

1 10A NCAC 48A .0101 -.0102 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **CHAPTER 48 - LOCAL HEALTH DEPARTMENT ACCREDITATION**

4  
5 **SUBCHAPTER 48A - LOCAL HEALTH DEPARTMENT ACCREDITATION –ADMINISTRATION**

6  
7 **SECTION .0100 - GENERAL PROVISIONS**

8  
9 **10A NCAC 48A .0101 PURPOSE**

10 **10A NCAC 48A .0102 DEFINITIONS**

11  
12 *History Note: Authority G.S. 130A-34.1;*

13 *Temporary Adoption Eff. January 1, 2006;*

14 *Eff. October 1, 2006;*

15 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

16 ~~*2016. 2016;*~~

17 *Repealed Eff. June 1, 2026.*

1 10A NCAC 48A .0201 - .0205 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0200 - ACCREDITATION PROCESS**  
4

5 **10A NCAC 48A .0201 SELF-ASSESSMENT**

6 **10A NCAC 48A .0202 SITE VISIT**

7 **10A NCAC 48A .0203 BOARD ACTION**

8 **10A NCAC 48A .0204 INFORMAL REVIEW PROCEDURES**

9 **10A NCAC 48A .0205 RE-ACCREDITATION**  
10

11 *History Note: Authority G.S. 130A-34.1;*

12 *Temporary Adoption Eff. January 1, 2006;*

13 *Eff. October 1, 2006;*

14 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

15 *2016- 2016;m*

16 *Repealed Eff. June 1, 2026.*  
17

1 10A NCAC 48B .0101 - .0102 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SUBCHAPTER 48B - LOCAL HEALTH DEPARTMENT ACCREDITATION STANDARDS**

4  
5 **SECTION .0100 - GENERAL PROVISIONS**

6  
7 **10A NCAC 48B .0101 PURPOSE**

8 **10A NCAC 48B .0102 DEFINITIONS**

9  
10 *History Note: Authority G.S. 130A-34.1;*

11 *Temporary Adoption Eff. January 1, 2006;*

12 *Eff. October 1, 2006;*

13 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

14 *~~2016.~~ 2016;*

15 *Repealed Eff. June 1, 2026.*

1 10A NCAC 48B .0103 is amended as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48B .0103 ACCREDITATION REQUIREMENTS**  
4

5 *History Note: Authority G.S. 130A-34.1;*

6 *Temporary Adoption Eff. January 1, 2006;*

7 *Eff. October 1, 2006;*

8 *Amended Eff. April 1, 2015; February 1, 2013;*

9 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

10 ~~*2016- 2016;*~~

11 *Repealed Eff. June 1, 2026.*  
12

1 10A NCAC 48B .0201 - .0203 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0200 - MONITOR HEALTH STATUS**  
4

5 **10A NCAC 48B .0201 BENCHMARK 1**

6 **10A NCAC 48B .0202 BENCHMARK 2**

7 **10A NCAC 48B .0203 BENCHMARK 3**  
8

9 *History Note: Authority G.S. 130A-34.1;*

10 *Temporary Adoption Eff. January 1, 2006;*

11 *Eff. October 1, 2006;*

12 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

13 *~~2016.~~ 2016.*

14 *Repealed Eff. June 1, 2026.*  
15

1 10A NCAC 48B .0301 - .0305 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0300 - DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN**  
4 **THE COMMUNITY**

5  
6 **10A NCAC 48B .0301 BENCHMARK 4**

7 **10A NCAC 48B .0302 BENCHMARK 5**

8 **10A NCAC 48B .0303 BENCHMARK 6**

9 **10A NCAC 48B .0304 BENCHMARK 7**

10 **10A NCAC 48B .0305 BENCHMARK 8**

11  
12 *History Note: Authority G.S. 130A-34.1;*

13 *Temporary Adoption Eff. January 1, 2006;*

14 *Eff. October 1, 2006;*

15 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*  
16 *~~2016.~~ 2016.*

17 *Repealed Eff. June 1, 2026.*

1 10A NCAC 48B .0401 - .0402 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0400 - INFORM, EDUCATE, AND EMPOWER PEOPLE ABOUT HEALTH ISSUES**

4  
5 **10A NCAC 48B .0401 BENCHMARK 9**

6 **10A NCAC 48B .0402 BENCHMARK 10**

7  
8 *History Note: Authority G.S. 130A-34.1;*

9 *Temporary Adoption Eff. January 1, 2006;*

10 *Eff. October 1, 2006;*

11 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

12 *~~2016.~~ 2016;*

13 *Repealed Eff. June 1, 2026.*

1 10A NCAC 48B .0501 - .0503 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0500 - MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH**  
4 **PROBLEMS**

5  
6 **10A NCAC 48B .0501 BENCHMARK 11**

7 **10A NCAC 48B .0502 BENCHMARK 12**

8 **10A NCAC 48B .0503 BENCHMARK 13**

9  
10 *History Note: Authority G.S. 130A-34.1;*

11 *Temporary Adoption Eff. January 1, 2006;*

12 *Eff. October 1, 2006;*

13 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

14 *~~2016.~~ 2016;*

15 *Repealed Eff. June 1, 2026.*



1 10A NCAC 48B .0601 - .0602 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0600 - DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND**  
4 **COMMUNITY HEALTH EFFORTS**

5  
6 **10A NCAC 48B .0601 BENCHMARK 14**

7 **10A NCAC 48B .0602 BENCHMARK 15**

8  
9 *History Note: Authority G.S. 130A-34.1;*

10 *Temporary Adoption Eff. January 1, 2006;*

11 *Eff. October 1, 2006;*

12 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

13 *~~2016.~~ 2016.*

14 *Repealed Eff. June 1, 2026.*

1 10A NCAC 48B .0701 - .0703 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0700 - ENFORCE LAWS AND REGULATIONS THAT PROTECT HEALTH AND ENSURE**  
4 **SAFETY**

5  
6 **10A NCAC 48B .0701 BENCHMARK 16**

7 **10A NCAC 48B .0702 BENCHMARK 17**

8 **10A NCAC 48B .0703 BENCHMARK 18**

9  
10 *History Note: Authority G.S. 130A-34.1;*

11 *Temporary Adoption Eff. January 1, 2006;*

12 *Eff. October 1, 2006;*

13 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

14 *~~2016~~ 2016; Repealed Eff. June 1, 2026.*

1 10A NCAC 48B .0801 - .0804 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0800 - LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES TO ASSURE THE**  
4 **PROVISION OF HEALTH CARE WHEN OTHERWISE UNAVAILABLE**  
5

6 **10A NCAC 48B .0801 BENCHMARK 19**

7 **10A NCAC 48B .0802 BENCHMARK 20**

8 **10A NCAC 48B .0803 BENCHMARK 21**

9 **10A NCAC 48B .0804 BENCHMARK 22**  
10

11 *History Note: Authority G.S. 130A-34.1;*

12 *Temporary Adoption Eff. January 1, 2006;*

13 *Eff. October 1, 2006;*

14 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*  
15 *~~2016.~~ 2016.*

16 *Repealed Eff. June 1, 2026.*  
17

1 10A NCAC 48B .0901 - .0904 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0900 - ASSURE A COMPETENT PUBLIC HEALTH WORKFORCE AND PERSONAL**  
4 **HEALTH WORKFORCE**

5  
6 **10A NCAC 48B .0901 BENCHMARK 23**

7 **10A NCAC 48B .0902 BENCHMARK 24**

8 **10A NCAC 48B .0903 BENCHMARK 25**

9 **10A NCAC 48B .0904 BENCHMARK 26**

10  
11 *History Note: Authority G.S. 130A-34.1;*

12 *Temporary Adoption Eff. January 1, 2006;*

13 *Eff. October 1, 2006;*

14 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*  
15 *2016- 2016;*

16 *Repealed Eff. June 1, 2026.*

1 10A NCAC 48B .1001 is repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .1000 - EVALUATE EFFECTIVENESS, ACCESSIBILITY AND QUALITY OF PERSONAL**  
4 **AND POPULATION-BASED HEALTH SERVICES**

5  
6 **10A NCAC 48B .1001 BENCHMARK 27**

7  
8 *History Note: Authority G.S. 130A-34.1;*

9 *Temporary Adoption Eff. January 1 2006;*

10 *Eff. October 1, 2006;*

11 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

12 *~~2016~~ 2016;*

13 *Repealed Eff. June 1, 2026.*

1 10A NCAC 48B .1101- .1102 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .1100 - RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH**  
4 **PROBLEMS**

5  
6 **10A NCAC 48B .1101 BENCHMARK 28**

7 **10A NCAC 48B .1102 BENCHMARK 29**

8  
9 *History Note: Authority G.S. 130A-34.1;*

10 *Temporary Adoption Eff. January 1, 2006;*

11 *Eff. October 1, 2006;*

12 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*  
13 *~~2016.~~ 2016.*

14 *Repealed Eff. June 1, 2026.*

1 10A NCAC 48B .1201 - .1204 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .1200 - PROVIDE FACILITIES AND ADMINISTRATIVE SERVICES**  
4

5 **10A NCAC 48B .1201 BENCHMARK 30**

6 **10A NCAC 48B .1202 BENCHMARK 31**

7 **10A NCAC 48B .1203 BENCHMARK 32**

8 **10A NCAC 48B .1204 BENCHMARK 33**  
9

10 *History Note: Authority G.S. 130A-34.1;*

11 *Temporary Adoption Eff. January 1, 2006;*

12 *Eff. October 1, 2006;*

13 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

14 *~~2016.~~ 2016;*

15 *Repealed Eff. June 1, 2026.*  
16

1 10A NCAC 48B .1301 is repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .1300 – GOVERNANCE**

4  
5 **10A NCAC 48B .1301 BENCHMARK 34**

6  
7 *History Note: Authority G.S. 130A-34.1;*

8 *Temporary Adoption Eff. January 1, 2006;*

9 *Eff. October 1, 2006;*

10 *Amended Eff. April 1, 2015;*

11 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

12 *~~2016- 2016;~~*

13 *Repealed Eff. June 1, 2026.*



10A NCAC 48B .1302 - .1303 are repealed as published in 39:23 NCR 1516-1522 as follows:

**10A NCAC 48B .1302      BENCHMARK 35**

**10A NCAC 48B .1303      BENCHMARK 36**

*History Note:* Authority G.S. 130A-34.1;

*Temporary Adoption Eff. January 1, 2006;*

*Eff. October 1, 2006;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

~~2016.~~ 2016;

Repealed Eff. June 1, 2026.

1 10A NCAC 48B .1304 - .1308 are repealed as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48B .1304 BENCHMARK 37**

4 **10A NCAC 48B .1305 BENCHMARK 38**

5 **10A NCAC 48B .1306 BENCHMARK 39**

6 **10A NCAC 48B .1307 BENCHMARK 40**

7 **10A NCAC 48B .1308 BENCHMARK 41**

8  
9 *History Note: Authority G.S. 130A-34.1;*

10 *Temporary Adoption Eff. January 1, 2006;*

11 *Eff. October 1, 2006;*

12 *Amended Eff. April 1, 2015;*

13 *Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 5,*

14 ~~*2016.*~~ *2016;*

15 *Repealed Eff. June 1, 2026.*

1 10A NCAC 48C .0101 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SUBCHAPTER 48C - LOCAL HEALTH DEPARTMENT ACCREDITATION - ADMINISTRATION**

4  
5 **SECTION .0100 - GENERAL PROVISIONS**

6  
7 **10A NCAC 48C .0101 PURPOSE**

8 The rules of this Subchapter establish the process for local health departments to become accredited pursuant to G.S.  
9 130A-34.1.

10  
11 *History Note: Authority G.S. 130A-34.1;*  
12 *Eff. June 1, 2026.*  
13

1 10A NCAC 48C .0102 is adopted with changes as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48C .0102 DEFINITIONS**

4 The following definitions shall apply throughout this Chapter:

- 5 (1) "Accreditation" means an evaluation of an LHD's infrastructure, competence, and capacity to  
6 provide public health services through the satisfaction of the standards set out in 10A NCAC 48D  
7 Section .0200.
- 8 (2) "Accreditation status" means the status assigned to an LHD by the Board in accordance with G.S.  
9 130A-34.1 and the rules of this Subchapter. The types of accreditation status are accredited,  
10 conditionally accredited, or unaccredited.
- 11 (3) "Activity" means a task demonstrating achievement of a portion of a standard.
- 12 (4) "Board" means "Accreditation Board" as defined in G.S. 130A-2(1).
- 13 (5) "Board of Health" or "BOH" means a "local board of health" as defined in G.S. 130A-2(4), a board  
14 of county commissioners that has assumed control of a local board of health in accordance with G.S.  
15 153A-77(a), a consolidated human services board with the authority to carry out the functions of a  
16 local board of health in accordance with G.S. 153A-77(b)(2), or hospital authority board acting  
17 pursuant to S.L. 1997-502, Sec. 12.
- 18 (6) "Community" means a subdivision of the population that shares one or more characteristics.
- 19 (7) "Community Health Assessment" means a process to identify through the collection and analysis of  
20 data and to document in a written report the public health needs within an LHD's jurisdiction.
- 21 (8) ~~Community~~ "Community Health Improvement Plan" means a written document setting out the steps  
22 to address the public health needs identified in the Community Health Assessment.
- 23 (9) "Community Partner" means individuals, groups, or organizations that are not affiliated with federal,  
24 state, local, or tribal government, but work with the LHD to identify and address public health needs.
- 25 (10) "Dashboard" means the web-based portal developed and maintained by the Institute to receive self-  
26 assessments submitted by LHDs. The Dashboard is located at  
27 <https://ncldaccreditation.unc.edu/ncldha-dashboard/>.
- 28 (11) "Evidence-informed practice" means a way of doing something that is based on research findings,  
29 public health data, professional public health expertise, or customer feedback.
- 30 (12) "Institute" means the North Carolina Institute for Public Health.
- 31 (13) "Jurisdiction" means the county or counties that an LHD serves.
- 32 (14) "Local health department" or "LHD" means a local health department as defined in G.S. 130A-2(5),  
33 a consolidated human services agency that includes the local health department pursuant to G.S.  
34 153A-77(b)(3), or an agency acting under the direction of a hospital authority board acting pursuant  
35 to S.L. 1997-502, Sec. 12.
- 36 (15) "Local health director" means a local health director as defined in G.S. 130A-2(6) or appointed  
37 pursuant to G.S. 153A-77(e).

- 1 (16) "Population" means the people residing within an LHD's jurisdiction.
- 2 (17) "Self-assessment" means a written review that reflects the degree of an LHD's satisfaction of each
- 3 standard and activity set out in 10A NCAC 48D Section .0200 that is completed and submitted by
- 4 the LHD in accordance with 10A NCAC 48D .0201. The self-assessment shall include
- 5 documentation supporting the completion of each activity.
- 6 (18) ~~"Social or Structural~~ "Structural or Social Determinants of Health" or "SDOH" means the non-
- 7 medical factors that impact health, well-being, and quality of life including social, economic, and
- 8 political factors that generate and maintain individual health outcomes.
- 9 (19) "Standard" means a criterion to be assessed in determining an LHD's accreditation. A standard is
- 10 comprised of activities.
- 11 (20) "Source of data" means quantitative or qualitative data collected by an LHD or another entity.
- 12

13 *History Note:* *Authority G.S. 130A-34.1;*

14 *Eff. June 1, 2026.*

15

1 10A NCAC 48C .0201 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0200 - ACCREDITATION PROCESS**  
4

5 **10A NCAC 48C .0201 SELF-ASSESSMENT**

6 (a) Each LHD applying for accreditation in accordance with Rule .0205 of this Section shall complete a self-  
7 assessment in the Dashboard.

8 (b) The self-assessment shall include the following components:

- 9 (1) contact information for the LHD;  
10 (2) the LHD's organizational chart;  
11 (3) a narrative describing the LHD's population;  
12 (4) a budget for the LHD for the current state fiscal year;  
13 (5) the roster for the LHD's governing board;  
14 (6) a personnel list for the LHD;  
15 (7) the level of completion of each activity in 10A NCAC 48D Section .0200, scored in accordance  
16 with 10A NCAC 48D .0101(a); and  
17 (8) documentation supporting the level of completion for each activity in Subparagraph (7) of this  
18 Paragraph.  
19

20 *History Note: Authority G.S. 130A-34.1;*  
21 *Eff. June 1, 2026.*  
22

1 10A NCAC 48C .0202 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48C .0202 SITE VISIT**

4 (a) The Institute shall select a site visit team composed of not fewer than three individuals. Each site visit team  
5 member shall have experience in an LHD. Together the individuals on a site visit team shall have experience in all of  
6 the following areas: health administration, environmental health, public health nursing, health education, and  
7 governance of an LHD. An individual shall not be part of a site visit team for an LHD where the individual is currently  
8 employed.

9 (b) The site visit team shall conduct the site visit of the LHD by:

10 (1) reviewing the LHD's self-assessment; and

11 (2) speaking with LHD staff and members of the LHD's BOH.

12 (c) The site visit team shall assess whether the LHD has completed each activity in 10A NCAC 48D Section .0200  
13 and prepare a written report to be shared with the Board summarizing the site visit and recommending an accreditation  
14 status based on rule 10A NCAC 48D .0101. The site visit team shall provide a copy of the report to the Institute and  
15 to the LHD within 10 business days of the conclusion of the site visit.

16  
17 *History Note: Authority G.S. 130A-34.1;*

18 *Eff. June 1, 2026.*

1 10A NCAC 48C .0203 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48C .0203 BOARD ACTION**

4 (a) The site visit team shall present the report required by Rule .0202(c) of this Subchapter to the Board at the Board's  
5 next regularly scheduled meeting. The LHD shall have an opportunity to respond to the presentation.

6 (b) For each LHD site visit team report that is presented, the Board shall:

7 (1) assign the LHD an accreditation status in accordance with 10A NCAC 48D .0101; or

8 (2) defer assignment of an accreditation status in order to request additional information from the LHD.

9 (c) The Board may defer the assignment of accreditation status under Paragraph (b)(2) of this Rule by no more than  
10 six months.

11 (d) The Board's assignment of an accreditation status is effective the first day of the month following the date of  
12 Board action.

13 (e) An accreditation status of accredited shall expire four years from the last day of the month in which the Board  
14 assigned the accreditation status. Notwithstanding the foregoing, if an LHD's last accreditation status was accredited  
15 and the Board defers assigning a new accreditation status under Paragraph (b)(2) of this Rule, the LHD's accreditation  
16 status shall remain accredited until the Board assigns a new accreditation status.

17 (f) If a state of emergency declaration has been issued under G.S. 166A-19.3(19), a disaster declaration has been  
18 issued under G.S. 166A-19.3(3), or a disaster declaration has been made by the President of the United States under  
19 44 C.F.R. Part 206, Subpart B naming all or part of an LHD's jurisdiction and the jurisdiction has an accreditation of  
20 status of "accredited," the Board may extend the LHD's accreditation status by up to 90 days following the end of the  
21 declaration.

22 (g) An accreditation status of conditionally accredited shall expire as set out in G.S. 130A-34.1(g)(2).

23 (h) The Board shall provide written notice to the LHD of any action taken under this Rule within 5 business days of  
24 the action.

25  
26 *History Note: Authority G.S. 130A-34.1;*

27 *Eff. June 1, 2026.*



1 10A NCAC 48C .0204 is adopted with changes as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48C .0204 INFORMAL REVIEW PROCEDURES**

4 (a) If the Board assigns an LHD the status of conditionally accredited or unaccredited, the LHD may submit a written  
5 request to the Board within 10 business days of receipt of written notice under Paragraph (g) of Rule .0203 of this  
6 Section for reconsideration of the Board's decision. The written request shall describe the LHD's reasoning for how it  
7 met the requirements for accreditation as set out in ~~in~~ 10A NCAC 48D .0101. The request shall be submitted to  
8 NCLHDaccreditation@unc.edu.

9 (b) The Board shall review the LHD's request at the Board's next regularly scheduled meeting. The Board shall either  
10 affirm the LHD's assigned accreditation status or assign a new accreditation status based on the information provided.  
11 The Board shall provide written notice to the LHD of the Board's decision within 10 business days of the Board  
12 meeting where the request is reviewed.

13  
14 *History Note: Authority G.S. 130A-34.1;*  
15 *Eff. June 1, 2026.*  
16

1 10A NCAC 48C .0205 is adopted with changes as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48C .0205 APPLYING FOR ACCREDITATION**

4 (a) Each LHD shall apply for accreditation by completing a self-assessment in the Dashboard in accordance with Rule  
5 .0201 of this Section.

6 (b) If an LHD has an accreditation status of accredited or conditionally accredited, the LHD shall complete the self-  
7 assessment no later than five months before the expiration date of its accreditation status.

8 (c) If a county health department joins a district health department pursuant to G.S. 130A-36, the accreditation status  
9 of the district health department shall apply. If the district health department does not have an accreditation status, the  
10 district health department shall complete the self-assessment no later than five months after forming and shall assume  
11 the accreditation status that applies to fifty percent or more of the counties in the district or a status of conditionally  
12 accredited. The accreditation status assumed under this Paragraph shall apply until the earlier of the Board taking  
13 action in accordance with Rule .0203 of this Section or twelve months have elapsed since formation of the district. If  
14 twelve months have elapsed since formation of the district without Board action, the district health department shall  
15 be unaccredited.

16 (d) If a county health department withdraws from a district health department pursuant to G.S. 130A-38, the county  
17 health department shall complete the self-assessment no later than five months after withdrawing from the district  
18 health department. The county health department shall retain the accreditation status of the district health department  
19 until the earlier of the Board taking action in accordance with Rule .0203 or twelve months elapsing since withdrawal  
20 from the district. If twelve months have elapsed since withdrawal from the district without Board action, the ~~district~~  
21 county health department shall be unaccredited.

22 (e) If an LHD timely completes the self-assessment as set out in Paragraphs (b)-(d) of this Rule, the Board shall  
23 initiate a site visit in accordance with Rule .0202 of this Section and take action in accordance with Rule .0203 of this  
24 Section before the LHD's accreditation status expires. In all other circumstances, the Board shall initiate a site visit in  
25 accordance with Rule .0202 of this Section within eight months of completion of the self-assessment and shall take  
26 action in accordance with Rule .0203 of this Section at its next regularly scheduled meeting following the site visit.

27  
28 *History Note: Authority G.S. 130A-34.1;*

29 *Eff. June 1, 2026.*

1 10A NCAC 48D .0101 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SUBCHAPTER 48D - LOCAL HEALTH DEPARTMENT ACCREDITATION - STANDARDS**

4  
5 **SECTION .0100 - GENERAL PROVISIONS**

6  
7 **10A NCAC 48D .0101 ACCREDITATION REQUIREMENTS**

8 (a) The completion of each activity in Section .0200 of this subchapter shall be scored based on the self-assessment  
9 and site visit as follows:

- 10 (1) two points shall be awarded when all of an activity is completed;  
11 (2) one point shall be awarded when part of an activity is completed; and  
12 (3) zero points shall be awarded when no part of an activity is completed.

13 (b) The Board shall assign an LHD an accreditation status of accredited if the LHD earns at least four points in each  
14 standard set out in rules .0201 through .0211 of this Subchapter and at least 81 points overall.

15 (c) If an LHD does not meet the criteria set out in Paragraph (b) of this Rule, the Board shall assign an accreditation  
16 status of conditionally accredited or unaccredited in accordance with G.S. 130A-34.1.

17  
18 *History Note: Authority G.S. 130A-34.1;*

19 *Eff. June 1, 2026.*

1 10A NCAC 48D .0201 is adopted with changes as published in 39:23 NCR 1516-1522 as follows:

2  
3 **SECTION .0200 – STANDARDS AND ACTIVITIES**

4  
5 **10A NCAC 48D .0201 STANDARD A: ASSESSMENT AND SURVEILLANCE**

6 ~~For~~ To satisfy the assessment and surveillance accreditation standard, a local health department shall complete the  
7 following activities:

- 8 (1) conduct a community health assessment;
- 9 (2) collect and use a minimum of two sources of data to document the health of the population and  
10 identify communities with barriers accessing health care;
- 11 (3) collect and use a minimum of two sources of data to guide LHD programs and services;
- 12 (4) provide, contract for the provision of, or assure the availability of laboratory services for disease  
13 detection in the jurisdiction; and
- 14 (5) monitor emerging health issues and threats and report communicable diseases in accordance with  
15 10A NCAC 41A .0103.

16  
17 *History Note: Authority G.S. 130A-34.1;*  
18 *Eff. June 1, 2026.*  
19

1 10A NCAC 48D .0202 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48D .0202 STANDARD B: COMMUNITY PARTNERSHIP DEVELOPMENT**

4 ~~For~~ To satisfy the community partnership and development standard, a local health department shall complete the  
5 following activities:

- 6 (1) consult with representatives of communities with barriers accessing health care in developing and  
7 implementing LHD programs and services;  
8 (2) develop and maintain relationships with community partners and government entities to improve  
9 LHD programs and services; and  
10 (3) consult community partners in the development of the community health improvement plan.

11  
12 *History Note: Authority G.S. 130A-34.1;*

13 *Eff. June 1, 2026.*  
14

1 10A NCAC 48D .0203 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48D .0203 STANDARD C: COMMUNICATIONS**

4 To satisfy the communications standard, a local health department shall complete the following activities:

- 5 (1) develop a plan for communicating public health information to the population and demonstrate using  
6 the plan;
- 7 (2) tailor communications to reach communities and distribute the communications to those  
8 communities;
- 9 (3) share data about the health of the population with the public and community partners;
- 10 (4) develop partnerships with the media and promote public health messages through those  
11 partnerships; and
- 12 (5) develop and implement a plan to educate the population on public health topics.

13  
14 *History Note: Authority G.S. 130A-34.1;*  
15 *Eff. June 1, 2026.*  
16

1 10A NCAC 48D .0204 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48D .0204 STANDARD D: EMERGENCY PREPAREDNESS AND RESPONSE**

4 To satisfy the emergency preparedness and response standard, a local health department shall complete the following  
5 activities:

- 6 (1) maintain emergency preparedness and response plans and train LHD staff on those plans;
- 7 (2) provide LHD personnel and communications systems to implement preparedness and response  
8 plans, in the event of a state of emergency declaration under G.S. 166A-19.3(19), a disaster  
9 declaration under G.S. 166A-19.3(3), or a disaster declaration under 44 C.F.R. Part 206, Subpart B  
10 in coordination with government entities and community partners;
- 11 (3) maintain LHD continuity of operations in the event of a declared emergency or disaster, as set out  
12 in Paragraph (2) of this Rule;
- 13 (4) exercise the powers and duties of the local health director pursuant to G.S. 130A-41; and
- 14 (5) maintain a written plan that describes how to reach the LHD by phone, email, or other form of  
15 communication 24 hours per day, seven days per week.

16  
17 *History Note: Authority G.S. 130A-34.1;*  
18 *Eff. June 1, 2026.*  
19

1 10A NCAC 48D .0205 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48D .0205 STANDARD E: STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH**

4 To satisfy the structural and social determinants of health standard, a local health department shall complete the  
5 following activities:

- 6 (1) develop a plan that addresses structural or social determinants of health in the population;  
7 (2) provide training to the LHD's workforce on structural or social determinants of health; and  
8 (3) implement the plan to address structural or social determinants of health in the LHD's programs and  
9 services.

10  
11 *History Note: Authority G.S. 130A-34.1;*  
12 *Eff. June 1, 2026.*  
13



1 10A NCAC 48D .0206 is adopted with changes as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48D .0206 STANDARD F: ORGANIZATIONAL WORKFORCE DEVELOPMENT**

4 To satisfy the organizational workforce development standard, a local health department shall complete the following  
5 activities:

- 6 (1) comply with applicable state and local human resource laws and policies related to local health  
7 department employee grievances, performance reviews, and job qualifications, including to have,  
8 or be recruiting, a local health director who meets the qualifications of G.S. 130A-40; qualifications;  
9 (2) develop and implement a workforce development plan to recruit and retain employees who meet  
10 LHD job qualifications;  
11 (3) review the workforce development plan to identify and implement improvements to the plan; and  
12 (4) provide professional development to members of the LHD's workforce, including opportunities for  
13 on-the-job training and continuing education.

14  
15 *History Note: Authority G.S. 130A-34.1;*  
16 *Eff. June 1, 2026.*  
17

1 10A NCAC 48D .0207 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48D .0207 STANDARD G: ORGANIZATIONAL LEADERSHIP, GOVERNANCE, AND**  
4 **LEGAL SERVICES**

5 To satisfy the organizational leadership, governance, and legal services standard, a local health department shall  
6 complete the following activities:

- 7 (1) share public health updates with elected officials and community partners;  
8 (2) develop and maintain a strategic plan that sets out the LHD's priorities for the LHD's services,  
9 programs, and initiatives;  
10 (3) educate members of the LHD's Board of Health on their roles, responsibilities, and legal authority;  
11 (4) access and use legal services; and  
12 (5) develop and implement a plan to include community partners on public health boards, councils, or  
13 groups.

14  
15 *History Note: Authority G.S. 130A-34.1;*  
16 *Eff. June 1, 2026.*  
17

1 10A NCAC 48D .0208 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48D .0208 STANDARD H: ORGANIZATIONAL FACILITIES**

4 To satisfy the organizational facilities standard, a local health department shall complete the following activities:

- 5 (1) maintain facilities used for LHD programs and services;
- 6 (2) develop and maintain written protocols for the security of LHD facilities;
- 7 (3) develop and maintain clinical and environmental health equipment in accordance with
- 8 manufacturers' requirements; and
- 9 (4) implement tobacco-free policies in LHD facilities.

10  
11 *History Note: Authority G.S. 130A-34.1;*  
12 *Eff. June 1, 2026.*  
13

1 10A NCAC 48D .0209 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48D .0209 STANDARD I: ORGANIZATIONAL FINANCE AND INFORMATION**  
4 **TECHNOLOGY**

5 To satisfy the organizational finance and information technology standard, a local health department shall complete  
6 the following activities:

- 7 (1) develop and maintain a budgeting, auditing, billing, and financial policy;  
8 (2) evaluate the LHD's finances and identify opportunities to secure additional funding to support LHD  
9 programs and services; and  
10 (3) maintain policies and procedures that comply with the privacy and security standards required by  
11 the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended, and its  
12 implementing regulations, as applicable.

13  
14 *History Note: Authority G.S. 130A-34.1;*  
15 *Eff. June 1, 2026.*  
16

1 10A NCAC 48D .0210 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48D .0210 STANDARD J: ACCOUNTABILITY AND PERFORMANCE MANAGEMENT**

4 To satisfy the accountability and performance management standard, a local health department shall complete the  
5 following activities:

- 6 (1) develop and maintain written policies and procedures for the administration of the LHD;  
7 (2) comply with state and local laws and rules relating to programs and services offered by the LHD;  
8 (3) maintain a procedure for monitoring and improving the performance of LHD programs and services;  
9 (4) identify and use evidence-informed practices to improve LHD programs and services; and  
10 (5) use quality improvement practices to improve LHD services and programs.

11  
12 *History Note: Authority G.S. 130A-34.1;*

13 *Eff. June 1, 2026.*  
14

1 10A NCAC 48D .0211 is adopted as published in 39:23 NCR 1516-1522 as follows:

2  
3 **10A NCAC 48D .0211 STANDARD K: POLICY DEVELOPMENT AND SUPPORT**

4 To satisfy the policy development and support standard, a local health department shall complete the following  
5 activities:

- 6 (1) enforce public health laws and rules in accordance with G.S. Chapter 130A-4;  
7 (2) make recommendations to the LHD's Board of Health on local rules or policies to improve the health  
8 of the population; and  
9 (3) make recommendations to legislators or regulators regarding state laws or rules impacting public  
10 health.

11  
12 *History Note: Authority G.S. 130A-34.1;*

13 *Eff. June 1, 2026.*  
14