workforce Development: The Local Health Department shall procure continuing education to support pediatric clinical service objectives for providers and staff. Workforce development must focus on clinical issues for the Local Health Department’s population; examples include an increase in recommended immunization rates, improvements in asthma management; and/or reduction or prevention of childhood obesity. Workforce development needs should be informed by local data demonstrating a need to improve clinical outcomes; examples include asthma hospital discharge rate, immunization rates for recommended immunizations, or 2- to 4-year-old obesity rates.

Subtotal: \$ _____

- E. Check the box to indicate the Local Health Department allocates FY 25-26 Child Health 351 Agreement Addenda/Title V funds to support provision of clinical equipment.

List clinical equipment needs including equipment to improve ADA accessibility and evidence-based hearing screening from Section F and G in the grid below.

Clinical Equipment:

Clinical Equipment	Price

Subtotal: \$ _____

- F. Check the box to indicate the Local Health Department allocates FY 25-26 Child Health 351 Agreement Addenda/Title V funds to support provision of an ADA assessment and ADA equipment. By checking this box, the Local Health Department is responsible for meeting the ADA accessibility requirements performance measures listed below.

ADA: Assure Americans with Disability Act (ADA) accessibility requirements will be met based on internal and external accessibility assessments.

1. September 1, 2025, the Local Health Department will schedule an external accessibility assessment through the Office on Disability and Health (ODH) and develop a plan to address priority accessibility issues directly impacting children and family services.
2. By May 31, 2026, the Local Health Department will expend funds required to address priority accessibility issues as outlined in the co-developed plan (ODH will assist).

- G. Check the box to indicate the Local Health Department allocates FY 25-26 Child Health 351 Agreement Addendum/Title V funds to support provision of evidence-based hearing screening equipment. By checking this box, the local health department is responsible for meeting the performance measures listed below implementation of evidence-based hearing screening requirements.

Implementation of Evidence-Based Hearing Screening Requirements

1. By September 1, 2025, to support best practices, the Local Health Department will request written updated recommendations by email from the regional audiology consultant regarding staff educational and equipment needs.
2. By May 31, 2026, the Local Health Department will expend the funds allocated to improve hearing screening equipment and meet staff educational recommendations from the regional audiology consultant.

- H. Check the box to indicate the Local Health Department allocates FY 25-26 Child Health 351 Agreement Addenda/Title V funds to support provision of other clinical materials and supplies. Other Clinical Materials and Supplies: Examples: ASQ-3, ASQ-SE2, PEDS, Snellen and HOTV vision screening charts, stereopsis card, the current Bright Futures Guidelines manual/toolkit, current Bates Guide to Physical Examination and History Taking, computers, exam tables, wheelchairs, scales; Electronic health record (EHR) vendor fees to revise EHR templates in order to meet Child Health Programmatic and Health Check Program Guide Requirements.

Clinical Supplies and Materials	Price

Subtotal: \$ _____

Total Budget for All Child Health Clinical Services \$ _____

3. Child Health Clinical Services Performance Measures

The Local Health Department shall adhere to the following **reporting requirements** for child health clinical services by providing end-of-year outcome data and final report for FY 24-25 (the prior fiscal year’s Agreement Addendum) by July 31, 2025, and by providing a mid-year report for FY 25-26 (this Agreement Addendum) on child health clinical services in Attachment B no later than January 31, 2026.

Agencies must have processes in place to capture and report data on request. If the end of the year data falls short of agreed upon deliverables, the subsequent year’s AA may be affected.

The Local Health Department is responsible for completing the **performance measures** for the child health clinical services that the Local Health Department allocates Child Health 351 Agreement Addenda/Title V funds.

A. Child Health Clinical Services Measures

1. FY 25-26 Health Services Analysis (HSA) or vendor data demonstrates that the number and dollar amount of the negotiated visits were provided. The agency will be required to report clinical data in an electronic survey to demonstrate meeting the negotiated deliverables.
2. Internal and external audits will demonstrate compliance with HCPG Guidance. CMS Billing Guide, licensure requirements, and programmatic requirements using the WCHS CH Program audit tools for Well Child Care, Pediatric Primary Care, and Newborn Home Visit Care and Assessment. Internal audit findings must be provided on request to the WCHS.

B. Adolescent Reproductive Clinical Services Measures

1. FY 25-26 HSA or vendor data demonstrates that the number and dollar amount of the negotiated visits/contraceptive methods were provided. The agency will be required to report clinical data in an electronic survey to demonstrate meeting the negotiated deliverables and that the deliverables were counted only in the Child Health Program.

- 2. Internal and external audits will demonstrate compliance with CMS documentation and coding guidance and Family Planning programmatic requirements. Women, Infant, and Community Wellness Section (WICWS) external audit will be reviewed by WCHS staff; internal audit findings must be provided on request to the WCHS.

C. Interpreter Services

- 1. Internal and external audits will demonstrate that policies and procedures and training are in place to support evidence-based health literacy strategies for all clients. Internal audit findings must be provided on request to the WCHS.
- 2. 90% of LEP clients are rating “very satisfied” (scale: not satisfied, neutral, satisfied, very satisfied) on their ability to access care (appointment availability); and
- 3. 90% of LEP clients are rating “very good” (scale: not at all; somewhat; good; very good) on their ability to understand information provided by the healthcare provider.

D. Child Health Enhanced Role Registered Nurse (CHERRN) Training: (Child Health Training Program)

- 1. CHERRN candidates will provide documentation (Office of the Chief Public Health Nurse Rostering letter) to support rostering upon successful completion of the course.
- 2. Agency productivity reports will demonstrate an increase in appointment access by (add projected percent increase) January 2025–May 2026.

Staff member with primary responsibility for Child Health Clinical Services:

The person listed below is responsible for assuring the Attachment B: Child Health Clinical Services are implemented with program fidelity to meet the outcome objectives and assuring ongoing monitoring and reporting.

Name	Title	Phone Number	Email Address
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Attachment C

FY 25-26 Activity 351 Child Health

Other Evidence-Based/Evidence-Informed Child Health Services

3 of 3 Title: "Supporting Safe Infant Sleep Practice"

1. Local health indicators (or need) to be addressed: Carefully and mindfully crafted public health messages that appropriately inform and refine future infant safe sleep advice are essential for parents' and health providers' understanding, perceptions, and awareness of the risks of sleep-related infant mortality. Identifying trends in contemporary and modifiable infant sleep and care practices are essential to caregivers and are recognized as the most important factors for parents and health practitioners to influence them to use this information to reduce barriers to implementing infant-safe sleep care practices (Cole et al., 2022).

2. Evidence-based or evidence-informed intervention of strategy and scope of work to be accomplished: Cheryl Scott Staff member with primary responsibility for this intervention/strategy named above: Cheryl Scott
The person listed below is responsible for assuring this intervention/strategy is implemented with program fidelity to meet the outcome objectives and assuring ongoing monitoring and reporting.

3. Other Services Scope of Work/Objectives (SMART format)

1. DCoDPH will establish collaborative partnerships within the department and the community to provide infant safe sleep information to pregnant women and caregivers of newborns to increase knowledge, awareness, and understanding of safe infant sleep practices and environments for caregivers and parents by September 30, 2025. (Coordinator-Cheryl Scott)
2. DCoDPH will coordinate a minimum of four Safe Infant Sleep Practice events to provide information about safe infant sleep practices to pregnant women and caregivers of newborns to increase knowledge, awareness, and understanding of safe infant sleep practices and environments for caregivers and parents by May 31, 2025. (Coordinator-Cheryl Scott)
3. DCoDPH will report plan progress on Child Health Mid-Year and End of Year AA351 reports to document progress and adherence to this FY26 Supporting Safe Infant Sleep Practice Plan by May 31, 2025.

4. Other Services Performance Measures

1. Maintain copies of each event for monitoring and reporting purposes.
2. Complete state reports as directed or requested by Regional Child Health Consultant.

Total budget for the Other Evidence-Based/Evidence-Informed Services: \$ 17, 415.00
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Staff member with primary responsibility for this intervention/strategy named above:

The person listed below is responsible for assuring this intervention/strategy is implemented with program fidelity to meet the outcome objectives and assuring ongoing monitoring and reporting.

Cheryl Scott
Name

PHN Program Manager (919)323-1014
Title Phone Number

cscott@dconc.gov
Email Address

Reference
Cole, R., Young, J., Kearney, L., & Thompson, J. M. D. (2022). Infant Care Practices, Caregiver Awareness of Safe Sleep Advice and Barriers to Implementation: A Scoping Review. International journal of environmental research and public health, 19(13), 7712. <https://doi.org/10.3390/ijerph19137712>

DPH-Aid-To-Counties


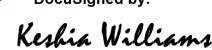

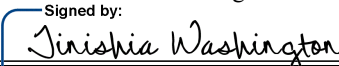
For Fiscal Year: 25/26

Budgetary Estimate Number : 0

Activity 351	AA	132105 2D05020 2000000000	Total Allocated	132105 2D21TS1 2000400000	Total Allocated	132105 2D25745 2000000000	Total Allocated	132105 2D25745 20G0185002	Total Allocated	132105 2D25745 20G0185002	Total Allocated	132105 2D25745 20G0185002	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/31		06/01-05/31		06/01-05/31		06/01-05/31		10/01-05/31		02/01-05/31			
Payment Period		07/01-06/30		07/01-06/30		07/01-06/30		07/01-06/30		11/01-06/30		03/01-06/30			
01 Alamance	* 0	0	\$0.00	0	\$0.00	16,200	\$0.00	5,009	\$0.00	5,148	\$0.00	6,693	\$0.00	33,050	33,050
D1 Albemarle	* 0	0	\$0.00	630,000	\$0.00	163,984	\$0.00	147,962	\$0.00	62,957	\$0.00	42,373	\$0.00	1,047,276	1,047,276
02 Alexander	* 0	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	6,087	\$0.00	0	\$0.00	6,087	6,087
04 Anson		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
D2 Appalachian	* 0	0	\$0.00	0	\$0.00	30,520	\$0.00	76,292	\$0.00	7,203	\$0.00	13,153	\$0.00	127,168	127,168
07 Beaufort	* 0	0	\$0.00	0	\$0.00	819	\$0.00	2,621	\$0.00	885	\$0.00	1,139	\$0.00	5,464	5,464
09 Bladen	* 0	0	\$0.00	0	\$0.00	14,579	\$0.00	32,718	\$0.00	0	\$0.00	137	\$0.00	47,434	47,434
10 Brunswick	* 0	0	\$0.00	0	\$0.00	1,709	\$0.00	5,609	\$0.00	2,009	\$0.00	2,565	\$0.00	11,892	11,892
11 Buncombe	* 0	0	\$0.00	0	\$0.00	22,996	\$0.00	72,175	\$0.00	23,093	\$0.00	30,033	\$0.00	148,297	148,297
12 Burke	* 0	0	\$0.00	0	\$0.00	248	\$0.00	2,011	\$0.00	1,730	\$0.00	2,011	\$0.00	6,000	6,000
13 Cabarrus	* 0	0	\$0.00	0	\$0.00	6,471	\$0.00	16,128	\$0.00	1,466	\$0.00	2,720	\$0.00	26,785	26,785
14 Caldwell	* 0	0	\$0.00	0	\$0.00	7,271	\$0.00	18,077	\$0.00	1,595	\$0.00	2,995	\$0.00	29,938	29,938
16 Carteret	* 0	0	\$0.00	0	\$0.00	10,666	\$0.00	25,297	\$0.00	875	\$0.00	2,726	\$0.00	39,564	39,564
17 Caswell	* 0	0	\$0.00	0	\$0.00	9,407	\$0.00	13,544	\$0.00	0	\$0.00	0	\$0.00	22,951	22,951
18 Catawba	* 0	0	\$0.00	0	\$0.00	9,267	\$0.00	37,176	\$0.00	19,032	\$0.00	23,181	\$0.00	88,656	88,656
19 Chatham	* 0	0	\$0.00	0	\$0.00	3,222	\$0.00	10,107	\$0.00	3,233	\$0.00	4,206	\$0.00	20,768	20,768
20 Cherokee	* 0	0	\$0.00	0	\$0.00	9,329	\$0.00	22,294	\$0.00	968	\$0.00	2,615	\$0.00	35,206	35,206
22 Clay	* 0	0	\$0.00	0	\$0.00	970	\$0.00	7,846	\$0.00	6,750	\$0.00	7,846	\$0.00	23,412	23,412
23 Cleveland	* 0	0	\$0.00	0	\$0.00	10,112	\$0.00	37,362	\$0.00	16,921	\$0.00	20,912	\$0.00	85,307	85,307
24 Columbus	* 0	0	\$0.00	0	\$0.00	23,057	\$0.00	48,137	\$0.00	0	\$0.00	646	\$0.00	71,840	71,840
25 Craven	* 0	0	\$0.00	0	\$0.00	979	\$0.00	7,937	\$0.00	6,830	\$0.00	7,938	\$0.00	23,684	23,684
26 Cumberland	* 0	0	\$0.00	0	\$0.00	47,573	\$0.00	78,596	\$0.00	30,618	\$0.00	39,817	\$0.00	196,604	196,604
28 Dare	* 0	0	\$0.00	0	\$0.00	2,855	\$0.00	9,067	\$0.00	2,991	\$0.00	3,870	\$0.00	18,783	18,783
29 Davidson	* 0	0	\$0.00	0	\$0.00	3,037	\$0.00	9,298	\$0.00	2,766	\$0.00	3,643	\$0.00	18,744	18,744
30 Davie	* 0	0	\$0.00	0	\$0.00	1,134	\$0.00	3,564	\$0.00	1,148	\$0.00	1,491	\$0.00	7,337	7,337
31 Duplin	* 0	0	\$0.00	0	\$0.00	18,348	\$0.00	24,586	\$0.00	0	\$0.00	0	\$0.00	42,934	42,934
32 Durham	* 0	0	\$0.00	727,000	\$0.00	721	\$0.00	5,836	\$0.00	5,022	\$0.00	5,836	\$0.00	744,415	744,415
33 Edgecombe	* 0	0	\$0.00	0	\$0.00	12,476	\$0.00	22,827	\$0.00	13,402	\$0.00	13,402	\$0.00	62,107	62,107
D7 Foothills	* 0	0	\$0.00	0	\$0.00	13,825	\$0.00	3,209	\$0.00	3,209	\$0.00	19,657	\$0.00	39,900	39,900
34 Forsyth	* 0	0	\$0.00	0	\$0.00	47,820	\$0.00	108,992	\$0.00	0	\$0.00	4,781	\$0.00	161,593	161,593
35 Franklin	* 0	0	\$0.00	0	\$0.00	9,467	\$0.00	33,174	\$0.00	13,671	\$0.00	17,106	\$0.00	73,418	73,418
36 Gaston	* 0	0	\$0.00	0	\$0.00	12,534	\$0.00	37,393	\$0.00	10,247	\$0.00	13,704	\$0.00	73,878	73,878
38 Graham	* 0	0	\$0.00	0	\$0.00	6,221	\$0.00	15,493	\$0.00	1,397	\$0.00	2,600	\$0.00	25,711	25,711

D3 Gran-Vance	* 0	0	\$0.00	0	\$0.00	7,946	\$0.00	22,685	\$0.00	5,272	\$0.00	7,293	\$0.00	43,196	43,196
40 Greene	* 0	0	\$0.00	0	\$0.00	5,781	\$0.00	17,542	\$0.00	5,083	\$0.00	6,727	\$0.00	35,133	35,133
41 Guilford	* 0	0	\$0.00	0	\$0.00	22,966	\$0.00	185,986	\$0.00	160,019	\$0.00	185,985	\$0.00	554,956	554,956
42 Halifax	* 0	0	\$0.00	0	\$0.00	38,690	\$0.00	90,336	\$0.00	1,462	\$0.00	7,939	\$0.00	138,427	138,427
43 Harnett	* 0	0	\$0.00	0	\$0.00	24,429	\$0.00	67,507	\$0.00	13,512	\$0.00	19,351	\$0.00	124,799	124,799
44 Haywood	* 0	0	\$0.00	0	\$0.00	3,133	\$0.00	25,379	\$0.00	21,835	\$0.00	25,380	\$0.00	75,727	75,727
45 Henderson	* 0	0	\$0.00	0	\$0.00	13,679	\$0.00	18,818	\$0.00	0	\$0.00	0	\$0.00	32,497	32,497
47 Hoke	* 0	0	\$0.00	0	\$0.00	14,106	\$0.00	23,310	\$0.00	0	\$0.00	0	\$0.00	37,416	37,416
48 Hyde	* 0	0	\$0.00	0	\$0.00	570	\$0.00	4,644	\$0.00	4,644	\$0.00	4,644	\$0.00	14,502	14,502
49 Iredell	* 0	0	\$0.00	0	\$0.00	7,741	\$0.00	20,552	\$0.00	0	\$0.00	0	\$0.00	28,293	28,293
50 Jackson	* 0	0	\$0.00	0	\$0.00	11,043	\$0.00	1,727	\$0.00	0	\$0.00	0	\$0.00	12,770	12,770
51 Johnston	* 0	0	\$0.00	0	\$0.00	8,863	\$0.00	27,816	\$0.00	8,900	\$0.00	11,574	\$0.00	57,153	57,153
52 Jones	* 0	0	\$0.00	0	\$0.00	624	\$0.00	4,378	\$0.00	3,533	\$0.00	4,125	\$0.00	12,660	12,660
53 Lee	* 0	0	\$0.00	0	\$0.00	4,917	\$0.00	14,275	\$0.00	3,549	\$0.00	4,840	\$0.00	27,581	27,581
54 Lenoir	* 0	0	\$0.00	0	\$0.00	20,303	\$0.00	28,612	\$0.00	0	\$0.00	0	\$0.00	48,915	48,915
55 Lincoln	* 0	0	\$0.00	0	\$0.00	5,767	\$0.00	18,105	\$0.00	5,795	\$0.00	7,536	\$0.00	37,203	37,203
56 Macon	* 0	0	\$0.00	0	\$0.00	3,054	\$0.00	6,674	\$0.00	0	\$0.00	271	\$0.00	9,999	9,999
57 Madison	* 0	0	\$0.00	0	\$0.00	2,784	\$0.00	7,544	\$0.00	1,358	\$0.00	1,999	\$0.00	13,685	13,685
D4 M-T-W	* 0	0	\$0.00	0	\$0.00	11,667	\$0.00	38,368	\$0.00	13,819	\$0.00	17,633	\$0.00	81,487	81,487
60 Mecklenburg	* 0	0	\$0.00	0	\$0.00	20,224	\$0.00	85,981	\$0.00	47,365	\$0.00	57,228	\$0.00	210,798	210,798
62 Montgomery	* 0	0	\$0.00	0	\$0.00	6,092	\$0.00	18,731	\$0.00	5,647	\$0.00	7,419	\$0.00	37,889	37,889
63 Moore		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
64 Nash	* 0	0	\$0.00	0	\$0.00	26,814	\$0.00	76,508	\$0.00	17,729	\$0.00	24,542	\$0.00	145,593	145,593
65 New Hanover	* 0	0	\$0.00	0	\$0.00	15,521	\$0.00	48,717	\$0.00	15,589	\$0.00	20,272	\$0.00	100,099	100,099
66 Northampton	* 0	0	\$0.00	0	\$0.00	1,617	\$0.00	13,091	\$0.00	11,264	\$0.00	13,090	\$0.00	39,062	39,062
67 Onslow	* 0	0	\$0.00	0	\$0.00	8,124	\$0.00	35,184	\$0.00	19,804	\$0.00	23,873	\$0.00	86,985	86,985
68 Orange	* 0	0	\$0.00	0	\$0.00	1,614	\$0.00	13,074	\$0.00	11,249	\$0.00	13,073	\$0.00	39,010	39,010
69 Pamlico	* 0	0	\$0.00	0	\$0.00	1,338	\$0.00	10,309	\$0.00	8,695	\$0.00	10,120	\$0.00	30,462	30,462
71 Pender	* 0	0	\$0.00	0	\$0.00	15,059	\$0.00	23,406	\$0.00	0	\$0.00	0	\$0.00	38,465	38,465
73 Person	* 0	0	\$0.00	0	\$0.00	7,506	\$0.00	9,513	\$0.00	0	\$0.00	0	\$0.00	17,019	17,019
74 Pitt	* 0	0	\$0.00	0	\$0.00	7,396	\$0.00	31,760	\$0.00	17,702	\$0.00	21,362	\$0.00	78,220	78,220
75 Polk	* 0	0	\$0.00	0	\$0.00	2,772	\$0.00	642	\$0.00	643	\$0.00	3,940	\$0.00	7,997	7,997
76 Randolph		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0
77 Richmond	* 0	0	\$0.00	0	\$0.00	7,111	\$0.00	16,294	\$0.00	0	\$0.00	923	\$0.00	24,328	24,328
78 Robeson	* 0	0	\$0.00	0	\$0.00	62,437	\$0.00	101,663	\$0.00	0	\$0.00	0	\$0.00	164,100	164,100
79 Rockingham	* 0	0	\$0.00	0	\$0.00	7,581	\$0.00	20,589	\$0.00	3,756	\$0.00	5,508	\$0.00	37,434	37,434
80 Rowan	* 0	0	\$0.00	0	\$0.00	4,172	\$0.00	9,802	\$0.00	232	\$0.00	941	\$0.00	15,147	15,147
82 Sampson	* 0	0	\$0.00	0	\$0.00	1,922	\$0.00	5,545	\$0.00	1,345	\$0.00	1,844	\$0.00	10,656	10,656
83 Scotland	* 0	0	\$0.00	0	\$0.00	5,214	\$0.00	12,832	\$0.00	987	\$0.00	1,969	\$0.00	21,002	21,002
84 Stanly	* 0	0	\$0.00	0	\$0.00	12,367	\$0.00	16,161	\$0.00	0	\$0.00	0	\$0.00	28,528	28,528
85 Stokes		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	0

86 Surry	* 0	0	\$0.00	0	\$0.00	21,828	\$0.00	41,862	\$0.00	4,282	\$0.00	7,574	\$0.00	75,546	75,546
87 Swain	* 0	0	\$0.00	0	\$0.00	5,974	\$0.00	15,740	\$0.00	2,377	\$0.00	3,676	\$0.00	27,767	27,767
D6 Toe River	* 0	0	\$0.00	0	\$0.00	3,870	\$0.00	15,536	\$0.00	2,582	\$0.00	5,823	\$0.00	27,811	27,811
88 Transylvania	* 0	0	\$0.00	0	\$0.00	2,651	\$0.00	5,763	\$0.00	4,959	\$0.00	3,823	\$0.00	17,196	17,196
90 Union	* 0	0	\$0.00	0	\$0.00	1,968	\$0.00	15,946	\$0.00	13,719	\$0.00	15,945	\$0.00	47,578	47,578
92 Wake	* 0	0	\$0.00	0	\$0.00	16,275	\$0.00	68,233	\$0.00	36,965	\$0.00	44,742	\$0.00	166,215	166,215
93 Warren	* 0	0	\$0.00	0	\$0.00	17,770	\$0.00	42,114	\$0.00	1,417	\$0.00	4,494	\$0.00	65,795	65,795
96 Wayne	* 0	0	\$0.00	0	\$0.00	37,765	\$0.00	56,379	\$0.00	0	\$0.00	1,765	\$0.00	95,909	95,909
97 Wilkes	* 0	0	\$0.00	0	\$0.00	4,805	\$0.00	13,406	\$0.00	2,810	\$0.00	3,979	\$0.00	25,000	25,000
98 Wilson	* 0	0	\$0.00	0	\$0.00	9,701	\$0.00	27,549	\$0.00	6,256	\$0.00	8,699	\$0.00	52,205	52,205
99 Yadkin	* 0	0	\$0.00	0	\$0.00	6,035	\$0.00	18,923	\$0.00	6,050	\$0.00	7,874	\$0.00	38,882	38,882
00 Yancey	* 0	0	\$0.00	0	\$0.00	2,908	\$0.00	7,768	\$0.00	1,290	\$0.00	1,940	\$0.00	13,906	13,906
Totals		0	0	1,357,000	0	1,072,311	0	2,443,616	0	744,748	0	921,531	0	6,539,206	6,539,206

Sign and Date - DCFW Program User DocuSigned by:  02/14/25 2:53 PM EST	Sign and Date - DCFW Program Officer DocuSigned by:  02/14/25 2:55 PM EST
Sign and Date - DCFW Budget Office Admin DocuSigned by:  02/14/25 2:57 PM EST A760D893744E47A...	Sign and Date - DCFW Budget Officer Signed by:  02/14/25 2:59 PM EST 71893D91245A4CF...

FY26 - FAS federal award supplement	Activity Nbr + Name: 351	Child Health
	FAS Number + Reason: 0	This FAS is accompanying an AA+BE or an AA Revision+BE Revision.
	Assistance Listing Nbr + Name: 93.994	Maternal and Child Health Block Grant
Is award R&D?: NO	FAIN: B0447436	IDC rate: n/a
		Fed awd total amt: \$9,312,791
Fed award project description: Maternal and Child Health Services Block Grant to the States		
Fed awd date + awarding agency: HHS, Health Resources and Services Administration		

Subrecipient	Subrecipient's UEI	Federal funds from grant listed above	Total federal funds for entire Activity	Subrecipient	Subrecipient's UEI	Federal funds from grant listed above	Total federal funds for entire Activity
Alamance	F5VHYUU13NC5	\$ 16,850	\$ 16,850	Jackson	X7YWWY6ZP574	\$ 1,727	\$ 1,727
Albemarle	WAAVS51PNMK3	\$ 253,292	\$ 253,292	Johnston	SYGAGEFDHYR7	\$ 48,290	\$ 48,290
Alexander	XVEESJNY7UX9	\$ 6,120	\$ 6,120	Jones	HE3NNUE27M7	\$ 12,036	\$ 12,036
Anson	PK8UYTSNJCC3	\$ -	\$ -	Lee	F6A8UC99JWJ5	\$ 22,664	\$ 22,664
Appalachian	CD7BFHB8W539	\$ 96,648	\$ 96,648	Lenoir	QKUF137VPGH6	\$ 28,612	\$ 28,612
Beaufort	RN1SXF4LXN6	\$ 4,645	\$ 4,645	Lincoln	UGGQGSCKBGJ5	\$ 31,436	\$ 31,436
Bladen	TLC7JWDJH1H9	\$ 32,855	\$ 32,855	Macon	LLPJBC6N2LL3	\$ 6,945	\$ 6,945
Brunswick	MJBMXLN9NJT5	\$ 10,183	\$ 10,183	Madison	YQ96F8BJYTJ9	\$ 10,901	\$ 10,901
Buncombe	W5TCDKMLHE69	\$ 125,301	\$ 125,301	MTW	ZKK5GNRNB6Y6	\$ 69,820	\$ 69,820
Burke	KVJHUFURQDM5	\$ 5,752	\$ 5,752	Mecklenburg	EZ15XL6BMM68	\$ 190,574	\$ 190,574
Cabarrus	RXDNEJKJFU7	\$ 20,314	\$ 20,314	Montgomery	E78ZAJM3BFL3	\$ 31,797	\$ 31,797
Caldwell	HL4FGNJNGE97	\$ 22,667	\$ 22,667	Moore	HFNSK95FS7Z8	\$ -	\$ -
Carteret	UC6WJ2MQMJ58	\$ 28,898	\$ 28,898	Nash	NF58K566HQM7	\$ 118,779	\$ 118,779
Caswell	JDJ7Y7CGYC86	\$ 13,544	\$ 13,544	New Hanover	F7TLT2GMEJE1	\$ 84,578	\$ 84,578
Catawba	GYUNA9W1NFM1	\$ 79,389	\$ 79,389	Northampton	CRA2KCAL8BA4	\$ 37,445	\$ 37,445
Chatham	KE57QE2GV5F1	\$ 17,546	\$ 17,546	Onslow	EGE7NBXW5JS6	\$ 78,861	\$ 78,861
Cherokee	DCEGK6HA11M5	\$ 25,877	\$ 25,877	Orange	GFFMCW9XDA53	\$ 37,396	\$ 37,396
Clay	HYKLQVNWLXK7	\$ 22,442	\$ 22,442	Pamlico	FT59QFEAU344	\$ 29,124	\$ 29,124
Cleveland	UWMUYMPVL483	\$ 75,195	\$ 75,195	Pender	T11BE678U9P5	\$ 23,406	\$ 23,406
Columbus	V1UAJ4L87WQ7	\$ 48,783	\$ 48,783	Person	FQ8LFJGMABJ4	\$ 9,513	\$ 9,513
Craven	LTZ2U8LZQ214	\$ 22,705	\$ 22,705	Pitt	VZNPMLCFT5R6	\$ 70,824	\$ 70,824
Cumberland	HALND8WJ3GW4	\$ 149,031	\$ 149,031	Polk	QZ6BZPGLX4Y9	\$ 5,225	\$ 5,225
Dare	ELV6JGB11QK6	\$ 15,928	\$ 15,928	Randolph	T3BUM1CVS9N5	\$ -	\$ -
Davidson	C9P5MDJC7KY7	\$ 15,707	\$ 15,707	Richmond	Q63FZNTJM3M4	\$ 17,217	\$ 17,217
Davie	L8WBGHLHZV239	\$ 6,203	\$ 6,203	Robeson	LKBEJQFLAAK5	\$ 101,663	\$ 101,663
Duplin	KZN4GK5262K3	\$ 24,586	\$ 24,586	Rockingham	KGCCCHJZZ43	\$ 29,853	\$ 29,853
Durham	LJ5BA6U2HLM7	\$ 16,694	\$ 16,694	Rowan	GCB7UCV96NW6	\$ 10,975	\$ 10,975
Edgecombe	MAN4LX44AD17	\$ 49,631	\$ 49,631	Sampson	WRT9CSK1KJY5	\$ 8,734	\$ 8,734
Foothills	NGTEF2MQ8LL4	\$ 26,075	\$ 26,075	Scotland	FNVTCUQGCHM5	\$ 15,788	\$ 15,788
Forsyth	V6BGVQ67YPY5	\$ 113,773	\$ 113,773	Stanly	U86MZUYPL7C5	\$ 16,161	\$ 16,161
Franklin	FFKTRQCNN143	\$ 63,951	\$ 63,951	Stokes	W41TRA3NUNS1	\$ -	\$ -
Gaston	QKY9R8A8D5J6	\$ 61,344	\$ 61,344	Surry	FMWCTM24C9J8	\$ 53,718	\$ 53,718
Graham	L8MAVKQJTYN7	\$ 19,490	\$ 19,490	Swain	TAE3M92L4QR4	\$ 21,793	\$ 21,793
Granv-Vance	MGQJKK22EJB3	\$ 35,250	\$ 35,250	Toe River	JUA6GAUQ9UM1	\$ 23,941	\$ 23,941
Greene	VCU5LD71N9U3	\$ 29,352	\$ 29,352	Transylvania	YLN4BFCJCP39	\$ 14,545	\$ 14,545
Guilford	YBEQWGFJPMJ3	\$ 531,990	\$ 531,990	Union	LHMKBD4AGRJ5	\$ 45,610	\$ 45,610
Halifax	MRL8MYNJ3Y5	\$ 99,737	\$ 99,737	Wake	FTJ2WJPLWMJ3	\$ 149,940	\$ 149,940
Harnett	JBD9V41BX7	\$ 100,370	\$ 100,370	Warren	TLNAU5CNHSU5	\$ 48,025	\$ 48,025
Haywood	DQHZEVAV95G5	\$ 72,594	\$ 72,594	Wayne	DACFHCLQKMS1	\$ 58,144	\$ 58,144
Henderson	TG5AR81JLFO5	\$ 18,818	\$ 18,818	Wilkes	M14KKHY2NNR3	\$ 20,195	\$ 20,195
Hoke	C1GWSADARX51	\$ 23,310	\$ 23,310	Wilson	ME2DJHMYWG55	\$ 42,504	\$ 42,504
Hyde	T2RSYN36NN64	\$ 13,932	\$ 13,932	Yadkin	PLCDT7JFA8B1	\$ 32,847	\$ 32,847
Iredell	XTNRLKJLA4S9	\$ 20,552	\$ 20,552	Yancey	L98MCUHKC2J8	\$ 10,998	\$ 10,998

UEI = Unique Entity Identifier

Federal Award Reporting Requirements for Pass-Through Agencies, 2 CFR § 200.331

DPH v1 05-30-24 [ag]

Subtotals: \$ 2,437,324 \$ 2,437,324

Subtotals: \$ 1,672,604 \$ 1,672,604

Totals for all columns: \$ 4,109,928 \$ 4,109,928